SELF-RATED MENTAL HEALTH STATUS AMONG HOUSEHOLDS IN IBADAN REGION, NIGERIA

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ABSTRACT

Mental health problems are on the increase globally and the problem has become increasingly manifest in developing countries, such as, Nigeria, where the level of poverty has continued to rise with attendant social and economic consequences. However, there is apparent paucity of empirical works in the literature that tend to explain the mental health issue from a geographical perspective, in particular employing the self-rated technique. Mental health status of household heads were examined using the self-rated technique, in order to determine the explanatory factors for the perceived increase of mental distress and mental health, among vulnerable household heads' who utilized health care services in Ibadan region. Human ecology of disease concept; a survey design was adopted and a multi-stage sampling technique were employed. Descriptive statistics, a self-rated mental health technique were employed. About 51% utilize health care services while 41% do not utilize any health care service. Mental health status was found to be significantly related to utilization of health care services at a significant level at P < 0.01; combined significance of means of water supply, type of toilet facility, perception of environmental quality and availability of social amenities and type of house alone (β =.158) at P < .05. Housing and environmental quality, public order and safety, poverty should be improved upon for a good mental health condition for the populace.

Keyword: *Mental Health, Healthcare service, Housing and Environmental quality, Nigeria*

INTRODUCTION

Nigeria is the most populated country in Africa and among the nations with poor economy. In 2010, the United Nations Development Programme ranked Nigeria 142 out of 169 least prosperous countries in the world. The country faces enormous social, economic, and health challenges, including pervasive inequality, violence, political instability, and limited resources. She tends to have a higher burden of diseases and have an already compromised primary health care delivery system. They are also plagued by lack of awareness of the constituting population, stigma associated with mental illness, poverty, and illiteracy.Mental health problems are among the most important contributors to the global burden of disease and disability. It is estimated to account for almost 11%of disease burden worldwide. In Nigeria, reported prevalence of mental health problems ranges from 11 to 30%, (Aniebue. P et.al 2009), however;the availability of mental health resources in Nigeria and most developing countries is poor due to scarcity of resources, competing health problems, and the low priority given to mental health issues. People living in the urban areas are likely to experience a combination of factors that increase the risk of mental distress and can therefore make them particularly vulnerable.

These indices could include unemployment, education, urban stress, family issues, negative stereotyping, low income, job dissatisfaction, incessant loss of job,flood risk, sanitation, housing quality, inability to access health care and poor physical health can all combine to reduce an individual's mental wellbeing. It is in this regard that this study aim to examine and analyze the self- rated mental health status of household heads in Ibadan region, taking into considerations health status determining factors such as housing quality, behavior, sanitation, socio-economic/demographic characteristics (income, occupation, age, religion and level of education) of respondents. This study does not look at only the variation but also tries to examine other socio- economic, demographic, and behavioural characteristics that may play a role in the self-rated mental status of the household heads in the urban and peri-urban areas of

the capital city of Oyo State: Ibadan. Thus, it will help in identifying mental health needs and guide in implementing appropriate interventions to prevent it.

Literature Review and Conceptual Framework

Attempts have been made to define mental health within more positive parameters, and to capture its different components and experiences, for example as a state of physical, social and mental wellbeing (WHO 1946;1986). Mental health has been described as multifaceted with six dimensions: affective, behavioural, cognitive, sociopolitical, spiritual and psychological (Tudor 1996). The Mental Health Foundation (2001) has defined a mentally healthy individual as one who can: Develop emotionally, creatively, intellectually and spiritually; Initiate, develop and sustain mutually satisfying personal relationships, face problems, resolve them and learn from them, be confident and assertive, be aware of others and empathize with them, use and enjoy solitude, play and have fun, Laugh, both at themselves and at the world.

Health issues are reaching epidemic proportions and can underlie physical health, mental health and social well-being, and daily functioning. The World Health Organization projects depression to become the leading cause of global disease burden by 2030 (WHO, 2008). A person's mental health is strongly connected with physical health. Research has demonstrated that individuals with fair or poor Self Rated Health are more likely to suffer from depression and have more long term health problems (Cassano & Fava, 2002).

Previous research has also found that that poorer Self rated mental health is associated having lower income, being less educated, female, or aged 41-60 (Zuvekas & Fleishman, 2008). Worse SRMH is also associated with having more self-reported physical conditions (Druss & Rosenheck, 2000), being a physically inactive asthmatic (Dogra & Baker, 2006), having medically unexplained physical symptoms (Park & Knudson, 2007), having multiple sclerosis (Peterson et al., 2007), or restless leg syndrome. Osuide and Dimuna (2005) noted that the urbanization process in many developing countries particularly Nigeria, has not been accompanied with a corresponding supply of adequate houses, basic amenities and infrastructures. These have created demand on housing stocks leading to high rents, overcrowding and development of slums and squatter settlements. These have serious impact and serious consequences on the mental health of urban residents. In studying diseases and symptoms, research on the mental health of urban slum populations is also of major importance, as mental and physical health complements each other (Corvalán et al 2005).

Izutsu et al. (2006) compared the quality of life, mental health, and nutritional status of adolescents from non-slum areas with those of adolescents from Dhaka's slums. Not surprisingly, slums were associated with worse physical environment and poorer quality of life, as well as gender- and area-specific mental health problems when compared with non-slums. Gruebner et al (2011) studied the spatial epidemiological analysis of self-rated mental health in the slums of Dhaka using several slums of Dhaka, Bangladesh, using a geo-epidemiological approach

RESEARCH METHODOLOGY

The study area was purposively selected based on the priori knowledge of the area, as a region with apparent mental health issues, haven observed a significant number of psychiatric patients in the area. Both primary and secondary data sources were used and the study employed a survey design, specifically a transectional survey; and a multi-stage sampling technique, with the region being the first stage (purposive); selection of local government area, second stage

and selection of localities, the third stage (systematic); and the random selection of household heads that constitute the respondents. Four local government areas with a household population of 248,481, constituted the sample frame, from which a sample size of 400 was determined using the Taro Yamani sample size calculation technique.

The Study Area
Ibadan Region is the study area and it is made of 11 Local Government Areas (LGAs); however, 4 LGAs namely: Akinyele, Ibadan North, Ibadan North East and Lagelu LGAs were purposively selected for the survey. The region is located in the south western region of Nigeria; about 120 km east of the border with the Republic of Benin in the forest zone; close to the boundary between the forest and the savannah zone of Nigeria. Ibadan which is the largest and most significant city in Ibadan region city, lies approximately on longitude 3°56 'east of the Greenwich meridian and latitude7° 23' north of the equator, at a distance of 145km north east of Lagos and the administrative capital of Oyo state, as shown in Figure 1; and the city historically was a war camp and an Egba ethnic group town; the Egba occupants were forced to leave the town and moved to present-day Abeokuta under the leadership of Sodeke when the surge of Oyo refugees flocked into the towns as an aftermath of the fall of Oyo Kingdom. Ibadan is the third most populous city in Nigeria after Lagos and Kano; and with a population of 2,550,593 (NPC, 2006).

Figure 1: Study Area: Ibadan Region
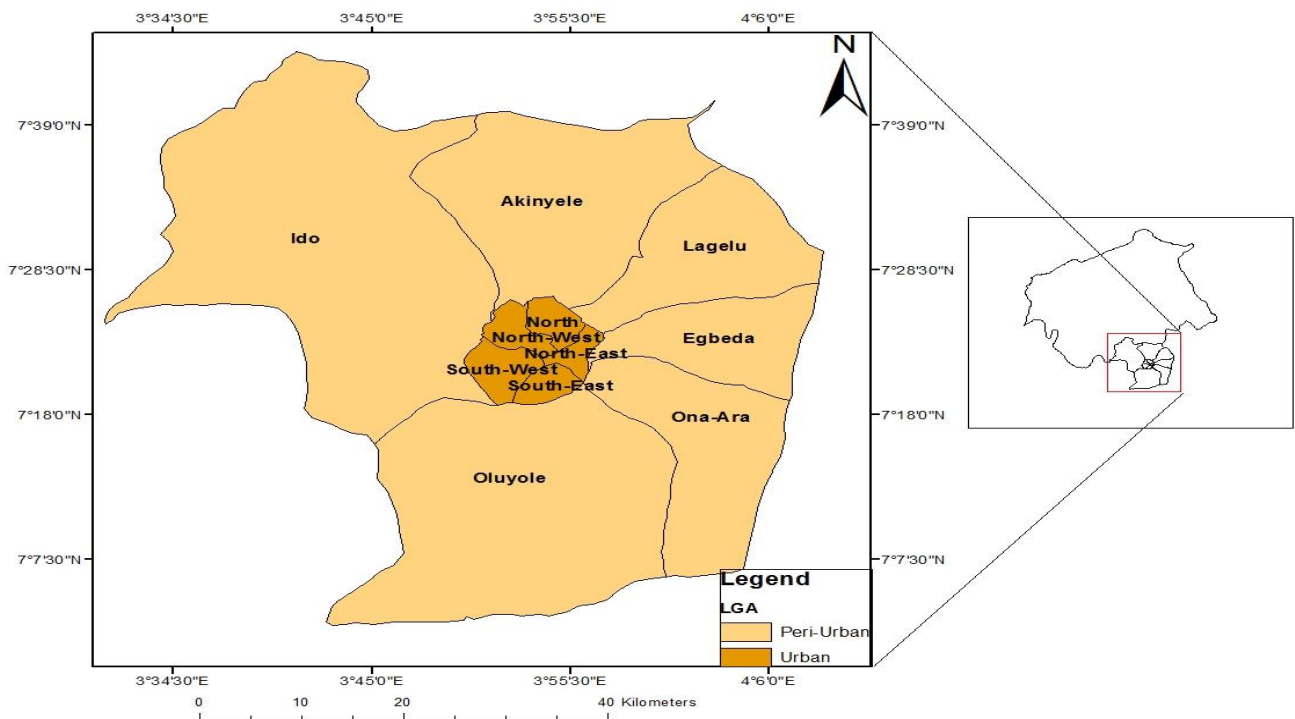
FINDINGS AND DISCUSSION

Spatial Pattern of Self-Rated Mental Health among Household Heads
Using the WHO-5 well-being index to assess the mental health status of household heads, the findings revealed self–rated mental health status of household heads in the region vary among household heads in the sampled LGAs, as indicated in table 2 and expressed graphically in figure 2.
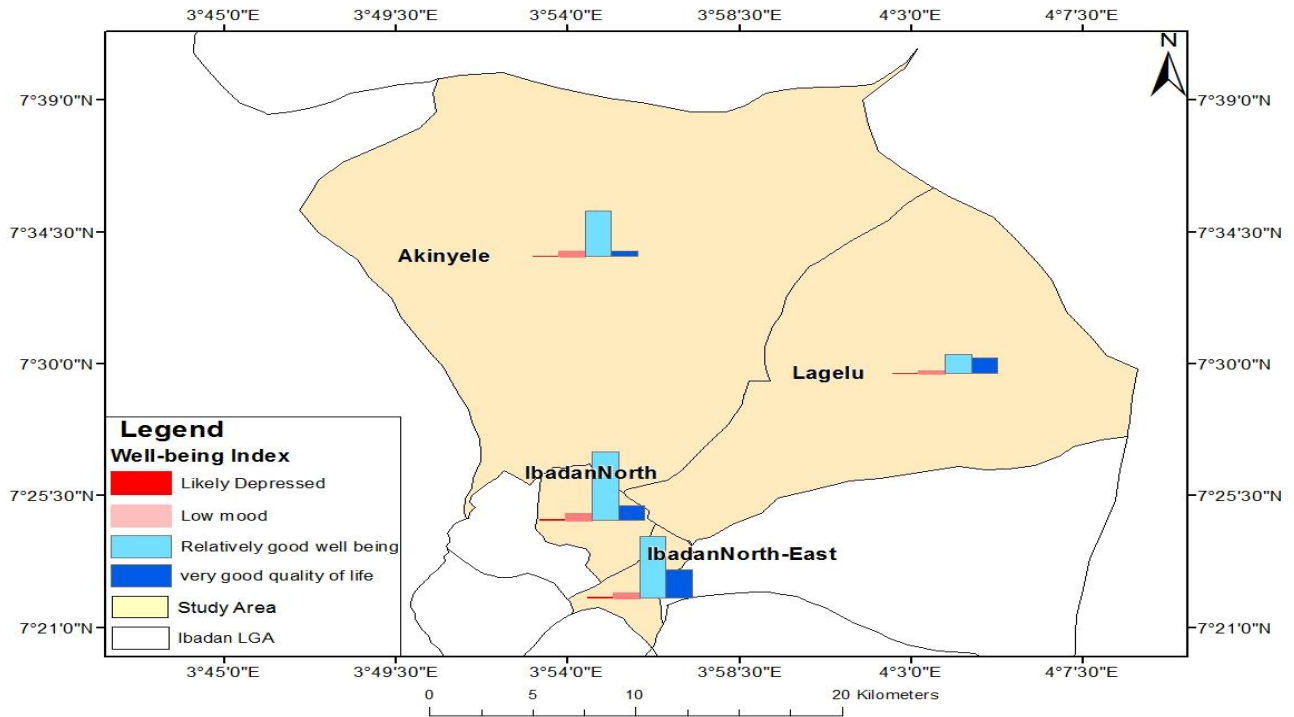
Fig 2: Pattern of household Self-rated mental health

Table 1: Sample size and sample frame

Local Government Areas (LGA)	Number of households (NPC, 2006)	Number Of Households Sampled
Urban		
Ibadan North East	84,060	135
Ibadan North	80,048	128
Rural		
Akinyele	51,165	84
Lagelu	33,208	53
Total	**248,481**	**400**

Table 2: Distribution of Self-Rated Mental Health of Household Heads in Local Government Areas (LGAs)

Self-Rated Mental Health	Lagelu	Akinyele	Ibadan North	Ibadan North East	Total
Likely depression, needs to be assessed (> or = 28%)	0 (0%)	1 (1.2%)	1(0.8%)	1(0.7%)	3(0.8%)
Low mood not necessarily depression (29- 50%)	2 (3.9%)	9(10.8%)	8(6.3%)	7(5.2%)	26(6.6%)
Relatively good well – being (51-90%)	27 (52.9%)	65(78.3%)	97(76.3%)	87(64.4%)	276(69.7%)
Very good quality of life (91 -100%)	22 (43.1%)	8(9.6%)	21(16.5%)	40(29.6%)	91(23.0%)
Total	51(100%)	83(100%)	127(100%)	135(100%)	396(100%0)

In Lagelu local government, no respondent was depressed, while 3.9% respondents rated low mood which does not necessarily mean depression as their mental health status, however 52.9% which constitute majority of the population, rated their mental health status as relatively good while the remaining43.1% rated their mental health status as very good.

In addition, about 1.2% of the respondents in Akinyele LGA, were likely to be depressed, 10.8% are of low mood, and 78.3% had a relatively good well-being, while the remaining 9.6% had very good quality of life; Ibadan North also has somewhat similar ratings to the other LGAs, with the 0.8% and 6.3% of the respondents reporting to be likely depressed and having low mood, respectively; while 64.4% and 29.6% of household heads have relatively good well-being and very good quality of life respectively. This can find explanation in the fact that Ibadan North LGA is the most urbanized part of the region and home to the old business and colonial residential quarters and home to most modern day migrants into the region; Ibadan North East, had 1(0.7%) respondent with mental health status of likely depression, 7(5.2%) with low mood, and 64.4% and 29.6% of the household heads with relatively good well-being and very good quality of life.

Furthermore, it was observed that majority of the respondents rated their mental health as relatively good in spite the harsh economic condition in the country; though empirical works in the literature allude to the fact that mental health problems are more common in areas of deprivation; poor mental health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events (WHO, 2000; Patel, 2005; Petticrew et al., 2005; VicHealth, 2005). It can be inferred from the responses from heads of households in this regard, that people rate their mental health good and normal; hence, a condition they can live with; and can develop innate abilities to adjust to debilitating circumstances that are unacceptable in more advanced nations, as alluded to in and observed by the British broadcasting commission (BBC, 2007) that "Nigerians are the happiest people on earth". This mentality can be aligned to the fact that affects mental health rating, as most of them have high hopes and positive outlook to life.

Environmental and housing Quality and Mental Health

The findings of the relationship between environmental and housing quality of human metal health is shown in table 3; and it shows a significant combined effect of all the independent variables (environmental and housing quality) on the self-rated mental health of household heads at a P-value of .05% significant level. The independent/predictor variables jointly

accounted for a variation of about 7% while the remaining 93% was due to the unused factors. Thus, the relative contributions of each independent variable and level of significance showed that type of house (β =.158; P < .05), Number of households (β =.100; P < .05), type of toilet facilities (β = -.021; P >.05); mean of water supply (β =.032; P > .05), level of satisfaction on the environment (β =.095; P > .05) and amenities not satisfied with (β =-.074; P > .05). In summary, the result shows that while the type of house occupied by households was significant, other variables were found not significant, thus affirming the proposition that environmental and housing conditions play important roles in producing and maintaining health disparities. This result aligns with findings by Kawachi and Berkman (2003); Zuvekas, and Fleishman (2008)

Table 3: Multiple regression analysis on the influence of Environmental satisfaction and Housing Quality influence
on self-rated Mental Health Status of Household Heads

Variables	F-Ratio	Sig. of P	Multiple R	R^2	Adjusted R^2	β	T	P values
Type of House	4.776	.000	0.262	.069	.054	-.158	.3054	.002
No of HH.						. 100	1.962	.050
Type of toilet.						-.021	-.424	.672
Means of water.						.032	. 645	.520
Perception of environmental quality						.095	1.771	.077
Unavailable social amenities						-.074	-1.431	.153

*HH= Household Head

Utilization of Health Care Services and Self-Rated Mental Health

Table 4 shows the association between mental health status and utilization of health care services for both respondents who report both physical and mental health complaints, for the 51% and 49% of respondents who utilize and do not utilize any health care service respectively.

Table 4: Utilization of Health Care and Self-Rated Mental Health

Utilization of Health Care Services	Self-Rated Mental Health Status				
	Likely Depressed	Low Mood	Relatively Good Mood	Very Good Quality of Life	Total
No	(1)0.5%	11(5.7%)	150(77.3%)	32(16.5%)	194(100%)
Yes	3(1.5%)	13(6.4%)	130(64.4%)	56(27.7%)	202(100%)
Total	4(1.0%)	24(6.1%)	280(70.7%)	88(22.2%)	396(100%)

Among the household heads who indicated that they do not utilize health care services, 0.5% is likely depressed, 5.7%

have low mood, 77.3% have relatively good well-being, and 16.5% have very good quality of life. On the contrary those who said they utilize health care services were more likely to be depressed (1.5%), 6.4% with low mood, 64.4% with relatively good well-being and 27.7% with very good quality of life. Works from the literature have shown that depressed individuals had two to three times more visits, pain complaints, functional complaints, anxiety complaints, and hospitalizations (Wilson et al., 1983; Wilson et al., 1987).

A significant relationship was found to exist between self-rated mental health status and utilization of health care services at a significant level of 0.01, (where R = 0.895, P < 0.01, N =396) (see Table 5). Byrne et al. (2003) said that frequent attendees to emergency departments are more likely to be depressed, and patients with major depression are more likely to utilize primary care (Rhodes et al., 2006b).

Table 5: Correlation Analysis of Household Heads Utilization of Health Care on Self-Rated Mental Health

Variable	Mean	Std. Dev.	N	R	P	Remark
Utilization of Health Care	75.3900	16.4500	396	.895*	.000	Sig.
Self-Rated Mental Health Status	18.9520	3.9867				

Conclusion

Mental health issues is a social challenge in Ibadan region and this has been examined and self-rated by heads of households in four selected LGAs in the region. The findings have revealed that, type of house, means of water supply, type of toilet facility, perception of environmental quality and availability of social amenities all had significant combined effect on self-rated mental health but type of house (β =.158; P < .05) inhabited by households had a significant influence on self-rated mental health in contrast to availability of social amenities and perception of environmental quality; however, according to Ross et.al. (2001), the living density and the degree of public order and safety can also affect people in developing their social network and their psychological health status respectively. It is believed that a crowded living environment discourages the social network development, while an unsafe community makes people worried and adversely affects their psychological health. Following this, it was observed that housing and environmental quality was in a measure, enough to influence self-rated mental health. Utilization of health care services was observed to be one the factor that shapes self-rated mental health of household heads as it is directly related to how household heads are likely to rate- themselves, a significant relationship was found to exist between self-rated mental health status and utilization of health care services at (where R = 0.895, P < 0.01, N =396).

In conclusion, crowded living conditions should be discouraged, public order and safety be put in place, and housing and environmental quality should be improved and enforced; and the current increasing level of poverty should be addressed by state and non-state actors in the region in order to reduce the mental health stressors in the region for a good mental health condition for the populace in the region.

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