Effect of Sex and Socio-Economic status on Mental Health of Workers

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Abstract
The main object of the study is to examine the possible effect which socioeconomic status might exercise on the mental health of workers. A total of 200 workers drawn from four randomly selected Local Government Area of Lagos State Nigeria were involved in the study. This population comprises 100 males and 100 females. The subjects are between 30 and 63 years in age. The Mental Health Inventory (MHI) by Veit, Clairice T.; Ware, John E. (1983), and a questionnaire measure of Socioeconomic Status were used to assess mental health, and socioeconomic status respectively. A Correlational Design employing the Pearson product-moment statistic was used. There was no support obtained for the hypothesis which states that a significant relationship will exist between socioeconomic status and generalized measure of mental health. \( r(198) = -0.04, p > .05 \). However, two of the five higher-order components of the MHI correlated significantly with socioeconomic status, namely anxiety \( r(198) = 0.210, p < 0.05 \), and general positive affect \( r(198) = -0.320, p < 0.05 \). There is a significant relationship between gender and mental health \( r(198) = -5.27 p < 0.01 \). The results were discussed in the context of the need for a more careful study of the myriad factors which may impact on mental health among Nigerian samples.

Keyword: Socioeconomic status; gender; Mental health; Productivity.

1. Introduction

Health is a state of physical, mental and social well-being. It involves more than just the absence of disease. A healthy person does not only feel good physically but also has a realistic outlook on life.

The concept of ‘Mental Health’ has become a household discuss in less than a quarter of a century [1]. Health care is no longer within the purview of medicine, it involves more than the treatment of illness. Its goal is to minimize the need for treatment of diseases through positive and proactive programme of health maintenance.

If asked to indicate the thing in life that people value most highly, most people anywhere, would surely list ‘good health’ above and among the top two or three items [2]. This concern for health is clearly not misplaced.

Influence of socio-economic status on mental health of workers is a function of the level of a worker’s status i.e. either high low status considering such variables as pay, age, level of education, marital status, level of skill, promotional aspects affect his or her status. The objective information shown by several studies such as [3]; [4] do indicate that members of poor and working class groups tend to show greater

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psychological distress and disorders than other social classes.

Despite cultural variables, socio-economic disparities, religion segregation, the word mental health has been in existence and its influence remain undisputable throughout the world.

2. Method

2.1 Participants

A total of 200 Local Government workers were involved in the study. They were drawn from a population of workers in four randomly selected Local Government Areas in Lagos-State, Nigeria. The Local Government area are; Ikeja, Shomolu, Ikorodu, and Lagos Island. Fifty (50) subjects were selected from each local government area. All the subjects were between the ages of 30-63 years.

2.2 Instruments

The Mental Health Inventory (MHI): This scale, developed by [5], was used to measure mental health. It comprises 38 (thirty eight) items that were sub-divided into 5 sections according to five hierarchical higher-order factors each measuring different domains of mental health. The subscales and what they measured are. Anxiety, Depression, Loss of behavioral/emotional control, General positive affect and Emotional ties.

This instrument aims at measuring the general well-being of subjects and analyzing prevalent symptoms of psychological disorders or psychopathology.

The MHI achieves high reliability in general population. The alpha co-efficient of the MHI according to [6] is 0.96.内部一致性系数 also exceeded 0.90.

A measure of socio-economic status was obtained using a single questionnaire item. It is anchored on a seven point response category. It asks respondents to rate their present level of acess to specific basic necessities of life.

2.3 Procedure for data collection

The questionnaires were administered to the participants in their various offices; workers were grouped into high or low social-economic status according to their score on the Socioeconomic Status Rating Scale. There was no specific time limit for the completion of the questionnaire. Subjects were told that response given would be treated with confidentiality which helped the workers to answer honestly.

3. Results

Table 1: Pearson’s Correlation table showing the relationship between socioeconomic status (SES) and mental health of workers

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>sd</th>
<th>df</th>
<th>r</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>SES</td>
<td>200</td>
<td>4.02</td>
<td>5.58</td>
<td>198</td>
<td>.044</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Mental Health</td>
<td>200</td>
<td>128</td>
<td>14.8</td>
<td>198</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above result shows that there is no significant relationship between social economic status and generalized measure of mental health of workers. $r (198) = -0.04 P >.05$

Table 2: Shows the relationship between socioeconomic status and the five higher-order factors

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>Sd</th>
<th>df</th>
<th>r</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>200</td>
<td>40.0</td>
<td>18.4</td>
<td>198</td>
<td>0.21</td>
<td>*</td>
</tr>
<tr>
<td>Depression</td>
<td>200</td>
<td>15.6</td>
<td>4.4</td>
<td>198</td>
<td>0.03</td>
<td>**</td>
</tr>
<tr>
<td>Loss of behavioural control</td>
<td>200</td>
<td>40.3</td>
<td>18.2</td>
<td></td>
<td>-0.01</td>
<td>**</td>
</tr>
</tbody>
</table>
Table 3: Showing the difference between male and female on generalized measure of mental health

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>X</th>
<th>sd</th>
<th>df</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>100</td>
<td>123.75</td>
<td>14.76</td>
<td>198</td>
<td>-5.27</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Female</td>
<td>100</td>
<td>134.10</td>
<td>12.93</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This result shows that there is a significant difference between male and female workers on the measure of overall mental health $t(198) = -5.27$, $P < .01$

4. Discussion

This study was designed to examine the effect of sex and socio-economic status on mental health of workers.

The first hypothesis which states that there will be a significant relationship between the socio-economic status of workers and their mental health was not supported $r(198) = -0.004$, $P > .05$. This report shows and reveals that there is no significant relationship between the socio-economic status of workers and their mental health. The finding is supported by various investigations for example [7]; [8]; [9].

The second hypothesis which states that socio-economic status will relate significantly with the higher order factors of mental health was supported only for anxiety $r(198) = 0.210$, $P < 0.05$, and general positive affect $r(198) = -0.32$, $P < 0.05$. This result from the higher-order factors contrasts with the findings of [10] stating that our health (mental) is determined in a large measure by our living conditions and life styles. i.e. Emotional ties, life satisfaction and our general positive affect towards life and work.

5. Conclusion

The findings of this study generally indicates that the link between socioeconomic status and generalized mental health may have have other intervening variables which can be a focus of further investigations.

Government has a lot to play in making sure that workers health do not affect their performance towards work. Workers should be tested at least once a year to know their state of mind and how the economic and social situation of things around them affect their work performance.

Health programs and occupational rehabilitation centers or officials and social workers should be employed by the government in order to help workers get counseling and help from people who are more like fellow workers to them than outsiders.

References


**Dr. Olatunji Samuel Olutunde** holds a B.Sc. degree in Psychology; M.Sc. in Physiological Psychology, University of Ibadan, Nigeria, And a Ph. D. in Clinical Psychology of the Ekiti State University Nigeria. He is currently a Reader and Head of Department of Psychology Ekiti State University, Ado Ekiti, Nigeria. He has over twentyfive publications in both local and international Journals. He is a member of the Nigerian Psychological Association.