

**Breaking the stigma and discrimination associated with depression among women in
Takoradi Ghana**

[Student Details]

Stigma and Discrimination Associated with Depression Among Women in Takoradi Ghana

Stigma and discrimination are the leading cause of mental health problems, as existing studies on stigma connected to mental illness and its negative consequences. The problem of stigma and discrimination are common among women in Ghana; there has been limited research in Ghana in context to the association between discrimination, stigma, and depression; however, studies have revealed that Sub-Saharan African SSA countries have a high prevalence of depression associated with discrimination and stigma; for example, Logi et al. (2019) found that HIV-related stigma is associated with increased risk of violence in Ghana that affects the mental health of women and ultimately a leading cause of depression. Another survey on women's mental health in Ghana shows that women's experiences of stigma and discrimination are causing mental illness such as depression.

According to Fauk et al. (2021), stigma is when other people see a person differently due to one's mental or physical illness, while discrimination is when people start to treat the person in negative ways due to the differences; for example, bullying, harassment, and sexual violence, and other genitive behavior. The stigma women have in Ghana due to obesity or HIV is also the reason for discrimination. Health issues such as HIV and Obesity are the social stigma in SSA countries that influence the view of other people towards the victims and cause discrimination. The prevalence of stigma and discrimination among women in Ghana is almost double that of men (2% versus 1.3%). Women who live alone, including widows, are more vulnerable to social stigma and discrimination due to their low

socioeconomic condition; stigma and discrimination are often exacerbated for widows living with HIV (UNAIDS, 2017).

Existing studies on the African American population and SSA countries have found that higher perceived discrimination and social stigma have caused depression among victims. Discrimination cause stress, and stigma are often linked with aggressive behavior, violence, and sexual assault that affects women's mental health. In Ghana, the prevalence of depression is high among women; Saeed & Wemakor (2019) describe that 10% to 16% of mothers in Ghana have depression which is one of the leading causes of mortality. Studies between 2016 to 2018 have also found that 27.8% of mothers in northern Ghana have depression. Arday et al. (2020) argue that the high prevalence of depression among Ghanaian women is linked to discrimination and stigma. Younger women tend to have more depression compared to older women, which is also linked to the abusive relationship.

Outcome of different studies shows that discrimination and stigma lead to violence and conflict and are responsible for the development of mental illnesses such as depression among women in Ghana (Bonful & Anum, 2019). McCool-Myers et al. (2018), reported that depression among women, associated with dissemination during early life, can be challenging, cause more severe symptoms in later life, and become a risk factor for mortality. Therefore, it is necessary to understand the causes and impact of discrimination and stigma among women and how early identification can help to prevent depression.

The purpose of this paper is to break the stigma and discrimination by education the women who in Ghana who are at the risk of discrimination and using public health promotion to strengthen the efforts for improvement. The aims of this project are to involve community

women of Ghana in education and public awareness programs within 3-months period. Primary outcome is the early identification of such cases and effective nursing education can help prevent the development of depression and reduce the risk of mortality. The secondary outcome improved nursing education can help to detect the early signs of discrimination and provide social support to women (American Nurses Association, 2018). Therefore, a change can be implemented in a residential shelter for women between the ages of 20 to 40. The IOWA model would be used as an evidence-based framework for the quality improvement project with a Plan Do Study Act (PDSA) cycle. The question of this study is “How education and public awareness can break the stigma and discrimination against community women of Ghana, and how can it help to reduce depression”.

Literature Review

A literature review has been conducted to support this research project by using the existing studies accessed through various databases such as PubMed, CINAHL, ProQuest, and Medline. These online sources provide access to millions of clinical studies that can be retrieved utilizing the search strategy. Keywords such as Stigma, Discrimination, Women, Depression, and Ghana have been used to find the relevant research. These keywords have provided various results; for example, a total of 58 articles were generated based using the keywords in PubMed; however, to make the research more relevant and specific, studies between 2017 to 2022 have been included that were available in full texts in the English version. Research that was conducted has been excluded due to the older data of the prevalence of discrimination and depression. A total of 30 articles have been retrieved from the above sources; however, only 13 have met the criteria and finalized for the research. 15

articles were removed based on the abstract and outcome, 2 were removed due to duplicity and unavailability of the full text.

Lack of social support for women is one of the reasons for stigma and discrimination. Women in Ghana such as widows, obese, and those who have HIV often live alone and do not have social support which increases the isolation and risk of discrimination (Parker et al., 2020). Stigma often comes from a lack of knowledge or misleading media representation of a social problem; for example, health issues such as obesity and HIV are highly misunderstood by the public which created stigma and various stereotypes for women. It has been also found that some people do not accept the medical genetic changes related to physical or mental health and develop negative views about others. Stigma and discrimination due to the negative perceptions of people contribute to worsening symptoms of mental illness; however, educating the people and correct media representation could eliminate the risk of social stigma (Mumin et al., 2018).

It has been found that breaking the stigma and discrimination among women can help to improve their mental health and reduce the risk of depression (Stangl et al., 2019). Naab, Brown & Ward (2021) argue that identifying the root cause of depression can help to reduce the risk of depression; thus, breaking the stigma and reducing the discrimination could improve women's mental health in Ghana. In regards to this, Diress, Ahmed & Linger (2020) argue that health promotion and education is necessary to improve the awareness among women regarding discrimination and social stigma that cause depression; however, there is little knowledge about the best practice in anti-stigma programming that can be applied in the

low- and middle-income countries such as Ghana where a huge number of populations affected by the discrimination and stigma (Mfoafo-M'Carthy & Sossou, 2017).

There is a need for assessment and screening of discrimination and stigma among women in Ghana; therefore, screening instruments and early identification of discrimination could an opportunity for the women to disclose their abuse. Early identification would allow detecting the incidents before they turn into mental illness and can be prevented; for example, women who disclosed their exposure to discrimination and the victims of discrimination, violence, and stigma can be referred to clinical resources such as nursing education and social support (Arday et al., 2020).

Rayson & Alba (2019) also argue that breaking the stigma and reducing the discrimination can help to reduce the risk of mental illness; however, identification of early signs of discrimination is necessary to prevent the development of mental stress or illness. Yonge women between ages of 20 to 40 are more prone to discrimination and face stigma due to their health conditions and socioeconomic status. While Hsieh et al. (2022) argue that gender equality in health, education, and employment are the major reasons that affect the socioeconomic status of women and make them vulnerable to stigma and discrimination. Thus, promoting gender equality in Ghana could be an effective anti-discrimination strategy that would further contribute to the mental well-being of women.

Murney et al. (2020) explained different approaches for health and social care workers to break the stigma and identify the risk of discrimination. These approaches are; talking openly about mental health, self, and public awareness, using effective communication and a polite way while communicating with victims, and empowerment

(Murney et al., 2020). Nursing can work with individuals and communities to discuss openly the mental health issues such as depression, and encourage women to share their experiences. It would be an effective approach to improve mental illness as screening and detection would help to prevent the further risks (Randolph et al., 2020). Media and other communication channels can be used as health promotion tools to increase awareness among communities, while the education of women would allow discussion of the risk factors more openly which would reduce discrimination (Dako-Gyeke, Kodom & Ntewusu, 2022).

The above studies focus on the education and awareness of women that can be used as a powerful tool for both primary and secondary level prevention of stigma. Community-based prevention and education can be effective to improve the knowledge of women regarding the stigma and depression. Apart from these psychotherapies can be used to improve the mental health of women who have been victimized and have depression which nurses would be the key players. According to Zampas et al. (2020) nurses can play important role to reduce stigma and discrimination by advocating and educating women regarding the human rights, policies, and laws that protect them from the stigmatized attitude; however, these studies have limitations due to their general outcome in Ghana or other SSA countries, while this research problem would be implemented in Takoradi.

IOWA model has been developed for nurses to utilize EBP to improve patient care. This model allows nurses to identify the issues, search for relevant problems in existing literature, apply solutions to the problem and implement change. Therefore, nurses would follow the IOWA model to implement the educational strategy to empower women and allow motivate them to share their experiences related to stigma and discrimination which will

further allow them to educate the women about their rights and protection (Cullen et al., 2020). This could be implemented as part of the patients' education in clinical settings that would be supported by the PDSA change model. PDSA is an effective framework to implement a change that focuses on continuous systematic improvement; thus, it would help to implement strategies to break the stigma and discrimination (Katowa-Mukwato et al., 2021).

In conclusion, discrimination and stigma among women in Ghana are the major cause of mental illnesses such as depression which is associated with the public attitude towards mental or physical disability. Women in Ghana who have obesity and HIV are stigmatized and face discrimination by society, while low reporting and unidentified cases cause depression and increase the risk of mortality. Therefore, early identification and screening are required to eliminate the risks along with the education of women.

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