# LIFE SATISFACTION, SOCIO-DEMOGRAPHIC FACTORS AND MENTAL HEALTH AMONG PROFESSIONALS IN ONDO WEST LOCAL GOVERNMENT AREA OF ONDO STATE

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## Abstract

*The study examined the level of mental health, relationship with life satisfaction and socio-demographic factors among some professionals in Ondo West Local Government, Ondo state Nigeria. The study adopted the correlational research design using the survey research approach. The population for the study consisted of the professionals in Ondo state, Nigeria. A Sample of 176 professionals was selected through convenience sampling technique. The Life Satisfaction Scale and DASS-21 scale were used in collecting data for the study. Data collected were analysed using frequency counts, percentage, and Pearson Product Moment Correlation. The results revealed a significant negative relationship between life satisfaction r(175)=-0.313, p=0.01} with mental health while age (r =0.155; P< .05) and educational qualification (r = 0.199; P<.01) had significant positive correlation/relationship with mental health. Others socio-demographic factors did not significantly related with mental health among professional in Ondo west, Ondo state Nigeria. The study concluded that life satisfaction, age and education qualification had significant relationship with mental health of professionals. It is recommended that it is high time that the government at all level should take serious of mental health of populace and increase the awareness of mental health through the media to the people.*

**Keywords:** Life satisfaction, Socio-demographic factors, Mental health, Professionals.

## Introduction

The economic situation in developing countries in recent time has been an issue of concern and discussion, especially the direct effect on the mental health of the populace, many of whom have devised different means of coping with the situation created by the harsh economic situation. Nigeria as a developing country is not exempted from this problem as several economic indicators such as recession, increase in inflation, removal of fuel subsidy and many others have made the country difficult to live in. This is also making some skilled workers and unemployed people look for greener pasture, especially in developed countries, while many with no means of travelling abroad remain, managing themselves. A few people are battling with many coping strategies, some cases of suicide are being reported and some others are managing depression. All these show that citizens are passing through hard times. However, it is clear that this unusual social and economic instability would not only have an impact on wellbeing of the people, but would definitely affect their mental health. Since the emergence of COVID-19 pandemic, the issue of mental health has moved to the front burner of global discourse, due to the devastating effects of various crises precipitated by the total lockdown necessitated by the pandemic. This situation coupled with the new monetary policy of the federal government of Nigeria (which led to a serious cash crunch) and the recent removal of the fuel subsidy has endangered many more people in this respect.

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, work well and contribute to their community (World Health Organization,[WHO],2022) and it is more complex than to be defined as the absence of psychopathology because it is not only about mental disorder and psychosocial disabilities, but it includes other mental states associated with significant distress, impairment in functioning and risk of self–harm (WHO,2022). People are assessed either mentally healthy or mentally ill. Mental health was recognized by World Health Organization, as essential part for achieving overall health and it was incorporated into population health strategies by various jurisdictions (WHO,2013). Mental health has been described as "emotional, psychological and social wellbeing, which affects how we think, feel and act, and determines how we handle stress, relate to others and make healthy choices'' (Centers for Disease Control and Prevention [CDC],2023). This obviously implies that mental health has everything to do with the total wellbeing of the individual. Needless to say that whatever affects the wellbeing of an individual has capacity to impact the mental health of the individual.

The prevalence of mental health conditions is increasing worldwide. In 2019, one in every eight people or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders being the most common which accounted for about 12.5% of mental disorder (Global Health Data Exchange [GHDx], 2022). The number of people living with anxiety and depressive disorders rose significantly due to the COVID-19 pandemic (WHO,2022) and is projected to become the most common medical condition by 2030 by Department of Health (2021). In Nigeria, about 25-30% of Nigerians suffer from mental illness (Mbamalu, 2021 & Ajumobi, 2020). Due to the importance of mental health to the overall wellbeing, it has received increased attention in recent years (Yaru, et al 2022).

Numerous studies have shown different indices of mental health such as anger, anxiety, depression, self-esteem, panic attack, stress, bipolar disorder, personality disorder, eating disorder (Yaru, et al 2022, Fergusson, et al. 2015 and Martin,1999). This study is focused on stress, anxiety and depression as indicators of mental wellbeing. Stress as one of the dimensions of mental health is the response to the demand of life in the body, which might be in psychological form such as thought and feelings. Anxiety is one of the indices of mental health and it is the commonest mental disorder. It is manifested in disturbances of mood, as well as of thinking, behaviour, and physiological activity (Adwas, et al. 2019). Depression is another indicator of mental health which deals with mood and leads to a persistent feeling of sadness and loss of interest, which interferes with daily activities of the victims. The agreement of the three dimensions determines mental health status of an individual.

Literature on mental health agreed that mental health has thresholds and it is only when it is no longer containable that it manifests as mental health problem. Ordinarily, everyone has a mental health level that must be maintained and not allowed to go overboard to become mental illness. However, at times, no matter how hard one tried some hard situations and circumstances if not properly managed may trigger off some mental illness. Several studies have been carried out on mental health among various population (Yaru, et al.2022; Jianbo, et al. 2020; Chew et al 2020; Xuhu,Ming & Weiggang, 2013; Hamouche, 2020; Zhang,Wang, et al. 2020; Fergusson et al 2015; Lawal, 2021) especially during the COVID 19 pandemic, though most of the studies were conducted outside Nigeria. However, the present economic situation in Nigeria where workers' remuneration remains the same in the face of constant inflation, cash crunch, removal of fuel subsidy, disintegration of social system and values, insecurity and non-responsiveness of the government; with all these pressures, one begins to wonder about the

plight of workers, especially the professionals, in terms of personal fulfillment, social relationship, productivity and their overall life satisfaction..

Life satisfaction has been defined by the oxford dictionary as ''fulfilment of one's wishes, expectations, or needs, or the pleasure derived from this''. Contentment is also "a state of happiness and satisfaction'' (oxford dictionary). Satisfaction could also mean a saturated feeling of achievement. Life satisfaction has also been described as the extent to which one is satisfied or pleased with the experiences of life, through an assessment of overall conditions of existence as derived from a comparison of one's aspirations to one's actual achievements (Haybron, 2005 & Alao, 2014). This suggests that it is not determined by just one factor in life, but a conglomerate of factors which are more or less interwoven or interrelated. Career or one's profession on the other hand too, dictates one's life to a large extent, especially financial status, standard of living, attitude to life and so on. Studies have also shown that job satisfaction is one of the factors contributing to life satisfaction. As life satisfaction is practically based on life stock taking, it is obvious that it is important to the total wellbeing of individuals across culture.

This study looks into the relationship of life satisfaction, socio-demographic factors of professionals and their mental wellbeing in view of the present situation of things in Nigeria, with a view to understanding the state of mental health of professionals and recommend probable interventions if necessary, for the benefit of a positive, friendly, peaceful and productive society.

**Objective of the study**

The main purpose of this study is to determine the level of mental health, and the relationship between life satisfaction, socio-demographic factors and mental health among professionals in Ondo West local government area of Ondo State.

**Hypotheses**

1. There is no significant relationship between the life satisfaction and mental health of Professionals in Ondo West local government area.
2. There is no significant relationship between socio-demographic factors (age, religion, place of work, marital status, ethnicity, education qualification) and mental health of professionals in Ondo West local government area.

**Methodology**

This is a correlational study using the survey research design. The design was chosen because the variables were not subjected to manipulation because they are already in existence; rather the researchers only observed the relationship of the variables through the responses of the respondents to the items on the study instruments. The independent variables in the study are life satisfaction and the demographic factors. The dependent variable is mental health.

The study sampled total number of 176 professionals in Ondo west local government in Ondo state with the use of convenience sampling technique. Out of 176 participants, Teachers were 64(36.4%), Health workers were 16(9.1%), Engineers were 15(8.5%) 21(11.9%) were Lecturers, 32(18.2%) were personnel of law enforcement agencies and Bankers were 28(15.9%). Majority of the participants 165 (93.8%) were Yoruba, 4(2.3%) were Igbo, 3(1.7%) were Hausa while 4(2.3%) denoted as other tribes. Analysis of the monthly incomes of the respondents shows that 40 (22.7) participants were earning below N50,000 monthly, 69 (39.2%) were earning between N50001- N 100000, 57(32.4%) were earning between N100,001- N200,000 and 10(5.7) were earning N200,001- N500,000. The participants' academic qualifications are as follows: 1(0.6%) was grade II holder, participants with

technical certificate were 4(2.3%), 14(8.0%) were National Diploma holder, 13(7.4%) were with Nigeria Certificate of Education, 19(10.8%) were Higher National Diploma holder, 91(51.7%) were Bachelor degree holder, Master degree holder were 28(15.9%) participants and 6(3.4%) were PhD holders.130(73.9%) were married, 42(23.9%) were single, divorced and separated were 3 (1.7%) and 1(0.6%) was widowed. Majority of the participants 150(85.2%) were Christians and 26(14.8%) were Muslims.

Two instruments were used in collecting data for the study. The Life Satisfaction Scale (LSS), and the Depression, Anxiety and Stress Scale (DASS-21). The instruments are standardized scales with acceptable psychometric properties. The instruments were merged for ease of administration to respondents. Section A consists of Socio-demographic items, section B consists of the LSS and section C consists of the DASS-21.

Section A of the questionnaire was used to assess the socio-demographic characteristics of the participants which include age, religion, marital status, job type, income and ethnicity.

Life satisfaction was measured by 30- item scale of life satisfaction which was originally developed by Alao (2010). It is self-administered comprehensive likert-scale with 7-point scale ranging from strongly agree to strongly disagree. The scale has eight dimensions and they are family, work, health, satisfaction with life and social relationship, finance and marriage. Respondents' scores range from 30-210 signifying extremely dissatisfied to extremely satisfied. High scores represents levels of life satisfaction while low scores represents levels of dissatisfaction. The scale has a correlation coefficient of .80 and internal consistency of .73 (Alao, 2010).

Mental health was measured using Depression, Anxiety and Stress scale (DASS). The DASS -21 is the shortened version of the DASS developed by Lovibond and Lovibond (1995). Each item was scored on a 4-point response format. The instrument has been shown to perform creditably well with reported Cronbach's Alpha score of 0.72 (Tran, Tran & Fisher, 2013). The reliability of DASS -21 revealed that it has excellent cronbach's alpha value of 0.81, 0.89 and 0.78 for the subscales of depression, anxiety and stress respectively and it was found to have excellent discriminative, concurrent and convergent validities (Coker,Coker&Sanni,2018). The Life satisfaction scale and the Depression, Anxiety and Stress Scale (DASS-21) were administered to the participants online and in-person. Responses were downloaded as well as collected physically and collated for analysis.

Data analysis in the study were carried out using the Statistical Package for Social Sciences (SPSS, version 22).The descriptive statistics were used to describe and summarise the participants' demographic factors. Pearson Product Moment Correlation (PPMC) was used for testing for relationship between socio-demographic factors, life satisfaction and mental health.

**Results**

**Table 1: Levels of mental health of professionals in Ondo west local government area of Ondo State**

| Professional | Normal | Moderate | Severe | Total |
|---|---|---|---|---|
| Teacher | 12 (18.8%) | 40 (62.5%) | 12 (18.7%) | 64 |
| Banker | 11 (39.2%) | 10(35.8%) | 7 (25.0%) | 28 |
| Law Enforcement | 06 (18.7%) | 19 (59.4%) | 7 (19.9%) | 32 |
| Lecturers | 2 (9.5%) | 15(71.4%) | 4 (19.1%) | 21 |
| Health workers | 2 (12.5%) | 12 (75.0%) | 2 (12.6%) | 16 |
| Engineer | 4 (26.6%) | 9 (33.3%) | 2(13.4%) | 15 |
| Total | 37 (21.0%) | 105 (59.7%) | 34(19.3%) | 176 |

The table 1 revealed the level of mental health of professionals in Ondo west local government area of the state. The Bankers has 25% of severe mental health, followed by the members of law enforcement agencies and lecturers with 19.9% and 19.1% respectively. The health workers which involve medical doctors and nurses had lowest percentage of severe mental health compare to other profession as well as Engineers had lower severity of mental health. It revealed in the study that many professionals are suffering with mental illness in silence and this justified high rate of cases of suicide and attempted suicidal cases among populace. Mental illness is not exempted of any professionals sampled in the study. Low level mental health among health workers might be associated with the accessibility to the psychological help and also majority of them had training on how to handle the indicators of mental illness such as stress and anxiety. High level of mental illness among bankers may be linked to a lot of factors such as stress of their job, anxiety as a result of uncertainties of their job securities, sedentary and lifestyle and poor take home.

**Hypothesis One:** There is no significant relationship between life satisfaction and mental health of professionals in Ondo

A pearson product momemt correlation was employed to test the hypothesis at.05% level of significance. The score obtained from the participants' life satisfaction and mental health was subjected to test of relationship, the result obtained are summarized and presented in table 1 2.

**Table 2: Pearson corrélation analyses table showing the relationship between life satisfaction and mental Heath of Professionals**

| Variables | N | $\overline{X}$ | SD | Df | R | p-val |
|---|---|---|---|---|---|---|
| Life satisfaction | 176 | 170.96 | 24.46 | | | |
| | | | | 174 | *-0.313***  | *0.01* |
| Mental health | 176 | 33.70 | 9.37 | | | |

(***r*(175)= -0.313, *p*=0.01}**

The table 2 shows that, there is a significant relationship between life satisfaction (N=176, $\overline{X}$ *=170.96, S.D=24.46)* and mental health (N=176, $\overline{X}$ *=33.70, S.D=9.37), r(176)= -0.313,p=0.01).* This suggests that there is a significant negative relationship between life satisfaction and mental health among professionals in Ondo west local government of the state. The null hypothesis which states that there is no significant relationship between life satisfaction and mental health among professionals is therefore rejected.

**Hypothesis two:** There is no significant relationship between socio-demographic factors and mental health among professionals in Ondo west local government.

**Table 3: Correlation analysis table showing the relationship between socio-demographic factors (Place of work, highest qualification, marital status, monthly income, religion, ethnicity, age and mental health among professionals in Ondo west**

| Variable | Mean | S.D | POW | Highest qualifi. | Marital status | Monthly income | Reli gion | Ethn icity | Age | Mental health |
|---|---|---|---|---|---|---|---|---|---|---|
| Place of work | 3.29 | 2.15 | 1 | | | | | | | |
| Highest qu | 5.51 | 1.33 | -.176* | 1 | | | | | | |
| Marital status | 1.29 | 0.52 | .006 | -.027 | 1 | | | | | |
| Monthly income | 2.21 | 0.86 | 267** | 380** | .212** | 1 | | | | |
| Religion | 1.15 | 0.36 | -.041 | -.060 | -169* | -.177* | 1 | | | |
| Ethnicity | 1.15 | 0.66 | .099 | .007 | .140 | .015 | .004 | 1 | | |
| Age | 38.05 | 8.62 | -.155* | .279** | 235** | .378** | -.053 | -.093 | 1 | |
| Mental health | 33.70 | 9.37 | -.069 | .199** | -.001 | .118 | -.042 | .026 | .155* | 1 |

** P<.01,  * P<.05

Table 2 revealed that only the age(r = 0.155; P < .05) and highest qualification (r = 0.199; P < .01) had significant relationship with mental health among professional in Ondo west, while other factors such as place of work (r = -0.06; P > .05), marital status (r = -0.001; P > .05), monthly income (r = 0.118; P > .05), religion (r = 0.026; P > .05) and ethnicity (r = 0.026; P > .05) had no significant relationship with mental health among professionals in Ondo west. This shows that only age and highest qualification had positive relationship with mental health. The null hypothesis which states that, there

will no significant relationship between socio-demographic factors and mental health among professional in Ondo west is therefore partially accepted.

## Summary of findings

The study revealed that life satisfaction has negative correlation with mental health among professionals in Ondo west local government area of Ondo state Nigeria. Also, it is also shown that age, and educational qualification had significant positive correlation/relationship with mental health while place of work, marital status, monthly income, religion and ethnicity had no significant relationship with mental health among professional in Ondo west local government area of ondo state Nigeria.

## Discussion of Finding

Mental health status of the people has been a topic of discussion of recent in Nigeria as rampant cases of suicide and suicide ideation among the populace are being reported on daily basis. Therefore, the study investigated the relationship of life satisfaction and socio-demographic factors on mental health of the professional in Ondo west, Nigeria.

The first objective of the study is to determine the relationship between the life satisfaction and mental health of the professionals in Ondo west local government area of Ondo state, Nigeria. The finding revealed that there is a negative significant relationship between the life satisfaction and mental health among professionals residing in Ondo west. This finding is similar to Fergusson et al.(2015)'s finding that reported significant association between repeated measures of life satisfaction and psychiatric disorders like depression, anxiety disorder and suicidality. Bao, et al.(2013) also reported the relationship between life satisfaction and mental health, that those who perceived themselves to have good financial status reported higher life satisfaction and sense of adequacy, and lower anxiety than those who reported lower life satisfaction. The study established that when there is low level of life satisfaction among the professionals, there will be increase in mental health indicators (anxiety, depression and stress) and this might be associated with increase in suicide ideation and cases of suicide among the populace.

The second objective of the study is to examine the relationship between the socio-demographic factors (place of work, religion, age, marital status, highest qualification, ethnicity and monthly income) and mental health among the professional in Ondo west, Nigeria. The finding shows that only two of the socio-demographic factors (age and educational qualification) had significant relationship with mental health among the professionals while the other socio-demographic factors (place of work, religion, marital status, ethnicity and monthly income) had no significant relationship with mental health. This finding is similar with Wang, et al (2022) who revealed younger age students were more likely to have mental health problems.

Also, there is significant relationship between educational qualification and mental health which is consistent with the finding of Niemeyer et al.(2019) who reported that depressive symptoms were more prevalent for persons with a low educational level and the finding of Lee et al.(2023) who revealed that knowledge on mental health positively mediated the relationship between media exposure and mental health awareness. Contrary, the finding is not consistent with the finding of Papaleontiou – Louca (2021) who reported the association between religion and mental health and also not in support with Grundström, et al,(2021) who revealed that marital status from being married, single or divorced/widowed were associated with depressive symptoms at every age in men. Also, concerning

the ethnicity, the study revealed that there is no significant relationship between ethnicity and mental health and this contrary to the finding of Kapadia (2023) who found out that ethnic minority people have poorer mental health outcomes compared with white majority populations.

## Recommendations

Mental health of the people need to be given special attention as it is shown that many people irrespective of their profession and socio-economic status had poor mental health. Thus, these following recommendations were made:

1. The factors revealed by various studies carried out by the research as likely factors that aggravated the recent rampant cases of poor mental health should be urgently handled by the governments at the various level of governance.

2. Also, the government policy on subsidy palliatives and foreign exchange should be properly handled. The government should take serious working condition of the employees as well as poor remunerations by both the public and private organizations should upward review to commensurate with present economic situation as majority of the employers are using the opportunity of high unemployment in the country to underpay and maltreat their workers resulting in mental illness.

3. There should be increase in mental health awareness among the populace through the media (social, audio and print media) on how and where to get help in case of any problem related to mental illness. The populace needs to be educated that whatever they might be passing through, attempting suicide should not be an option.

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