

Mental Health Status and Drug Use Pattern among Pensioners in Ekiti State Nigeria

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ABSTRACT: Retirement is a major phase in the life of an individual affecting the social and economic aspect, and if not well managed may have implication on the mental health of the individuals involved. The study examined the mental health status of pensioners and their pattern of drug use in relation to the mode of retirement. 262 pensioners consisting of 159 males and 103 females drawn from Ekiti State participated in the study. General health questionnaire and Drug use Scale were employed to collect data. One Way ANOVA and Independent t-test were used to test the three hypotheses stated. Result showed that, retirement type has a significant influence on somatic symptoms, anxiety, social dysfunction, but not on depression. Results showed that alcohol consumption has a significant influence on somatic symptoms, anxiety and depression, but not on social dysfunction. Results also showed how the pensioners vary in their mental health status relating to somatic symptoms, anxiety, depression and social dysfunction. A significant sex difference was also reported in drug and alcohol use but not in their mental health.

Keywords: Drug use, mental health, anxiety, somatic symptoms, social dysfunction, depression.

I. Introduction

There is a strong link between employment and health with both having the tendency to serve as a cause and effect for each other. Health is a state of complete physical, mental and social well-being, not merely absence of disease or infirmity and mental health has to do with how we think, feel and behave, and any problem with it can affect anyone regardless of age, race, gender and social background. While employment in its own case being a main source of income for most people has strong influence on social network and thereby determine an individual's social status, which is fundamental to quality of life. As important and fundamental as employment is, it will come to a time in an individual's life that he/she will have to rest maybe due to old age in most cases or when certain years have been put into the job. According to Oniye (2001), it is essentially a period of adjustment. Retirement generally implies the terminal cessation or changeover of financially remunerative employment, a period of economic inactivity or a change over in one's economic activity. According to Prince (2000), in the early 20th century, the average life expectancy was 47 years. As a result, most people worked until they become too sick to continue. However, because the advanced medical knowledge and resources we enjoy today were not yet available, a majority of people died quickly of acute illness. It was discovered that before now the overall time spent in retirement was only 7% of adulthood or about four years. In the early 21st century, 25% of one's adulthood can be spent in retirement. This is because the average life expectancy in 2002 was 76 years, thus those retiring at age 65, on average, can expect spend 18 to 20 years in the role of retirees. For instance, if an academic staff in a Nigerian university retires at 60, he is expected to stay alive for another 20 to 25 years on the average. The implication is that adequate plan must be made by such an individual for the post retirement life stage or period. Alutu (1995) identified three main types of retirement, namely voluntary, compulsory and forced retirement. And that voluntary retirement occurs when the employee decides on his own to retire from service before the attainment of the stipulated retiring age or years of service. Compulsory retirement occurs when the employee had to retire because he has attained the maximum age of retirement or years of service. Forced retirement on the other hand occurs when the employee is not consulted before he is made to withdraw from service with or without benefit (Nigerian Union of Pensioners, 2003).

At old age the main source of income support used to be the family, as informal systems provide the bulk of social support for older individuals in many countries particularly in Africa. Urbanization is taking its toll on the practice of extended family which is weakening the mutual aids that were enjoyed before at old age. The issue of unemployment is not helping matters as the family members that should provide the financial supports are battling with their own economic challenges. This brings about the link between mental health and retirement. Mental health, like physical health, may be viewed as existing on a continuum from healthy living to chronic illness. In 2001, the US Surgeon General defined mental health as "the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity"

A mentally healthy person is individual with a wholesome, consistent and balanced personality, without any emotional or nervous tension. Mental health combines both physical and psychological well-being, and involves

the equilibrium between an individual and the environment, which made it to be an everyday issue. Mental health problems occurs when an individual cannot make appropriate use of interpersonal assets and skills that are available unto him to perform the daily life activities, resulting in a struggle to cope with the challenges that accompanies one's responsibilities.

If mental health can be explained as the way an individual cope with daily life and the challenges that accompany it. It becomes a problem when one cannot cope with stresses that accompany daily life. If left without care, mental health problem becomes devastating on an individual and the people around. It can develop from a sudden change in lifestyle, losing one's job, relocation to a new terrain, anxiety over dwindling status, decreased strength, aging, and even the death of a significant person. This can also lead to consumption of alcohol in excess for a period of time, and the use of illegal drugs in order to create euphoria, to reduce anxiety, pain and distress. Careful observation in the society today shows that, Nigerians have a drug for every purpose and many with no genuine purpose at all, (Ahianté, 2003; & United Nations on drugs and crime Project in Nigeria. 2003). Most deplorable however, is the rate of increase in the use and abuse of tobacco, alcohol and other dangerous drugs that can only distort, damage and destroy their users.

Thus, this study assessed the mental health of the pensioners and the factors that relate with them, examined the pattern of drug use among the pensioners and the impact of retirement type on the mental health status of the pensioners. The retirement type in this work was divided into three: age factor which are employees who retired because they had attained the maximum age stipulated for retirement or years of service, voluntary involve those employees who reach the age stipulated for retirement but who left on their own volition and forceful are those who were retired as punitive measure or were not prepared for retirement because they have not reached the required years of service.

II. Materials And Method

This is a survey method of research. The participants in this research are 274 pensioners comprising of 168 males and 106 females, who were selected through cluster sampling technique in Ekiti State Pension Board, Ado-Ekiti Nigeria, in order to cut across all parastatals in the civil service. The age range fell between 50 and 78 years. The informed consent of the pensioners was obtained when they gathered to process their gratuity, or have issues with the pension board, after which copies of the questionnaire were distributed to them and were collected same day. The process for collection of data lasted for six weeks in order to access enough respondents

Measures

The instruments used for this study include General Health Questionnaire (GHQ28) developed by Goldberg (1978) to collect data for mental health while Frequency of Drug use and Alcohol Scales were employed to collect data for drug and alcohol use. The GHQ is a screening instrument aimed at detecting those who are likely to be at risk of developing psychiatric disorders. The GHQ28 has four sub-scales; somatic symptoms, anxiety, social dysfunction, depression, each consisting of seven items. Responding to items like 'feel ill' with 'not at all' score 4, not more than usual score 3, rather more than usual score 2. While much more than usual has score 1. This means the higher the score, the higher the level of well-being on the symptoms being assessed.

The items of the drug use scale include a list of frequently used drugs, frequency of usage, with the frequency of the options including: never, occasionally, twice in a month, weekly, 2-4 times weekly, and daily.

Alcohol consumption scale contains items like how often do you take drinks containing alcohol etc.

Hypotheses Tested

1. Retirement type will significantly influence the mental health of pensioners
2. Male and female will differ significantly in drug use and mental status
3. Pensioners will be higher in social dysfunction compared with either dimensions of mental health
4. Those who consume alcohol will be significantly higher in all the dimensions of mental health than those who do not consume or who consume moderately.

III. Results And Discussion

Results:

Table 1: One Way ANOVA Table Showing the Effect of Retirement Type on Mental Health and Drug Use

Retirement type	N	Drug use	Somatic symptoms	Anxiety	Social dysfunction	Depression	Alcohol consumption
Age factor	77	2.61	23.38	25.31	21.76	26.23	1.51
Voluntary	149	1.84	25.19	25.90	23.90	26.81	1.52
Forceful	23	2.13	22.56	23.04	21.56	26.55	1.53
F test	249	1.85	7.65**	6.58**	8.03**	1.69	.035

** = Significant at .01.

The higher the scores the less the symptoms on the individual, that is the higher the well-being. Those who retired voluntarily are significantly higher in all the dimensions well-being than those who retired on age factor or forcefully.

Table 2: Showing the Mean and T-Test Comparing the Drug Use and Mental Health Status of Male and Female Pensioners

	N	Drug use	Somatic symptoms	Anxiety	Social dysfunction	Depression	Alcohol consumption
Male	149	2.30	23.94	24.96	22.27	26.29	2.13
Female	100	1.82	24.92	25.90	23.88	26.47	.66
t-test	256	1.14	1.84	1.99*	3.02*	0.37	4.30*

* = Significant at .05

Female retirees are significantly better in anxiety and social dysfunction than their male counterparts. While male (Mean = 2.13) are higher in alcohol consumption than female (mean = 0.66) pensioners [$t = 4.30, p < .01$]. In drug consumption, somatic symptoms and depression there is no significant difference between male and female pensioners.

Table 3: Descriptive Table Showing the Mean, Frequency Percentage of Mental Health Status of Pensioners

Variables	Somatic Symptoms	Anxiety	Social Dysfunction	Depression
Mean	24.33	25.33	22.92	26.37
Percentage High	4%	12%	19%	8%
Percentage average	19%	18%	31%	23%
Percentage Low	77%	70%	50%	69%

Low in this case means the symptom is low in the individual, that is, responding to items like 'feel ill' with 'not at all' or not more than usual. Average means the symptoms are present in the individual, meaning that the symptoms are rather more than usual. While High indicates symptoms much more than usual

Table 4: Descriptive table showing the mean, frequency, percentage of drug use among pensioners

	No consumption	Low consumption	High consumption
Alcohol	62%	16%	22%
Drug use	37%	51%	12%

No consumption in both alcohol and drug use means those who do not consume them at all, Low consumption in alcohol refer to those who consume alcohol or drug once a month or less while high consumption means those who consume them daily or twice a week.

Table 5: Showing the influence of drug and alcohol use on mental health of pensioners

Variables	Drug use		Alcohol use		R	R ²	F
	Beta	t	Beta	t			
Somatic symptoms	-0.34	-5.79**	-0.22	-3.70**	0.45	0.20	30.77**
Anxiety	-0.07	-1.17	-0.36	-5.91**	0.39	0.15	21.12**
Social dysfunction	-0.09	-1.36	-0.10	-1.57	0.15	0.02	2.86
Depression	0.15	2.29*	-0.17	-2.56*	0.19	0.04	4.68*

* = significant at .05

** = significant at .01

Drug use (Beta = -.34, $t = -5.79, p < .01$) and alcohol (Beta = -.22, $t = -3.70, p < .01$) have significant main and joint negative influence ($F = 30.77, p < .01$) on somatic symptoms and on depression [Drug use Beta = .15, $t = 2.29, p < .05$], alcohol [Beta = -.17, $t = -2.56, p < .05$] and joint influence ($F = 4.68, p < .05$). Also alcohol has significant main influence on anxiety [[Beta = -.36, $t = -5.91, p < .01$], but no significant influence of drug use on social dysfunction and anxiety, also, no significant main influence of alcohol use on social dysfunction.

IV. Discussion

The first hypothesis which stated that, retirement type will significantly influence the mental health of pensioners was partially confirmed. The post hoc analysis shows that there is a significant difference between the pensioners who retired voluntarily and those who retired forcefully and by age factor, but no significant

difference between those who retire by age factor and forcefully in three dimensions of mental health which are: Somatic symptoms, anxiety and social dysfunction. There is no significant influence of retirement type on their level of depression. This shows that retiring by age factor is having the same effect on the retirees as when forcefully retired. For an individual to have retired voluntarily, he/she must have counted the cost of such decision and would have had a better alternative to the job he/she decided leave. Age is another factor that could play on the mental health of those who retired voluntarily, they have not reached the age of retirement so they tend to be younger than those who retired by age factor. The difference also bothers down on the kind of arrangement that were supposed to have been made in preparation for retirement which in most cases were not adequately made. Psychologically, when an individual is forcefully relieved of his/her job, it tends to bring a setback because adequate preparation both psychological and financially would not have been made in order to cushion the effect of the sudden change of status from being a worker to being a retiree.

The second hypothesis predicted that male and female will differ significantly in drug use and mental health. The result indeed showed a significant difference in alcohol consumption between male and female pensioners. The men scoring higher in alcohol consumption than female as confirmed by the work of Macintyre et al (1996). Also men also showed higher level of anxiety and social dysfunction than female contrary to what was reported in the literature that women are at increased risk of depression and anxiety (Piccinelli & Wilkinson 2000; Macintyre et al 1996). In the society where this research was carried out, they frown at women involvement in alcohol consumption while it is tolerated among men as a sign of socialization which actually confirmed the reason for the low alcohol consumption among women, especially people of the retirement age. Also traditionally men in the society are expected to provide for their homes, not minding their age, while women are seen more as dependents, although the influence of socialization and women empowerment is changing this view. This may explain why women are vulnerable to anxiety and social dysfunction than men. Also traditional Ekiti men belief that, it is a shame occurrence if a man should die in an in-law's house, this informs the attitude of not going to stay with their child at old-age especially if the child happens to be a female child, but in the case of the women, there is flexibility of roles as the woman has the chance of moving from one child to the other in order to baby-sit which may tend to reduce the level of anxiety, more so, retirement to a woman may be a mere change of role.

It was further hypothesized in this work that pensioners will be higher in social dysfunctions compared with other dimensions of mental health. This was also confirmed in the table 3, as 19% of the pensioner recorded high level of social dysfunction compared with Depression (8%), anxiety (12%) and somatic symptoms (4%). Social dysfunction refers to the emotional problems that are related to social situation. At retirement there is tendency for social isolation which may be induced by decrease social contact. Findings from this work showed a greatly reduced number of somatic symptoms, prior study by Bosse et al (1987) has also reported more of psychosocial symptoms than physical health problems.

That alcohol consumption and drug use will significantly influence the mental health of pensioners was partially confirmed. Result revealed that alcohol has significant influence on the dimensions mental health which include somatic symptoms, anxiety and depression except social dysfunction. This is so because, Alcohol is a depressant; it has been found to contribute to feelings of depression and anxiety and make stress harder to deal with. Serotonin which is a neurotransmitter in the brain has been known to regulate mood and regular alcohol consumption lowers the level of serotonin in the brain.

Result also revealed that, there is a significant influence of drug use on somatic symptoms and depression but there is no significant influence of drug on anxiety and social dysfunction. Social dysfunction which is an emotional problem largely experienced in social situations such as shyness, social phobias, and unstable relationships, is not necessarily caused by drug use or alcohol consumption but could be as a result of economic deprivation, an anti-social family and hyperactivity-impulsivity-attention deficit as well as social isolation.

Alcohol consumption is seen in the society as being used as a medium for socialization,

Retirement type has no significant influence on drug use, alcohol consumption and depression.

V. Conclusion

This study assessed the mental health status and drug use pattern in relation with retirement types among pensioners. The major problem facing pensioners today is their vulnerability to negative psychological wellbeing either through forceful retirement or through age factor; likewise the proneness of pensioners to drug use could be as a result of their old age hopelessness due to inability to fulfill set out goal (Humanistic approach) which could set in depression, despair and suicidal thought, those could be regulated or controlled by drug use as a way to escape the reality of their condition to euphoria.

All these factors remain vital for subsequent researches to meticulously and painstakingly scrutinize.

We deduced from this finding that, there is a significant difference among the three types of retirement (voluntarily, forcefully and compulsory). There is no significant influence of compulsory and forceful retirement on the three dimensions of somatic symptoms, anxiety and social dysfunction. Retirement type did not

significantly predict depression. Female retirees are significant better in anxiety and social dysfunction than their male counterparts. Male retirees score higher in alcohol consumption than females. Pensioners were higher in their social dysfunction than on depression, anxiety and somatic symptoms. Drug use has a significant main and joint negative influence on somatic symptoms and on depression. Alcohol has significant main influence on anxiety and no significant influence of drug use on social dysfunction and anxiety, also no significant main influence of alcohol use on social dysfunction.

It seems justified therefore to conclude that, retirement type, sex and drug use serve as bedrock to the psychological wellbeing of retirees.

VI. Recommendations

Based on this investigation, it enough to attend to most of the financial responsibility of pensioners. If this is properly done, it will evoke positive psychological wellbeing, opportunities to comfortable and conducive living atmosphere, and to a reasonable extent, will barricade their indulgence in drugs that are used as a preventive mechanism to escape the consequences of delayed payment, non-payment or perceived hopelessness.

It was observed in this research work that, some pensioners are retired at work but not yet tired, on the basis of this, this research recommends the importance of entrepreneurial training, interventions such as initiative programmes before their retirement day to orientate pensioners-to-be on how to be creative in order to have alternative financial supporting means after retirement, this will also get them occupied, and alleviate deterioration in the mental health status among pensioners.

It was observed in the course of this work that some pensioners are addicted on drugs due their long time intake of drugs; this research recommends to counselors and the psychologists the importance of cognitive restructuring in conjunction with psycho-education to help the client in seeing this as a problem followed by subsequent re-orientation about the consequences of drugs taking. challenges are for man and man is for challenges, drugs are not the cure of human challenges, instead they should keep seeing opportunities in all experienced challenges to make them a viable productive member of the society. Aversion therapy and risk reduction training are also recommended for the management of addicted pensioners.

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