SUSCEPTIBILITY TO MENTAL ILLNESS BETWEEN MEN AND WOMEN IN TANZANIA

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ABSTRACT

This paper narrates information on how socio-economic status of individuals paves way for contracting mental illness. The study was undertaken in Tanzania at one of its Psychiatric Referral Hospital (Mirembe-Dodoma) whereby equal proportions of men and women psychiatric patients were involved. Data were collected using interviews administered through semi-structured questions and focus group discussions thereafter analyzed using SPSS 11.5. Obtained findings indicate that, varied socio-economic characteristics between men and women mold differences in exposure to mental illness. Married women are more susceptible to contract mental illness as far twice compared to married men. Depression, anxiety, psychological distress, sexual violence within and outside marital affairs, and domestic violence stood as contributing causes for women to experience more stressful marriage life than men. Different mechanisms devised to absorb the aftermath of failure in attaining livelihood outcomes emerged to trigger different exposure to mental illness between men and women. This was manifested in type and nature of people's occupation and benefits accrued. All age cohorts indicated to succumb on mental illness with youth remarkably affected. Younger married women indicated to have had experienced more stressful marital relations than their young men counterparts. The composition of adult women suffering mental illness was twice that of adult men; 66.7% and 33.3% respectively. Finally this paper urges that, there is an urgent need for developing an effective approach to early mitigate causes for mental illness that numersouly emanates from socio-economic matters pertaining to people's life, instead of awaiting for medical interventions that are costly.

Key Words: *Mental Health, Mental Disorders, Susceptibility Between Men & Women and Socio-Economic Disparities.*

INTRODUCTION:

Mental illness refers to a wide range of mental health disorders that affect people's mood, thinking and behavior that are numerously associated with some level of distress, depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Many people are said to have mental health disorders from time to time but it becomes a mental illness when signs and

symptoms cause frequent stress and depression and eventually affects somebody's ability to function. At some instance, mental illness can make someone miserable and cause problems in daily life, such as at work or in relationships. Overall rates of mental disorder are almost identical for men and women (Kessler, McGonagle, Zhao *et al.*,1994) but striking gender differences in the patterns of mental illness. At some instances some symptoms are more common in women than men, and vice versa. This suggests gender to be a critical determinant of mental health and mental illness. Astbury (2001) urges that gender influences the power and control men and women have over the determinants of their mental health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in society. As such, gender is important in defining susceptibility and exposure to a number of mental health risks. Astbury (2001) relates gender to differences in risk and susceptibility, the timing of onset and course of disorders, diagnosis, treatment and adjustment to mental disorders. Differences in age of onset of symptoms are also indicated by Piccinelli and Homen (1997) who indicate that men typically had an earlier onset of symptoms than women and poorer premorbid psychosocial development and functioning. At the same time while women indicate later onset symptoms, they experience a higher frequency of hallucinations or more positive psychotic symptoms than men (Lindamer *et al.*,1999).

Women and men are numerously reported to have different typical stressors which render them to contract mental illness. Women are often expected to occupy a number of roles at the same time as wife, mother, homemaker, employee, or caregiver to an elderly parent, whereas Mule (2007) relates these roles to stressful situation women undergo. Meeting the demands of so many roles of such heavy burdens may cause stress or lower self-esteem simultaneously leads to retarded mental health. For men, situations that typically produce stress for them are those which challenge their self-identity and cause them to feel inadequate. If their identity closely matches a traditional male role, they will experience stress in situations requiring subordination to women or emotional expressiveness. Men may experience stress if they feel they are not meeting expectations for superior physical strength, intellect, or sexual performance. Rosenfield (1999) argues that, men display externalized symptoms, expressing problematic emotions in outward

behavior. Women tend to develop internalized symptoms, where problematic feelings are directed towards the self.

In most cases, mental illness symptoms can be managed with a combination of medications and counseling (psychotherapy) (WHO, 2009) which is inadequately handled in developing countries like Tanzania where formerly mental illness was considered an incurable curse. People with such illness were feared and rejected in the society, and some societies associated it with witchcraft whereas its treatment was surrendered to traditional healers who had power to remove the curses or supernatural forces behind the illness. At first, the first mental hospitals were set up under Germans in 1890s followed by the British in 1935. In the 1960s and 1970s, more regional psychiatric units were established around the country in an effort to take the services closer to the people. Currently there are several psychiatric rehabilitation units at every national referral hospital in efforts to handle psychiatric cases. However, despite of efforts done by the Tanzania government and other collaborators, still there is high influx of psychiatric cases at various Psychiatric units including Mirembe National mental health hospital which is the focal center for rehabilitating people with mental illness. Strikingly, number of men suffering mental illness surpasses that of women. Men with mental disorders are easily seen in public roaming around or fending for themselves in towns/cities of Tanzania than women. A similar scenario is found in psychiatric rehabilitation hospitals whereas the number of men outpoints number of women suffering similar illness. A recent report of Mirembe hospital in 2010 shows that, while the number of men was 1769, number of women was 640. This paper narrates information for existing trend by focusing on how socio-economic status of both men and women determine differences in susceptibility to mental illness, with reference to psychiatric patients as primary respondents.

METHODOLOGY:

This study was conducted in Dodoma, Tanzania with a focus at Mirembe National Referral Hospital as it accommodates a cultural diversity of psychiatric patients coming from all over the country. The study involved the use of qualitative data collection techniques administered by semi-structured interviews, focus group discussion and observation, while quantitative data were

collected using structured questionnaires administered in form of checklist and structured questions. Primary data were collected from the selected sample size of 120 psychiatric patients (60 men and 60 women) admitted at Mirembe Hospital, plus other key informants such as relatives of psychiatric patients met on visiting days, Hospital personnel, Social welfare personnel, plus other key officers from Dodoma Municipality. Secondary data were extracted from journals, magazines, reports from Mirembe psychiatric referral hospital. In adhering to a cross-sectional research design, information regarding mental illnesses was extracted at one point in time. Other information was gathered from key informants who stood as key resourceful person in providing secondary data. This included 22 civilians/visitors, 5 officers of Mirembe hospital, 1 police officer, 2 NGO,s and CBOs representatives, 1 Municipal Social welfare officer. Simple random and purposeful sampling techniques were used to extract information from psychiatric patients and key informants respectively.

The collected data were processed and analyzed using Statistical Package for Social Science version 11.5. Both descriptive and multivariate analysis was run to establish relationship between and among variables in relation to socio-economic differences between men and women on the subject matter. However, it wasn't easy to collect data from individuals declared psychic because of their unpredictable behavior. But it became possible in facilitation by hospital personnel who have got good rapport with patients.

RESULTS AND DISCUSSION:

Apart from biological factors, socio-economic differences between men and women emerge as among predictors of mental illness. They refer to social and economic experiences and realities that help mold one's personality, attitudes, and lifestyle as they essentially determine the degree of susceptibility to mental illness. The following sub-sections give explanation on how differences in socio-economic status between men and women render exposure to mental illness.

DIFFERENT CAUSES FOR MENTAL ILLNES BETWEEN MEN AND WOMEN-

As there are various forms of mental illness, its causes are complex and vary according to the particular disorder and individual. However the most common form is given by Ghaemi (2006)

who contend that, mental disorders tend to result from genetic dispositions and environmental stressors, combining to cause patterns of distress or dysfunction or, more sharply, trigger disorders. In focusing on socio-economic status of respondents as one of the environmental stress factor, several causes were mentioned by respondents in the particular study. Among 120 respondents, 38.3% indicated that drug abuse led them to contract mental illness (use of marijuana, cocaine and other chemicals). Other mentioned causes were; Break up of marital relationships (6.7%), Alcoholic (6.7%), inheritance (5.0%) as indicated in Table 1. Of all men respondents; majority 40.0% mentioned drug abuse (use of bangi, heroin, cocaine) as cause for mental illness. For women respondents, 20.0% indicated postnatal problems that arise after giving birth as main cause for mental illness.

This included poor relationship with partners during pregancy period, mistreatment concurrently with delivery complications at the hands of midwives, emotional and physical abuse experienced after delivery. Heather and Fisher (2010) contend that the quality of relationship pregnant women experience with their intimate partners is associated with their mental health in post childbirth. However, while women indicated to have contracted mental illness due to loosing loved ones or being rejected (6.7%), men did not show to be affected much by this course. While the break up of marital affairs counted 10.0% for women, it constituted only 3.3% for men.

The use of alcohol constituted 13.3% of men while no any women cited this as root cause. The findings indicated further that unemployment and demotion affect both men and women equally (10.0% each). Furthermore, while drug abuse emerged to comprise majority of men, few women admitted to have ever fallen mentally sick due to drug abuse. The male youth constituted majority of those who have ever fallen mentally ill under drug abuse as leading cause for mental illness. Similary, girls mentioned postnatal delivery problems and problems arise after marital relations breakup as main causes for their illness.

Table 1. Causes for mental illinessess between men and women (n=120)

Causes for mental illness	Gender of respondents		% of Total
	Male	Female	
The use of Bangi/marijuana	40.0%	6.7%	23.3%
Drug abuse	23.3%	6.7%	15.0%
Break up of marital affairs	3.3%	10.0%	6.7%
Alcoholic/drunkdness	13.3%	.0%	6.7%
Inherited the illness	.0%	10.0%	5.0%
Postnatal complications after giving birth	.0%	20.0%	10.0%
Unemployment/ demotion	10.0%	10.0%	10.0%
Attacked by illnesses ie.chronic malaria	.0%	10.0%	5.0%
Isolation	6.7%	6.7%	6.7%
Withcraft	3.3%	6.7%	5.0%
Loosing loved ones i.e death, marital separation	.0%	6.7%	3.3%
The aftermath of held strong love affection/passion	.0%	6.7%	3.3%
Total	100.0%	100.0%	100.0%

Source: Research survey (2011)

SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS AND SUSCEPTIBILITY TO MENTAL ILLNESS.

RESPONDENTS AGE-

The findings showed that there is no any age cohort spared as free to succumb on mental illness. The illness is found among different age groups ranging from children, youth, adults, and elders. However, the youth predominate the illness whereas among 120 respondents, 61.7% respondents were in the age category of youth (18-35 years), 30% were adults (36-55 years), 3.3% elders (56-

68 years) and children (<18 years) constituted only 5.0%. Findings indicate that youth occupied in every occupation sphere and this because of the nature of their life endeavor and eagerness for attaining various livelihood outcomes. However, Primer (2009) urges that mental disorders are common in children and youth than in other age cohort because so many mental disorders show up before the age of 18 and they can have a huge impact on a child's development. Of all women respondents, youth comprised 57.6% followed by 40.0% adults, 3.3% elders and children were not comprised in this category. For a case of men respondents, it was similarly revealed that youth comprised majority (66.7%) followed by adults (20.0%), elders (3.3%) and children constituted 10.0%, and a sample did not constitute any female child as indicated in Table 2. The number of adult women was twice the number of adult men; 40% and 20% respectively while similar composition between men elders and women elders. Generally, in most of African customs women live longer than men leaving them without a partner at the end of their lives and this normally contributes to the existing scenario of having almost twice the number of adult women with mental illness than men. URT (2003) indicates that women widows in Tanzania are denied of their rights to inheritance after losing their loved ones, and in such trauma women experience in absence of their husbands may impinge on mental illness. But also, while male children were found to constitute a group of men 10.0%, no any female child was found to constitute a group of women.

Table 2. Age composition of respondents (n=120)

Age cohort of respondents	Gender of respondents		%of Total
	Male	Female	
children	10.0%	-	5.0%
youth	66.7%	56.7%	61.7%
adults	20.0%	40.0%	30.0%
elders	3.3%	3.3%	3.3%
Total	100.0%	100.0%	100.0%

Source: Research Survey (2011)

MARITAL STATUS- Findings indicate that, status of marital relations a person undergoes substantially poses either positive or negative implications to mental health. Most of the

interviewed respondents were single (43.3%), followed by married (31.7%), separated 10.0% and the least group comprised widow/widower (3.3%) solely made up of women. Respondents who indicated to have ever engaged in marriage were dominated by women (68.4%) who constituted as far twice number of men (31.6%). This shows that marriage benefits the mental health if properly handled and managed, but if disrupted and mishandled may become source of depression, stress, anxiety plus all other kind of mental disorders. This was further substantiated by married women during a focus group discussion whereby among other things, they narrated that depression, anxiety, psychological distress, sexual violence within and outside marital affairs, domestic violence and escalating rates of substance use affected them to a greater extent than men. Others went further explaining that, stressful life emanating from their multiple roles, gender discrimination and family poverty, hunger, overwork, domestic violence and sexual abuse, merge to account for their mental illness. Younger women indicated to have ever experienced more stressful marital relationship events than men of the same age category. Astbury (2001) contends that women are almost twice as likely as men to suffer mood and anxiety while men are roughly twice as likely as women to suffer substance use disorders. However, married respondents constituted 31.7% while unmarried (single, divorced, widow/widower, separated) constituted 68.3%. Of all unmarried respondents, females comprised 58.5% while males comprised 41.5% as indicated in Table 3.

Table 3. Marital status of unmarried respondents (n=82)

Marital status of unmaried respondents	Gender of respondents		% of Total
	Male	Female	
Single	41.5%	22.0%	63.4%
Divorce	7.3%	9.8%	17.1%
Widow/widower	0	4.9%	4.9%
Separated	9.8%	4.9%	14.6%
Total	58.5%	41.5%	100.0%

Source: Research survey (2011)

However, a group of men single (41.5%) was dominant compared to other categories of unmarried patients. But also while women widow/widower emerged to compose a share in unmarried patients, it was composed of females only (4.9%). However, while Denmark & Paludi, (1993) contend the quality of marriage as more strongly related to home life satisfaction for women compared to men, this variation may be attributed to gender differences in the psychological purpose of marriage. Males may have more instrumental gains from marriage (Example; in the form of services, such as housekeeping). Females, who have fewer alternatives, may invest more emotionally in their marital roles (Denmark and Paludi, 1993). From this it can clearly be stated that these differences may result in tension between two partners. And thus may result in depressive feelings for women that may leave them feeling as if they were servants to their husbands, not companions.

OCCUPATION:

A persons occupation not only provides a means of livelihood but it also relates to the quality of ones life. Any alterations in occupation automatically alters survival whereas it leaves good or bad implications to peoples lives. Findings indicates a diverse range of occupations hold by respondents ranging from higher income promising occupations to low income occupations. Agriculture comprised most of the respondents 46.7% followed by private sector 25.0%. Women appeared to be comprised most in agriculture sector and few of them occupying salaried jobs while men occupied the promising and better salaried jobs. Of all respondents, 58.0% associated their mental health status to occupational disatisfaction. Respondents indicated further that, a total loss or incapacity to accrue a living from any of such occupations subject most of the respondents to succumb on mental illness. Although the status of being unemployed indicated to pave way for the illness, it was not just any job. There were some employed respondents who indicated to had contracted illness because of unrealistic workload or little returns realized.

Table 4. Occupation of respondents (n=120)

Occupation of respondents	Gender of respondents		Total
	Male	Female	
big business	6.7%	6.7%	6.7%
small business	6.7%	6.7%	6.7%
government employee	3.3%	-	1.7%
private sector employee	33.3%	16.7%	25.0%
mother (homemaker)		6.7%	3.3%
peasants/farmer	30.0%	63.3%	46.7%
student	13.3%	-	6.7%
illegal business	6.7%	-	3.3%
Total	100.0%	100.0%	100.0%

Source: Research survey (2011)

In a prolonged life hardship compounded with prolonged poor returns from a dependable occupations, greatly exposed both men and women to contract mental illness. However, this is much worsened by the kind of occupation people engaged in. Many of the respondents in this study indicated agriculture as being their primary occupation. They proclaimed that, little or no gains realised from this sector contributed to their mental helth status due to stressful life while unable to cater for demanding families. Occupational stressful life was also indicated by respondents who have ever engaged in other poorest paid jobs who related their mentally ill situation with job dissatisfaction. In relating job satisfaction and mental health, Matt (2011) asserts that, employment is associated with better physical and mental health and the mental health of those out of work tend to improve when they find a job. Getting a high quality job after being unemployed improves mental health, but getting a poor quality job is more detrimental to mental health than remaining unemployed.

The type and nature of working environment also display differences between men and women on succumbing mental illness. A poor working environment affects both gender since it impairs their capability to work, but the difference lies on capacity to absorb this. The respondents related poor working eviroment to constitute poor working tools or facilities, bad relations with

their supervisors/bosses, little or poor renumeration (salaries/wages), and demotions. Both gender (men and women) gave almost similar responses with little differences noted.

However, few women were found in the employment category which was comprised of men to a large extent. Women in Tanzania as for most of Subsaharan countries are culturally prescribed to assume domestic chores which are of no pay. They are expected to perform a diverse range of role as wife, mother, home maker, care giver to children, elderly and the sick. In meeting these roles simultenously leads to stressfulll situations and if mishandled can results into mental illness. Rosenfield (199) asserts that, in such situation of increased workoad and if compounded by decreased attention to rest and relaxation may pose obstacles to women health.

CONCLUSION AND RECCOMENDATIONS:

Although scientists still emphasize that mental illness can be felt equally in both men and women, differences in socio-economic status moulds the degree of exposure to the illness. These include differences in what age groups experience in livelihood struggles, the art of handling marital relations, degree and type of benefits accrued from occupations. However, differences in people's socio-economic status impact the development of mental illness directly, as well as indirectly through its association with adverse economic and social stressful conditions among men and women. Therefore mental illness prevention efforts and early intervention strategies should pay special attention acquainting information on socio-economic status of individuals which has a stake in predetermining susceptibility to mental illness.

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