



Investigation of Socio-Demographic Factors on Mental Health of Women in Ibadan Metropolis

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Abstract. Mental health problems are very rampant among women nowadays because of family stress and lack of adequate protection for women due to certain cultural and religious practices. Mental health problems encompass aggression, depression, suicide intention, loneliness and mental illness. Many studies have identified various socio-demographic factors as predictors of mental health of women but sufficient studies have not been cited to have been conducted in Ibadan. Therefore, this study investigated socio-demographic factors on mental health problems of women in Ibadan. Descriptive research design of correlation type was adopted for the study and the purposive sampling technique was deployed to select 250 women who reported mental health issues of depression, and anxiety as a result of their marital relationships with average age of 40.7 years. A structured questionnaire on Mental Health Scale ($r=0.78$) was used to collect data from the respondent. Multiple regression and Pearson product moment were used for data analysis. The results show that there is joint contribution between the independent variables: age, marital duration, family type, and nature of marriage and the dependent variable (mental health of women) ($F(4, 184) = 5.02$; $\text{Adj } R^2 = 0.079$; $p < 0.05_{.001}$) and accounted for 8% of prediction and in the relative contribution, family type ($\beta = 0.168$; $t = 2.341$; $p < 0.05$) made the most contribution to mental health problems of women followed by nature of marriage ($\beta = 0.214$; $t = 2.974$; $p < 0.05$) while age ($\beta = 0.057$; $t = 0.771$; $p > 0.05$) and marital duration ($\beta = 0.092$; $t = 1.253$; $p > 0.05$) did not contribute to mental health problems of women. It is recommended that

stakeholders such as marriage counsellors, health workers and social workers and ministry of women affairs should push for more aggressive counselling on how to reduce mental health problem among women in our society.

Keywords: Socio-demographical factors, mental health, women in Ibadan.

1. Introduction

Mental health is a multi-layered period of overall well-being, influenced by a myriad of socio-demographic factors. Women, in particular, experience distinctive encounters and stressors that may impact their mental health upshots. The mental health of women's physical and psychological well-being is unfavorably affected by violence against this gender in the short, medium, and long terms (Oram, Khalifeh and Howard, 2017). These pose serious concerns for societies and communities at large. Understanding these socio-demographic determinants is crucial for developing effective intervention strategies and support systems tailored towards the needs of women. The intricate interplay between socio-demographic factors and women's mental health has gathered increasing attention in recent years.

It is essential to look more closely at how differences in the way women are treated, so apparent that the way women are ranked in the gender development may affect their mental health. Evidence on the social factors and women's social position in the workplace,

society and in politics affect their mental and emotional well-being and this call for the development of a feasible model of women's mental health support. Additionally, this issue and variations in the level of gender development suggest that these social factors are open to change as well as adjustment. Women, as a demographic group, face unique challenges and experiences that can significantly impact their mental well-being. Socio-demographic factors such as education, income, employment status, marital status, ethnicity, and access to healthcare services play crucial roles in shaping the mental health outcomes of women (Kuhlmann, Galavotti, Hastings, Narayanan, and Saggurti, 2017)

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Mental health, to many, is when someone becomes insane or needs spiritual interventions whereas it is not. Mental health is a state of well-being in which an individual recognizes their own competencies, can work productively, can handle the normal stresses of life, and is able to make a meaningful contribution to his/her community. Taking a look at Africans' mental health currently, the situation remains ominous, and has not been worthwhile. The ratio of an Africa health worker to patient is very low (1.4) mental health workers for every 100, 000 people. This is low as it is in the universal average of 9 workers per 100, 000 people (WHO, 2015). This difference, in addition to the few number of practicing psychiatrists, is a major concern. The World Health Organization (1986) construes health as 'a positive concept emphasizing social and personal resources, as well as physical capacities. A state of good mental health is therefore characterized with feelings of happiness, positive affect and sense of mastery over the environment (Lamers, Westerhof and Bohlmeijer, 2011). Having a good mental health does not mean one cannot be sad, unwell or angry and this is a measure of a completely lived life (Lamers, Westerhof and, Bohlmeijer, 2011). The World Health Organization has always emphasized three concepts when defining Mental Health and these are: social well-being, emotional well-being and psychological well-being. The absence of these three concepts can alter an individual's mental health. A stable mental health is needed to function maximally at home, work and in social settings; unstable psychological well-being may not thrive and function effectively.

The Public health Agency of Canada (2006) defines mental health as the capacity to feel, think and perform in ways that enrich our ability to appreciate life and handle the encounters faced. It is a state of affirmative, emotional, and spiritual well-being that complements the meaning of equity, social justice, culture, interconnections as well as personal dignity. Women are essential part of the population and are considered to be productive and home-makers. These essential creatures of God deserve a good life and stable psychological well-being. Their health is not supposed to be compromised in all ramifications, women are entitled to holistic and good quality of life. Sussan and Meghan (2022) consider women's health to be physical, mental, as well as social well-being, and it is a broad category of population's health, women's health, like all human health is structured and planned.

Women's population make up in Nigeria is 49.99 per cent of the population. Meanwhile, Nigeria's population's estimate is over 211 million in 2011. This indicated that the population of the women is sizeable compared with men's population which is 50.01 percent (NBS, 2023). By these figures, women deserve healthier life and social well-being. This position is further confirmed by the Beijing Platform for action in 1995 in which women are entitled to the utmost degree of physical and mental health. This platform's proposition makes it viable and essential for women to relish their lives and well-being, and necessarily project their ability to involve in private and public responsibilities (BPA, 1995). National Nutrition and Health Survey, (2018) emphasized that women health should be in good condition if they are to reach their maximum potentials which include mental health, healthy eating and living, sexual and reproductive rights (NNHS, 2018)

Researchers such as Abdi, Shojaei and Mahmoodi, (2021) have shown that women's population is sizeable in any society and they play various social and economic roles which are at the core of ensuring and maintaining peace at both the home front and at the communities. Special attention should therefore be given to women's mental health as a vulnerable group in the society. Social demographic factors of mental health involve the situation, in which people are born, grow, live, and work. These factors are unavoidable and at the same time impact the mental health of people. The age, family type, nature of marriage are specific context which affect the mental health issues of women and may at the same time cause lower productivity (Loreto, Azevedo, da Silva, Malloy-Diniz, Ornell, and Trés, 2021). Women are confronted with series of stressors as they advance in age. Studies show higher level of stress is more pronounced and

found in women in advanced age compared to younger counterparts because of the increase in the family responsibilities and upbringing of the children who are in their toddler age and needs more attention (Shindaye & Patel, 2010).

Women are becoming more vulnerable to mental health issues as a result of low economic status and struggles. (Sathyanarayana & Manjunatha, 2019). Particularly women in lower socioeconomic status are in constant struggle to make their ends meet. The study of Tarasuk, (2001) alluded that poverty has been reported to aggravate mental health among women. Additionally, low socioeconomic status, low-income job as well as psychological unrest coupled with home-front work such as nurturing of children, house-chores also constitute women's vulnerability to mental illness. According to Vaingankar, Subramaniam, Abidin, Picco, Phua and Chung (2013) education can improve the psychological well-being and socio-economic status of people. Hence, educated women will have an improved self-esteem, socio-economic status and this will impact positively on the mental health. There is need to review a mental health theory to understand the complexity of mental health and illness.

The diathesis-stress model, sometimes referred to as the vulnerability stress model, is a psychological theory that aims to explain how a pre-dispositional vulnerability, the diathesis, and stress from life experiences interact to generate a condition or its trajectory. Diathesis involves elements that are genetic, psychological, biological, or environmental in nature (Ingram & Luxton, 2005). Individuals vary greatly in their vulnerabilities to the onset of disorders (Ormel, Jeronimus, Kotov, Riese, Bos, & Hankin, 2013). The diathesis, or predisposition, influences how the person reacts to stress. An occurrence or sequence of events in life that upsets a person's psychological balance and hastens the onset of a disorder is referred to as stress (Oatley, Keltner, & Jenkins, 2006). The diathesis-stress model studies how biological or hereditary characteristics (diatheses) combine with external factors (stressors) to cause disorders like depression, anxiety, or schizophrenia. Many people value the Diathesis-Stress Model's comprehensive approach to mental health. It emphasises how crucial it is to consider environmental influences and life experiences in addition to genetic predispositions when trying to understand, prevent, and treat mental health disorder. This paradigm provides insights into the multifactorial character of a wide range of disorder, such as substance abuse, anxiety, schizophrenia, depression, and anxiety. Theodore, (2020) found that this model has been restructured in

recent years to accommodate protecting factors. The restructured model is on occasion termed the stress-vulnerability-protective factors model. Diathesis-stress model may be useful for women who are at risk of having socio-demographic issues or mental health illness.

1.1 Statement of Problem

Socio-demographic factors have had a lot of negative impact on women's mental health. Despite the global recognition of mental health as a critical aspect of overall well-being, women in many developing countries, including Nigeria, face significant barriers to achieving optimal good mental health outcomes.

These barriers are not only rooted in the healthcare system's limitations but also in the socio-demographic realities of these women. In Ibadan Metropolis, rapid urbanization, changing social dynamics, economic pressures, and entrenched gender roles potentially exacerbate mental health issues among women. However, there is a gap in the literature regarding how specific socio-demographic factors influence the mental health of women in this urban context. Understanding these influences is crucial for developing targeted interventions that address the unique challenges faced by women in Ibadan.

This research seeks to fill this gap by investigating the socio-demographic factors affecting the mental health of women in Ibadan Metropolis, with the aim of informing policy, practice, and future research.

1.2 Objectives of the Study

The following specific objectives were achieved in the study. The objectives are to:

- identify the key socio-demographic factors influencing the mental health of women in Ibadan Metropolis;
- examine the relationship between these socio-demographic factors and the prevalence of mental health issues among women in Ibadan; and
- determine the contribution of socio-demographic factors to women's mental health of women in Ibadan.

1.3 Research Questions

Research Question One: What is the joint contribution of age, marital duration, family type, and Nature of marriage to mental health of women in Ibadan metropolis?

Research Question Two: What are the relative contributions of age, marital duration, family type and nature of marriage to mental health of women in Ibadan metropolis?

2. Research Methodology

The study adopted descriptive research design of correlation type. It further employed the purposive sampling technique to select 250 women who reported mental health issues including depression, anxiety, addiction with average age of 40.7 years. A structured questionnaire was used to collect data from the

respondents who are women. The questionnaire was structured into two sections: the first section contains demographic variables such as age, marital duration, family type and nature of marriage; the second session contains Mental Health Scale constructed by Ogunwuyi (2022) to elicit information about mental health problems exhibited by the women. It is a 20-item scale with yes or no response format with reliability coefficient of $r=0.78$ after two weeks of test re-test. The data were collected by the researchers with the help of five research assistants. The questionnaire was administered within four weeks. Only 200 were retrieved and analyzed using multiple regression analysis and Pearson product moment correlation.

3. Results

Research Question One: What is the joint contribution of age, marital duration, family type, and nature of marriage to mental health of Women?

Table 4: Regression Summary and ANOVA of Age, Marital Duration, Family Type, and Nature of Marriage to Mental Health of Christian Women

Multiple R = 0.314 R Square = 0.098 Adjusted R Square = 0.079 Standard Error = 5.54					
Analysis of Variance					
Source of Variance	Sum of Square	Df	Mean Square	F	Sig.
Regression	616.81	4	154.203	5.02	.001
Residual	5655.55	184	30.73		
Total	6272.36	188			

Significant @ $p < .05$.

Table 4 indicates that there is joint contribution between the independent variables: age, marital duration, family type, and nature of marriage and the dependent variable (mental health of women) ($F(4, 184) = 5.02$; $Adj R^2 = 0.079$; $p < 0.05_{.001}$). This implies that when age, marital duration, family type, and nature of marriage are taken together, they jointly contribute to mental health of women. Table 4 further reveals a multiple regression adjusted $R^2 = 0.079$). This reveals that independent variables (age, marital duration, family type, and nature of marriage) accounted for 7.9% or by approximation 8% of the total prediction in mental health of women while the remaining 92% may be due to other factors and residuals not considered in the study model. The finding implies that there was joint contribution of age, marital duration, family type, and nature of marriage in the prediction of mental health of women.

Research Question Two: What is the relative contribution of age, marital duration, family type and nature of marriage to mental health of women?

Table 5: Relative Contributions of Age, Marital Duration, Family Type, and Nature of Marriage in the Prediction of Mental Health of Women

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	40.879	2.147		19.040	.000
Age	.653	.847	.057	.771	.442
Marital Duration	1.193	.951	.092	1.253	.212
Type of Family	2.231	.953	.168	2.341	.020
Nature of Marriage	3.081	1.036	.214	2.974	.003

Significant @ $p < .05$.

Table 5 indicates that there were significant relative contributions of age, marital duration, family type, and nature of marriage to mental health of women. Type of family ($\beta = 0.168$; $t = 2.341$; $p < 0.05$) and nature of marriage ($\beta = 0.214$; $t = 2.974$; $p < 0.05$), by implication, the finding in this section implies that type of family and nature of marriage made relative contributions of 17% and 21% respectively. This indicates that type of family and nature of marriage made significant relative contributions in the prediction of mental health of women. However, the following components of the independent variables did not contribute significantly to the prediction of mental health of women. Age ($\beta = 0.057$; $t = 0.771$; $p > 0.05$) and marital duration ($\beta = 0.092$; $t = 1.253$; $p > 0.05$), the table further found out that nature of marriage ($\beta = 0.214$; $t = 2.974$; $p < 0.05$ (0.003)), made the most significant relative contributions to the prediction of mental health of women, followed by type of family ($\beta = 0.168$; $t = 2.341$; $p < 0.05$ (0.020)), respectively.

4. Discussion

The study investigated socio-demographic factors of mental health of women in Ibadan metropolis. The outcomes of the study revealed that socio-demographic factors such as age, marital duration, family type, and nature of marriage jointly contributed to mental health of women. This is in agreement with a similar study that indicated that age, family type, nature of marriage are specific context which affect the mental health issues of women and may at the same time cause lower productivity (Loreto, Azevedo, da Silva, Malloy-Diniz, Ornell, and Trés, 2021). It then indicated that the age of women either young or old, marital duration in term of years of marriage, the type of family the women find themselves either monogamy, polygamy, single family, or distance family, and nature of marriage in term of court, Christian, Islamic and traditional marriage contributed to mental health problem of women. It is important to point out that mental health problems of women occur as a result of socio-demographic factors mentioned above but not restricted to them alone due to 8 percent contributions noticed in the outcome of the study.

However, nature of marriage made the most significant relative contributions to the prediction of mental health of women, followed by type of family, respectively. Other variables such as age, marital duration did not contribute to mental health of women problems. It could be explained that the nature of marriage and types of marriage contributed to mental health problems of women in the sense that many marriages in our societies are of traditional and

polygamy. The unpalatable incidences in marital relationships caused mental health problems of women such as depression, mental illnesses, loneliness among others traditional marriages which give the man the superiority over women and make men to force their ways on women, leading to marital situation that deprives women of positive emotions of happiness. Many homes are polygamous and many women are nurturing their children alone because many men are not responsible due to economic hardship. Many women are not adequately cared for in term of health care, food, emotional support and exposed to unnecessary stress in providing for their children. This is contrary to the fact that socio-demographic factors such as good education, income, employment status, marital status, ethnicity, and access to healthcare services play crucial roles in shaping the mental health outcomes of women (Kuhlmann, Galavotti, Hastings, Narayanan, and Saggurti, 2017). As a result of inability to bear the stress, Studies that report higher level of stress are more pronounced and found in women in advanced age compared to younger counterparts because of the increase in family responsibilities and upbringing of children who are in their toddler age and therefore need more attention (Shindaye & Patel, 2010). Many women are plunged into mental health issues such as marital anxiety, aggression, sadness, suicide intention, mental illness, as a result of being abandoned by their husbands.

5. Conclusion

The study investigated socio-demographic factors such as age, marital duration, types of marriage and nature of marriage on mental health problems of women in Ibadan. The present study is a breakthrough in the investigation of socio-demographic factors as predictors of mental health problem of women in Ibadan. It is seen from the outcomes that there is joint contribution between the independent variables: age, marital duration, family type, and nature of marriage and the dependent variable (mental health of women). This implies that when age, marital duration, family type, and nature of marriage are taken together, they jointly contribute to mental health of women. It was also concluded that family type and nature of marriage made significant relative contributions in the prediction of mental health of women. However, age and marital duration as independent variables did not contribute significantly to the prediction of mental health of women. The nature of marriage made the most significant relative contributions to the prediction of mental health of women, followed by type of family, respectively.

6. Recommendations

It is hereby recommended based on the outcomes of the study that:

- Professionals such as counselors, social workers, lawyers, mental health experts among others should work harder to help women with mental health problems as result of their marital relationships;
- Counseling on prevention of and intervention packages on mental health problems should be fused into the curriculum of the Universities in a way that every student admitted will be educated on it.
- Government should make access to the treatment of mental health illness reasonable for women who are victims as a result of domestic violence and other related issues
- Media houses and media experts should use their professional competences to launch a progressive awareness campaign on radio, television and social media on the dangers of mental health among women in our society.

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