

## PSYCHOLOGICAL PREDICTORS OF THE MENTAL HEALTH AMONG MARRIED WOMEN IN THE UNIVERSITY OF IBADAN, NIGERIA

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### ABSTRACT

The problem of mental health in women, especially women working within the academia, is an important area of study that has received little attention among researchers. Bearing dual responsibilities at the home front and workplace may place serious mental health issues among this population. This study examined the influence of personality traits, social support and dispositional optimism on the mental health of married women in University of Ibadan. Using the Social model and Attribution theory, the study utilized the ex post facto research design with primary data collected from married women employed at the University of Ibadan. The sampling technique adopted was the purposive sampling technique with a total sample size of 381 participants. Data was analyzed using t-test for independent measures and the Multiple Linear Regression analytical tools at 0.05 level of significance. Results revealed that extraversion, conscientiousness, social support and dispositional optimism are important independent and joint predictors of mental health among married women in the University of Ibadan. Recommendations were made in this regard.

**Keywords:** Mental health, personality traits, social support, dispositional optimism

### INTRODUCTION

World Health Organization (2014) defines mental health "as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to her or his community. Mental health is not merely the absence of mental illness but rather a state of well-being. Mental health is an important contributing factor to an individual's overall health status. The American Psychological Association (2017) defines mental health "as the way our thoughts, feelings, and behaviours affect our life". To this end, mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives, evaluate their challenges and problems and explore choices. This includes handling stress, relating to other people, and making decisions.

Moronkola (2003) identifies the following as the characteristics of good mental health: an individual having ability to forgive self and others; considering other people's interest as well as self interest; respect other people's opinions and rights and dealing with problems as they come. Also, believing in self and to pursue ideals that are worthwhile, setting realistic goals, thinking and making rational decisions and being part of a worthwhile group as well as relaxing and sleeping well. It is presumed that mental health may not be appreciated, without a trigger, which leads to concluding that there are various factors that could cause reported mental health, hence, this study is interested in investigating influence of psychosocial factors on mental health of married women in University of Ibadan.

Personality traits have recurrently been a variable of interest in studies pertaining to mental health problems. Generally speaking, personality traits refer to the propensity to react

in a certain way across various situations (Caprana & Cervone, 2000). Personality is concerned with individual's characteristic pattern of thinking, feeling, and acting across time and situations. It is concerned with whether a person is happy or sad, energetic or apathetic, smart or dull, emotionally stable or unstable and is expressed through its influence on the body, conscious mental life and through individual's social behaviour (Mayer, 2005). For this research broad traits will be examined, more specifically the Big Five personality traits, also known as the five-factor model of personality, and identified by Lewis Goldberg in 1981. This taxonomy is composed of five personality traits which have been dubbed by researchers as encompassing the principal variations in personality. These five traits include: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism.

Openness to experience is a measure of the depth, breadth and variability in a person's imagination and urge to experience. People who are open to experience are imaginative or practical, interested in variety or routine, independent or conforming, intellectually curious and sensitive to beauty. They tend to be, compared to closed people, more creative and more aware of their feelings. Conscientiousness is a measure of goal-directed behaviour and amount of control over impulses. A conscientious individual is hardworking and desire to do their job well, tend to show self-discipline, act dutifully and shows a preference for planned rather than spontaneous behaviour. Extraverts are verbally active, adventurous, assertive, frank, sociable and talkative while introverts are independent, reserved, steady and like being alone. Extraverts are people with positive emotions and tendency to seek out stimulation and company of others and they are often perceived as full of energy (Costa & McCrae, 1992).

Agreeableness reflects stable individual differences in the need to develop and maintain positive relationships through social behaviour. Agreeable person is compliant, cooperative, getting along with others, kind, considerate and empathetic (Tobin, Grazano, Vanman & Tassinary, 2000). Their concern to get along with others and keep positive interpersonal relationship makes them adapt emotional responses to fit any situation. Its other side is a disagreeable person who is unkind and sometimes antisocial.

Neuroticism is a measure of affect and emotional control. Low levels of neuroticism indicate emotional stability whereas high levels of neuroticism increase the likelihood of experiencing negative emotions such as anger, anxiety or depression. Individual with high levels of neuroticism are reactive and more easily bothered by stimuli in their environment. They frequently become unstable, worried, temperamental and sad (Costa & McCrae, 1992). They can interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult.

Social network ties affect mental health most clearly via the provision of various kinds of support including emotional, instrumental, appraisal, and informational. Perceived social support refers to the cognitive appraisal of being connected to others and knowing that support is there if needed (Barrera, 1986). Perceived social support has been defined as "an individual's perceptions of general support or specific supportive behaviours (available or enacted on) from people in their social network, which enhances functioning or may buffer them from adverse outcomes" (Malecki & Demaray, 2002). According to Thoits (2010) social support is emotional, informational, or practical assistance from significant others, such as family members, friends, or coworkers (and that) support actually may be received from others or simply perceived to be available when needed. Schulz and Schwarzer (2004) describe received support as the provision of emotional (e.g., loving and caring), informational (e.g., advice), and instrumental support (e.g., financial help) to individuals by close confidants or others, such as family members, friends, or colleagues. Social support refers to the function

and quality of social relationships, which can be as perceived or as actually received supports (Schwarzer & Leppin, 1991).

According to Uchino (2009) perceived support refers to a generalised appraisal that individuals are cared for and valued, significant others are available to them in times of need and they are satisfied with their relationships. Perceived social support stems from interactions whereas received social support indicates what people obtain from others. In other way social support is an exchange of resources between at least two individuals which is perceived by the provider or the recipient to be intended to enhance the well being of the recipient. Cohen et al. (2000) also defined it as a process whereby health and well being is promoted. Though, social support includes providing instrumental support (actual help in time, money, and energy), informational support (information, suggestions, and advice), appraisal support (evaluative feedback), and emotional support (empathy, trust, caring, and love). Social support is an informal social network that provides individuals with expressions of emotional concern or empathy, practical assistance, informational support or appraisal (Etzion, 1984). Conclusively, perceived social support in this study simplified the overall supports enjoyed from one environment which range from family members, peers and others; has to be timely supports when need.

Peterson (2000) defines dispositional optimism as a global expectation that more desirable things than undesirable things will happen in the future. For individuals with dispositional optimism, this futuristic orientation is stable and seldom changes across situations (Peterson, 2000). Dispositional optimism refers to the belief that one's outcome from psychological and sociological situations will be positive rather than negative. This refers to the self-serving belief that favourable situations are likely to occur in the face of any circumstance. Optimists are more likely than pessimists to believe that good outcomes are attainable and bad outcomes are avoidable. As a result optimists exert greater effort towards attaining desired outcomes, whereas pessimists reduce or withdraw effort and eventually fail at achieving set goals. Optimism leverages from positive psychology and particularly the seminal work of Seligman (1998a, 2002).

Optimism is conceptualized as a two dimensional construct in terms of: 1) the degree of permanence (e.g. negative events are perceived as temporary and positive events are perceived as permanent); and 2) pervasiveness (e.g. negative causes are viewed as specific to an event and not applicable to all events, and positive causes are viewed in the reverse fashion). Thus, optimism incorporates a positive explanatory style whereby individuals attribute positive events directly to internal, permanent and pervasive causes; while attributing negative events to temporary, external, situation-specific factors (Seligman, 2002). Accordingly, highly optimistic individuals apply personal credit for favorable events which in turn increases feelings of self-confidence. Similarly, these individuals distance themselves from less favorable events, thus protecting them from feelings of depression, guilt and self-blame (Luthans & Youssef, 2004). Therefore, optimism is seen as "a mood or attitude associated with an expectation about the social or material future—one which the evaluator regards as socially desirable, to his [or her] advantage, or for his [or her] pleasure.

Optimism is more closely associated with overall positive psychology than any other construct (Luthans et al., 2004). It is a realistic, flexible and dynamic construct which can be learned and developed (Peterson, 2000). Individuals who are optimists expect positive and desirable events in the future. Luthans, Avolio, Walumbwa and Li (2005) further elaborate that individuals who are optimistic approach setbacks as though they are challenges and

opportunities that may possibly lead to success. Optimism is not only about predicting positive things happening in the future. Rather it is dependable on the reasons and attributions one uses to explain why particular events have occurred, regardless if they were positive, negative, past, present or future (Luthans et al., 2007). Furthermore it can be said that individuals who are optimistic very rarely lose hope when following their innovative ideas, even when faced with stressful circumstances these individuals will find positive or better alternative ways to make these ideas a success (Ziye, Mobaraki & Saeediyou, 2015). To this end, this study is an attempt to investigate the influence of personality traits, perceived social support and dispositional optimism on mental health among married women in the University of Ibadan.

The problem of mental health in women, especially working women, is an area left unattended to in the behavioural sciences. This is an important aspect due to the social and emotional changes working married women experience coupled with the various cultural norms and values they are expected to conform to. These demands and stresses are expressed as depression, anxiety, a lot of stress and strain among married women. Mishra and Kiran (2014) shows that during middle age many biological and psychological changes occurs leading to family conflicts and this in turn generates depression, anxiety, frustration, irritation etc, among married women.

Now more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family. But the attitude towards women, especially married women and their role in the family has remained the same, as even today taking care of the family and children is considered as their primary responsibility. Working women bearing dual responsibilities with family and at job cannot discharge their duties efficiently; they feel tense and continuous tension creates stress which in turn may affect their mental health status (Panigrahi et al, 2014). Hashmi et al, (2007) shows that non-working married women are better adjusted in their marital life than working married women, which .-is working married women faces a lot of difficulties and depression in their life. The study shows that depressed women cannot perform their job fruitfully and bear responsibilities effectively, relationship with spouse is also affected.

In addition, mental health problems are frequently the unintended product of interactions between different variables associated with marital life. Lckenhoff, Sutin, Ferrucci, and Costa (2008) suggested a negative correlation between mental health and personality traits, while numerous studies have shown a correlation between general health subscales and personality traits (Hoseininasab, Moheb, & Bakhshvar, 2009). Since previous research has shown a significant relationship between mental health indices and various personal characteristics (Moor, Zimprich, Schmitt, & Kliegel, 2006), awareness of these traits and screening of related issues may help resolve marital conflicts; moreover, it can be helpful in the prevention of domestic violence.

One wonders which other factors could influence mental health among married women. Balogun (1998) reported that dispositional optimism appeared to be the strongest indicator of psychological wellbeing. Dispositional optimism is a stable psychological quality, psychological resilience is the ability to adapt to changing environments and recover from stressful situations, while subjective well-being is the overall affective and cognitive evaluation of quality of life. Letvak (2002) in her study entitled; the Importance of Social Support for Rural Mental Health "reviewed studies examining associations between social support and mental health in rural populations. The result shows that social support was found to have an independent (direct) effect on the mental health of the rural populations.

In academia, there has been various researches carried out to arrive at good recommendations to eradicate/reduce the level of mental health among married women,

however this study identified that more of this research has largely been theoretical. Few available empirical works do not apply to the shores of Africa, as they were carried out in the western world. Also, the majority of this western research appears more to be sociological and philosophical than psychological. It is against these identified gaps in knowledge that this study will investigate the role of personality traits, perceived social support and dispositional optimism on the mental health of married women in University of Ibadan.

## LITERATURE REVIEW

Kim et al. (2016) in their study investigated the association among five personality traits, perceived stress and depression symptoms. The participants (N=3,950) were part of cohort study for health screening and examination at the Kangbuk Samson hospital. Personality was measured with revised NEO personality inventory (NEO-PR-R). Depression symptoms were assessed using the centre for epidemiology studies depression scale (CES-D) perceived stress level was evaluated with a self reported self questionnaire developed for the Korea National Health and Nutrition examination Survey. A higher degree of neuroticism and lower degree of extraversion, agreeableness and conscientiousness had indirect effects on depression symptoms. Neuroticism and extraversion had significant direct and indirect effects (via stress as a mediator) on depression symptoms in both gender. Agreeableness and conscientiousness had indirect effects on depression symptoms in both gender. Multiple mediations were used to examine the mediational roles of each personality factor and perceived stress in the link with gender and depressive symptoms. Four of the personality factors (except openness) were significant mediators, along with stress, on the relationship between gender and depressive symptoms.

Bello (2016) conducted a study to examine personality traits as predictors of psychological health among secondary school adolescents in Ede, Osun state. The study investigated personality traits as significant predictors of psychological health. The objectives of the study are to determine if personality traits predict the psychological health of adolescents and to examine the influence of gender on the psychological health status of the adolescents. The study utilized a synthesis of Health Belief Model, Theory of Learned behaviour, Social Cognitive Theory and Trait theories of Personality to explain the intricate processes fundamental to psychological traits as predictors of adolescents 'psychological health. The study adopted two-stage sampling technique: Stratified sampling was used in selecting the secondary schools used while purposive sampling was used in selecting participants for the study. The participants for this study consist of 614 secondary school adolescents from five secondary schools in Ede, Osun State. Awaritefe Psychological Index (API) and Big Five Inventory (BFI) were used for data collection. Descriptive statistics were used to determine the prevalence of psychopathology among the adolescents while multiple linear regression analysis and t-test for independent samples were used to test the hypothesis. The study revealed that the prevalence of psychological health disorders among secondary school adolescents in Ede ranged from 29.5% (General Somatic disorders) to 54.1% (Mood disorder). The study further displayed that all dimensions of personality traits (extroversion, agreeableness, conscientiousness, neuroticism and openness) jointly significantly predict psychological health of secondary school adolescents in Ede. However, only neuroticism independently significantly predicts psychological health of secondary school adolescents in Ede.

Abbas, Mahboubeh, Gholam, and Setareh (2016) aims to survey the relationship between personality characteristics with academic staffs' job satisfaction and mental health in

the University of Guilan. 196 individuals were selected by random sampling method. The research instruments were personality characteristics (NEO), General Health Questionnaire (GHQ) and self-made questionnaires. Pearson's Correlation, Multiple Regression and Multiple Variant (Manova) were used for analyzing data. Results showed that there was a relationship among neurotic and settlement's personality characteristics with job satisfaction and neurotic, openness, extroversion personality characteristics and settlement with mental health. Some of personality characteristics had been anticipators of mental health and job satisfaction and personality characteristics with mental health and job satisfaction had differed depend on sociologic variances relationships.

Hadi (2017) study was to examine the relationship between perceived social support, mental health and life satisfaction among MSc students in physical education. The statistical population of the study consisted of all postgraduate students of physical education in Mazandaran province (N=276). According to the table, 159 people were randomly selected as a statistical sample. Demographic data sheet, perceived social support scale, general health questionnaire (GHQ-12) and satisfaction with life scale were used. Descriptive statistics, liner regression analysis, spearman correlation coefficient and Mann-Whitney test in SPSS23 software environment were used for data analysis ( $P<0.05$ ). According to GHQ-12, 21.4% of participants have on favorite mental health (score less than 14). The mean and standard deviation of students' age was  $21.82 \pm 3.85$  years old and female students 69.68% of the samples 17.5% of samples were single. Based on the cutoff score of the health questionnaire Psychology (GHQ-12) 77.7% of physical education students participating in this study in terms of mental health at a desirable level (score below 14) and 21.4% of them in this regard need follow-up and health interventions were psychological (high score 14). The mean and standard deviation of students' score in the social support scale were  $66.49 \pm 12.53$  and  $26.22 \pm 5.33$  in the standard of living satisfaction and 56.9% of the students with social support score were higher than the average; also, 60.8% of them had higher life satisfaction than average. Mann-Whitney Nonparametric test showed that the mental health status of male and female students is not significantly different. There was no significant relationship between social support perceived by friends and important people with mental health and life satisfaction (Table 1). There was a significant relationship between the perceived social support subscales of the family with mental health ( $P <0.001$ ) and life satisfaction ( $P<0.01$ ,  $r=0.247$ ). There was a direct and significant correlation between the total score of perceived social support and life satisfaction ( $p <0.05$ ,  $p <0.05$ ); if the relationship between total social support and mental health was not significant, perceived social support The friends had no significant relationship with any of the variables of mental health and life satisfaction.

Davis and Sara (2017) in their study examine Sense of Belonging, Emotion Regulation, Perceived Social Support and Mental Health among College Students. Their study tested the RRT by examining whether the association of PSS to three mental health outcomes (i.e., aggression, binge eating, depressive symptoms) varies by two individual factors: sense of belonging and emotion regulation. With a non-clinical college sample, a series of hierarchical regressions tested whether sense of belonging and adaptive emotion regulation (i.e., cognitive reappraisal) enhanced the association between PSS and mental health symptoms. Maladaptive emotion regulation (i.e., expressive suppression) was also examined, with the expectation of a weakened association between PSS and mental health. Results found few moderation effects as hypothesized, but trends indicated sense of belonging, cognitive reappraisal, and expressive suppression primarily function independently of perceived social support, with PSS becoming a relevant buffer of low internal resources in the presence of greater mental health symptoms. Unexpected support for the RRT was indicated by the

consistently detected beneficial effects of sense of belonging, which likely reflects relation influences as well as individual characteristics. Differences in the relations among these variables between European American and African American students were also explored.

### **Hypotheses**

1. Personality traits (openness to experience, conscientiousness, extraversion, agreeableness and neuroticism) will independently and jointly predict mental health among working married women in the University of Ibadan
2. Social support and dispositional optimism will independently and jointly predict mental health among working married women in the University of Ibadan

## **METHODS**

### **Design**

This study was conducted with the use of cross-sectional survey method which utilized a structured questionnaire to elicit information from married women in Ibadan. The independent variables of the study are: personality traits, perceived social support and dispositional optimism; Dependent variable is mental health.

### **Setting**

This study was conducted in University of Ibadan among married women. The University of Ibadan, founded in 1948, is the oldest university in Nigeria and the only institution founded before the country became independent in 1960. The university was originally created as an extension of the University of London and was called University College, Ibadan. University College, Ibadan became an independent university in 1962 when it severed its last links to the University of London. This area was chosen because it is a major academic center in Ibadan, which enables all participants to be literate. Thus, all the demographic characteristics of the participants were found within these settings.

### **Participants**

A total of three hundred (300) married women were sampled and used for the study. In other words, 300 copies of questionnaire which contain five sections: Section A-socio-demographic data, Section B- personality traits, Section C- perceived social support scale, Section D-dispositional optimism scale, and section E- mental health scale were administered to the study's participants. However only 291 questionnaires were retrieved and 285 were used for this study analysis. Based on tribe, 201(70.5%) of the respondent were Yoruba, 22(7.7%) were Hausa, 56(19.6%) were Igbo, 4(1.4%) were others, and 2(.7%) did not respond. Based on religion, 194(68.1%) of the respondent were Christianity, while 75 (26.3%) were Islam, 4 (1.4%) were Traditionalist and 12 (4.2%) did not respond. Based on education, 84(29.5%) of the respondent had O level, 12(4.2%) possess National Diploma, 22(7.7%) possess NCE, 24(33.0%) possess B.sc/HND, 38(13.3%) had Masters Degree, while 14(2.3%) had PHD, and 21(7.4%) did not respond. Based on employees status, that 28(27.4%) of the respondent were employers, 24(43.5%) of the respondents were employee/workers, 62(21.8%) of the respondents were self-employ, 7(2.5%) were others, while 14(4.9%) of the respondents did not respond.

### **Sampling technique**

Purposive sampling technique was used as the sampling technique modality in this study. Purposive sampling is a form of non-probability sampling technique, in which decisions concerning the participants included in the sample was taken by the researcher. Therefore, participants were selected without bias.

### **Instruments**

A paper and pencil instrument (questionnaire) was utilized to elicit information from married women in Ibadan. The instruments were made up of five sections: Section A-socio-demographic data, Section B- personality traits, Section C- perceived social support scale, Section D-dispositional optimism scale, and section E- mental health scale.

**SECTION A:** Demographic details of the participants; the first section of the questionnaire, the section A, contains 6 items which tap information on the socio-demographic characteristics of the respondents. This includes age, gender, tribe, religion, educational qualification, employees' status and years of married.

**SECTION B:** Personality traits were measured with the use of 44-item inventory that measures an individual on the Big Five Factors (dimensions) of personality (Goldberg, 1993). Each of the factors is then further divided into personality facets (Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness). Participants' response will be scored and coded on 5 point scale ranging from 1=strongly disagree to 5=strongly agree on all items. Oladele (2017) report Cronbach's alpha of 0.94 in his study.

**SECTION C:** Perceived social support was measured with the use of multidimensional Scale of Perceived Social Support (MSPSS): This questionnaire was developed by Zimet, Dahlem, Zimet and Farley (1988) to measure perceived social support from family, friends and other important individuals. This scale has 12 sentences and it specifies the responsive opinion on a scale of 7 options from a score of one completely for the totally opposite to seven for perfectly agreeing. Respondents will be require to rate the extent they agree or disagree with a series of statements as scored and coded on 7 point scale ranging from 1= Very Strongly Disagree, 2= Strongly Disagree, 3= Mildly Disagree, 4= Neutral, 5= Mildly Agree, 6= Strongly Agree, 7= Very Strongly Agree on all items. Bruwer et al (2008) estimated the internal reliability of this tool in a sample of 788 high school students using Cronbach's Alpha, 90 to 86%. Salami et al Cronbach's Alpha coefficient cited 89%, 86% and 82% of the social support received by the family, friends and important people in life (Salami et al., 2009).

**SECTION D:** Dispositional optimism was measured with the Revised Life Orientation Test (LOT-R). The LOT-R consists of six Likert-type items pertaining to optimism along with four filler items which will not be included in the questionnaire and in scoring. Respondents will be require to rate the extent they agree or disagree with a series of statements as scored and coded on 5 point scale ranging from 1= strongly disagree, 2= disagree, 3=neutral, 4=agree and 5=strongly agree. The LOT-R was found to have adequate internal consistency (Cronbach's alpha = 0.78) and excellent convergent and discriminant validity (Scheier et al., 1994). Based on a sample of 204 college students, Harju and Bolen (1998) obtained a Cronbach alpha coefficient of 0.75.

**SECTION E:** Mental health was measured with General Health Questionnaire -12 (GHQ-12) developed by Goldberg and Williams (1988) to measure current mental health. The 12-

item General Health Questionnaire (GHQ-12) has 12 items, one of the most proven tools for measuring mental health. The GHQ-12 has both direct and indirect scoring pattern in order to reduce response set bias and also to obtain consistency of scoring. Items 2,5,6,9,10, and 11 are directly scored while items 1,3,4,7,8, and 12 are reversely scored. It is scored on a 5 point scale: that is respondents will be required to rate the extent they agree or disagree with a series of statements as scored and coded on 5 point scale ranging from 1= strongly disagree, 2= disagree, 3=neutral, 4=agree and 5=strongly agree.. Goldberg and Williams (1988) reported Cronbach alphas ranging from 0.77 to .93. Also, Ifeagwazi and Ezema (2010) reported Cronbach alpha of .72 for the GHQ-12.

### Procedure

The researcher sought the necessary approval from appropriate authorities to carry out this study. After the permission has been granted, the participants were informed of the purpose of this study, and its seriousness. Direction on how to complete the questionnaires was given and they were encouraged to be as truthful as possible in their responses with the assurance that their questionnaires will not be personally identified. Through the use of questionnaires, necessary data were collected to aid the findings of this research work.

### Data analysis

Data collected were analyzed using a statistical package for social sciences (SPSS). Socio-demographic characteristics of the participants were analyzed with descriptive statistics such as mean, standard deviation, frequency and percentage. Four hypotheses were analyzed using inferential statistical measures.

## RESULTS

**Hypothesis one** which stated that, personality traits (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) will jointly and independently predict mental health of married women in the University of Ibadan significantly was analysed with the aid of multiple regression analysis and the result is presented in Table 1.

**Table 1: Summary of Multiple Regression Analysis Showing Predictive Influence of Personality Traits (Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience) on Mental Health**

Predictors	R	R <sup>2</sup>	F	P	$\beta$	t	P
Extraversion					0.19	3.03	< .0
Agreeableness					0.07	1.01	> .05
Conscientiousness	0.24	0.06	3.33	< .01	0.19	2.71	< .0
Neuroticism					0.10	1.63	> .05
Openness to Experience					0.01	0.16	> .05

Results on revealed that personality traits (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) jointly predicted mental health significantly [ $R^2= 0.05$ ,  $F (5, 276) = 3.33$ ;  $P < .01$ ]. This implied that, personality traits were significant predictors of mental health among the sampled married women in the University of Ibadan. Regarding the independent predictions, agreeableness ( $\beta = 0.07$ ;  $t= 1.01$ ;  $P > .05$ ); neuroticism ( $\beta = 0.10$ ;  $t= 1.63$ ;  $P > .05$ ); and openness to experience ( $\beta = -0.01$ ;  $t= 0.16$ ;  $P > .05$ ) did not independently predict mental health significantly. However, extraversion ( $\beta = 0.19$ ;  $t= 3.03$ ;  $P < .01$ ) and conscientiousness ( $\beta = 0.19$ ;  $t= 2.71$ ;  $P < .01$ ) independently predicted mental

health significantly among the sampled married women in the University of Ibadan. Therefore, the stated hypothesis was partly confirmed.

**Hypothesis two** which stated that, married women who score high on social support will report significantly higher mental health than married women who report low on social support was tested using independent t-test and the result is presented on Table 2.

**Table 2: Summary of independent t-test showing influence of social support on mental health**

Social Support	N	Mean	Df	t	P
Low	119	33.55	280	3.33	< .01
High	163	36.80			

Result indicated that social support significantly influenced mental health of the sampled married women in the University of Ibadan [ $t(280) = 3.33; p < .01$ ]. This result implied that there was significant difference in the mental health of the participants who report low on social support and those who report high on social support. It was revealed further that, participants who reported high on social support ( $= 36.80$ ) also reported significant higher mental health than participants who reported low on social support ( $= 33.55$ ). Therefore, the stated hypothesis was supported.

**Hypothesis three** which stated that, married women who score high on dispositional optimism will report significantly higher mental health than married women who report low on dispositional optimism was analysed using independent t-test and the result is presented on Table 3.

**Table 2: Summary of independent t-test showing influence of dispositional optimism on mental health**

Social Support	N	Mean	Df	T	P
Low	120	33.48	280	3.49	< .01
High	162	36.88			

Analysis of results on Table 3 showed that dispositional optimism significantly influenced mental health of the sampled married women in the University of Ibadan [ $t(280) = 3.49; p < .01$ ]. This result implied that there was significant difference in the mental health of the participants who reported low on dispositional optimism and those who reported high on dispositional optimism. Observation of the mean scores indicated further that, participants who reported high on dispositional optimism ( $= 36.88$ ) also reported significant higher mental health compare to participants who reported low on dispositional optimism ( $= 33.48$ ). Therefore, the stated hypothesis was accepted.

**Hypothesis four** which stated that, socio-demographic characteristics (age, tribe, religion, educational and employee status) will jointly and independently predict mental health of married women in the University of Ibadan significantly was tested with the aid of multiple regression analysis and the result is presented on Table 4.

**Table 1: Summary of Multiple Regression Analysis Showing Predictive Influence of Socio-Demographic Characteristics (Age, Tribe, Religion, Education, and Employee Status) on Mental Health**

Predictors	R	R <sup>2</sup>	F	P	$\beta$	t	P
Age					-0.03	0.44	> .05
Tribe					0.07	1.16	> .05
Religion	0.27	0.07	3.74	< .01	0.11	1.66	> .05
Educational Qualification					0.04	0.55	> .05
Employee Status					0.24	3.77	< .01

Results indicated that socio-demographic characteristics (age, tribe, religion, educational and employee status) jointly predicted mental health significantly [ $R^2 = 0.07$ ,  $F (5, 276) = 3.74$ ;  $P < .01$ ]. This implied that, socio-demographic characteristics were significant predictors of mental health among the sampled married women in the University of Ibadan. Concerning the independent predictions, age ( $\beta = -0.03$ ;  $t = 0.44$ ;  $P > .05$ ); tribe ( $\beta = 0.07$ ;  $t = 1.16$ ;  $P > .05$ ); religion ( $\beta = 0.11$ ;  $t = 1.66$ ;  $P > .05$ ); and educational qualification ( $\beta = 0.04$ ;  $t = 0.55$ ;  $P > .05$ ) did not independently predict mental health significantly. However, employees status ( $\beta = 0.24$ ;  $t = 3.77$ ;  $P < .01$ ) independently predicted mental health significantly among the sampled married women in the University of Ibadan. Therefore, the stated hypothesis was partly supported.

## DISCUSSION

The study investigated the psychological predictors of mental health among married women in the University of Ibadan. Four hypotheses were tested in line with stated objectives. Regarding the independent predictions in this study, agreeableness, neuroticism and openness to experience did not independently predict mental health significantly. However, extraversion and conscientiousness independently predicted mental health significantly among the sampled married women in the University of Ibadan. The results of this study is in line with findings of previous researchers, Kim et al. (2016) found that higher degree of neuroticism and lower degree of extraversion, agreeableness and conscientiousness had indirect effects on depression symptoms. Neuroticism and extraversion had significant direct and indirect effects (via stress as a mediator) on depression symptoms in both gender. Agreeableness and conscientiousness had indirect effects on depression symptoms in both gender. Also, Christian et al. (2015) reported that low extraversion, high neuroticism and low conscientiousness were associated with depressive symptoms. In a similar study, Bello (2016) reported that all dimensions of personality traits (extroversion, agreeableness, conscientiousness, neuroticism and openness) jointly significantly predict psychological health of secondary school adolescents in Ede. However, only neuroticism independently significantly predicts psychological health of secondary school adolescents in Ede. Abbas, Mahboubeh, Gholam, and Setareh (2016) found a relationship among neurotic and settlement's personality characteristics with job satisfaction and neurotic, openness, extroversion personality characteristics and settlement with mental health.

Further, it was found in the current study that married women who scored high on social support will report significantly higher mental health than married women who report low on social support. This result is in line with findings of previous researchers, Hadi (2017) reported a significant relationship between the perceived social support subscales of the family with mental health and life satisfaction. Also, Tadayon, Kalhori, Javadifar and Hosein

(2015) reported a significant reverse relationship between perceived social support and depression. In a similar study, Shor, David and Yoge (2013) revealed that Perceived social support has long been recognized as associated with better health and longevity. In a similar study, Letvak (2002) found that social support have an independent (direct) effect on the mental well-being of older people in rural populations. Also, Indicators of perceived social support have been found to have the strongest links with indicators of reduced stress and psychological distress, as well as indicators of improved well-being (e.g., Gjesfjeld, Greeno, Kim, & Anderson, 2010).

Furthermore, married women who scored high on dispositional optimism reported significantly higher mental health than married women who reported low dispositional optimism. This finding agrees with the empirical reports of previous researchers. Kerry and Whittaker (2013) found that Optimism was significantly predictive of fewer health failure symptoms and increased functional status at baseline and 3 months after controlling for relevant demographic and medical covariates. Optimists, compared to pessimists had significantly fewer heart failure related hospitalizations and increased all-cause hospitalization-free survival. In a similar study Helen et al (2016) reported that optimism was associated with higher levels of general health perceptions, vitality, and mental health, and lower levels of bodily pain, but not to physical functioning, social functioning, or role limitations due to physical or emotional problems. Depressive symptomatology was associated with reduced levels of functioning across all SF-36 domains.

Socio-demographic characteristics of age, tribe, religion, educational and employee status were found to be significant joint predictors of mental health among the sampled married women in the University of Ibadan. Concerning the independent predictions, age, tribe, religion and educational qualification did not independently predict mental health significantly. However, employees' status independently predicted mental health significantly among the sampled married women in the University of Ibadan. In this direction, Evans, Megan, and Sunde (2016) study on Low socioeconomic status, lower neighborhood social cohesion, and reporting experience of unfair treatment significantly predicted greater odds of reporting poor mental health quality of life. Also, Sanja et al. (2015) reported that lower depression scores were found in individuals with a higher level of education, who were unmarried, employed or still undergoing education. Multivariate logistic regression model revealed that older age, unemployment or unmarried status were significant predictors of depression symptoms. In a similar study, Tedstone and Kartalova (2010) also found that females in the older age of 65 years were more likely to report mental health problems than their male counterparts. Also, Ayeni (2011) found that the low religious group had the highest mean scores in all the measures of Symptom Check List-90 (SCL- 90) except in measure of somatization indicating that the low religious group has more level of depression, anxiety, paranoid ideation and psychoticism than high religious group.

## CONCLUSION

The study provides an examination of personality traits, perceived social support and dispositional optimism as predictors of mental health among married women in university of Ibadan. Results from the study showed and concluded that personality traits (extraversion, agreeableness, conscientiousness, neuroticism and openness to experience) jointly predicted mental health significantly. It was revealed further that participants who reported high on social support also reported significantly higher mental health than participants who reported low on social support. Further results show that dispositional optimism significantly influenced

mental health of the sampled married women in the University of Ibadan. Finally, socio-demographic characteristics (age, tribe, religion, educational and employee status) jointly predicted mental health significantly. This implied that, socio-demographic characteristics were significant predictors of mental health among the sampled married women in the University of Ibadan.

### **Recommendation**

This study provides useful findings on influence of personality traits, perceived social support and dispositional optimism as predictors of mental health among married women in university of Ibadan. It also familiarized learners, Clinicians, academicians and researchers on factors that predict mental health among this unique population. The following suggestions are forwarded based on the previous discussion and conclusions.

It is recommended that personality traits (extraversion and conscientiousness), higher level of perceived social support and higher optimism need to be achieved among married women to achieve a sound mental health status. Clinical psychologists are hereby advised to help any mental health derail, fix their personality, work way out on their family support and help them develop a positive mind set, with the use of sound psychotherapy.

### **Limitations of the Study**

The study was limited to among married women in the University of Ibadan and not among married women in Ibadan as a city. This was due to time and financial constraints. Another limitation of this study was that a cross sectional survey design which utilized a structured questionnaire to elicit information from married women was used as the only survey method without the consideration of other sub-types of survey method, also, a non probability sampling technique was adopted.

### **Suggestion for Further Studies**

Based on the enumerated limitations of the study, any investigator who wants to replicate this study should endeavour to increase the sample size. This is such that there would be comparison among married women in Ibadan, on the variables of the issues relating to mental health. However, the pattern of findings shown in this work need to be replicated in other settings. Study should use objective data; this could add value to our findings.

### **REFERENCES**

American Psychological Association (2017). *Glossary of Psychological Terms*. Retrieved March 15, 2017, from American Psychological Association: <http://www.apa.org/research/action/glossary.aspx?tab=18>

Ayeni, O.B. (2011). Religiosity as correlates of some selected psychological Disorders among psychiatric out patients in Lagos State. *Ife Psychologia*, 19(1).

Bakker, A.B., Van der Zee, K.I., Lewig, K.A. and Dollard, M.F. (2006). The relationship between the Big Five Personality Factors and Burnout: A study Among Volunteer Counselors. *The Journal of Social Psychology*, 146(1), 31-50.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.

Barrera, MJ (1986), "Distinctions between social support concepts, measures, and models", *American Journal of Community Psychology* 14(4): 413-445.

Basoglu M, Salcioglu E, Livanou M, Kalender D, and Acar G (2005). Single session behavioral treatment of earthquake-related Post-traumatic Stress Disorder: a randomized waiting list controlled trial. *J Trauma Stress*; 8(1): 1-11.

Bello, I. B. (2016). Personality traits as predictors of psychological health among secondary school adolescents in ede, osun state. *Thesis. pp 1-85.*

Bierman, A and Stal and, D (2010), "Timing, social support, and the effects of physical limitations on psychological distress in late life", *Journal of Gerontology: Social Sciences 65B(5): 631-639.*

Bierman, A and Statland, D (2010), "Timing, social support, and the effects of physical limitations on psychological distress in late life", *Journal of Gerontology: Social Sciences 65B(5): 631-639.*

Bogg, T. and Roberts, B. (2004).Conscientiousness and health-related behaviors: A meta-analysis of the leading behavioral contributors to mortality. *Psychological Bulletin, 130: 887-919.*

Chang EC, and Sanna LJ (2001). Optimism, pessimism, and positive and negative affectivity in middle-aged adults: a test of a cognitive-affective model of psychological adjustment. *Psychol Aging; 16(3): 524-31.*

Chang, E. C. (1998). Dispositional optimism and primary and secondary appraisal of stressor: Controlling for confounding influences and relations to coping and psychological and physical adjustment. *Journal of Personality and Social Psychology, 74(4), 1109–1120.*

Christian. H, Marko, E, Laura. P, Marianna. V, Mika. K and Markus. J (2015). Personality and depressive symptoms: individual participant meta-analysis of 10 cohort studies. *Depression and anxiety 32:461–470.*

Cohen, L, de Moor, C., and Amato, R. J. (2001). Optimism and depressive symptomatology in patients enrolled in a phase- I cancer clinical trial. *Cancer, 91(10), 1949–1955.*

Costa, P. and McCrae, R (1992). Professional manual: Revised NEO five-factor inventory. Lutz, FL: Psychological Assessment Resources.

Cruza-Guet, MC, Spokane, AR, Caskie, GI, Brown, SC and Szapocznik, J (2008), "The relationship between social support and psychological distress among Hispanic elders in Miami, Florida", *Journal of Counselling Psychology 55(4): 427-441.*

Cruza-Guet, MC, Spokane, AR, Caskie, GI, Brown, SC and Szapocznik, J (2008), "The relationship between social support and psychological distress among Hispanic elders in Miami, Florida", *Journal of Counselling Psychology 55(4): 427-441.*

Dennis, M. S., Wakefield, P., Molloy, C., Andrews, H., and Friedman, T. (2005). Self-harm in older people with depression: Comparison of social factors, life events and symptoms. *British Journal of Psychiatry, 186, 538–539.*

Duberstein, P., Sørensen, S., Lyness, J., King, D., Conwell, Y., Seidlitz, L., and Caine, E. (2003). Personality is associated with perceived health and functional status in older primary care patients. *Psychology and Aging.18:25–37.*

Eran Shor, David J and Tamar Yoge (2013). The strength of family ties: A meta-analysis and meta-regression of self-reported social support and mortality. *Social Networks 35 626–638.*

Fehintola T. Asa and Victor O. Lasebikan (2015). Mental Health of Teachers: Teachers' Stress, Anxiety and Depression among Secondary Schools in Nigeria. *International Neuropsychiatric Disease Journal 7(4): 1-10, 2016; Article no.INDJ.27039.*

Giltay EJ, Kamphuis MH, Kalmijn S, Zitman FG, and Kromhout D (2006). Dispositional optimism and the risk of cardiovascular death: the Zutphen Elderly Study. *Arch Intern Med; 166(4): 431.*

Gjesfjeld, C. D., Greeno, C. G., Kim, K. H., and Anderson, C. M. (2010). Economic stress, social support, and maternal depression: Is social support deterioration occurring?. *Social Work Research, 34(3), 135-143.*

Glenn, C.L. (1997). Relationship of mental health to religiosity. *McGill Journal of Medicine.*

Gokbayrak and Simay, (2015). "Mental Health, Health Behaviors, Social Support, Self-Efficacy and Disease: An Integrative Model". *Open Access Dissertations. Paper 391.*

Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., and Kirby, M., (2009). Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. *International Journal of Geriatric Psychiatry, 24, 694–700.*

Hart, S.L, Vella, L, and Mohr, D.C. (2008). Relationships among depressive symptoms, benefit-finding, optimism, and positive affect in multiple sclerosis patients after psychotherapy for depression. *Health Psychology, 27(2), 230-238*

Hays, JC (2002), "Living arrangements and health status in later life: A review of recent literature", *Public Health Nursing* 19(2): 136-151.

Hirsch, J.K., and Conner, K.R. (2006). Dispositional and explanatory style optimism as potential moderators of the relationship between hopelessness and suicidal ideation. *Suicide Life Threat Behav*; 36(6): 661-9.

Jylha, P., and Isometsa, E. (2006). The relationship of neuroticism and extraversion to symptoms of anxiety and depression in the general population. *Depression and Anxiety*. 23:281-289.

Khanlou, N., Shakya, Y., and Muntaner, C. (2009). Mental health services for newcomer youth: Exploring needs and enhancing access. *Funded by Provincial Centre of Excellence for Child and Youth Mental Health at CHEO*.

Kim, H.J., Shin, K.H., and Umbreit, W.T. (2007). Hotel job burnout: The role of personality characteristics. *Hospitality Management*, 26, 421-434.

Kim SE, Kim H-N, Cho J, Chang Y, Ryu S, et al. (2016). Direct and indirect effects of five personality and gender on depressive symptoms mediated by perceived stress. *Plos ONE* 11 (4); journal.phone.0154140.

Koenig, H.G. (2001). Religion and Medicine II; Religion, Mental Health and related behaviour. *International Journal of Psychiatry in Medicine*, 13(1), 97-109.

Koopman, C, Angell, K, Turner-Cobb, JM, Kreshka, MA, Donnelly, P, McCoy, R, Turkseven, A, Graddy, BA, Giese-Davis, J, and Spiegel, D (2001), "Distress, coping and social support among rural women recently diagnosed with primary breast cancer", *The Breast Journal* 7(1): 25-33.

Korotkov, D. and Hannah, T. (2004).The five-factor model of personality: Strengths and limitations in predicting health status, sick-role and illness behaviour. *Personality and Individual Differences*. 36:187-199.

Lai, J. C., Evans, P. D., Ng, S. H., Chong, A. M., Siu, O. T., Chan, C. L., and Chan, C. C. (2005). Optimism, positive affectivity, and salivary cortisol. *British Journal of Health Psychology*, 10(4), 467-484.

Letvak, S (2002), "The impact of social support for rural mental health", *Issues in Mental Health Nursing* 23(3): 249-261.

Löckenhoff, C., Sutin, A., Ferrucci, L. and Costa, P. (2008).Personality traits and subjective health in the later years: The association between NEO-PI-R and SF-36 in advanced age is influenced by health status. *Journal of Research in Personality*. 42:1334-1346.

Lovorka, B, Vanja. V. M, Vanja. T and Tomislav. R (2014).Life satisfaction, optimism and social capital as predictors of mental health of the recipients of financial welfare from the state. *Psychiatria Danubina*; Vol. 26, Suppl. 3, pp 435-441.

McClure, R. F., and Loden, M. (1982). Religious activity, denomination membership and life satisfaction. *Psychological Quarterly Journal of Human Behaviour*, 19, 12-17.

McCulloch, J (1995), "The relationship of family proximity and social support to the mental health of older rural adults: the Appalachian context", *Journal of Aging Studies* 9(1): 65-81.

McCulloch, J (1995), "The relationship of family proximity and social support to the mental health of older rural adults: the Appalachian context", *Journal of Aging Studies* 9(1): 65-81.

McGloshen, T. H., and O'Boyant, S.L. (1988). The psychological well-being of older, recent widows. *Psychology of Women Quarterly*, 12, 19-116.

Nursing 23(3): 249-261.

Prati, G., and Pietrantoni, L. (2010). Risk and Resilience Factors among Italian Municipal Police Officers Exposed to Critical Incidents. *Journal of Police and Criminal Psychology*, 25(1), 27-33.

Puskar, K. R., Sereika, S. M., Lamb, J., Tusaie-Mumford, K., and McGuinness, T. (1999). Optimism and its relationship to depression, coping, anger, and life events in rural adolescents. *Issues in Mental Health Nursing*, 20(2), 115-130.

Rogers, E. S., Anthony, W., and Lyass, A. (2004). The nature and dimensions of social support among individuals with severe mental illnesses. *Community Mental Health Journal*, 40(5), 437-50.

Sahin and Kapikiran (2016). Optimism and Psychological Resilience in relation to Depressive Symptoms in University Students: Examining the Mediating Role of Self-Esteem. *Educational Sciences: Theory and Practice* 16(6).

Sanja Musić Milanović, Katja Erjavec, Tamara Poljičanin, Božena Vrabec and Petran Brečić (2015): prevalence of depression symptoms and associated socio-demographic factors in primary health care patients. *Psychiatria Danubina*; Vol. 27, No. 1, pp 31–37.

Seligman, M. E. P. (2007). Öğrenilmiş iyimserlik [Learned optimism] (S. K. Akbaş, Trans.) status of older people: a population-based study in Iran - Tehran. *Aging & Mental Health* . pp. 1-10.

Steel, P., Schmidt, J. and Shultz, J. (2008). Refining the relationship between personality and subjective well-being. *Psychological Bulletin*. 134:138–161.

Steele A, and Wade TD (2004). The contribution of optimism and quality of life to depression in an acute coronary syndrome population. *Eur J Cardiovasc Nurs*; 3(3): 231-7.

Steele, A., and Wade, T. D. (2004). The contribution of optimism and quality of life to depression in an acute coronary syndrome population. *European Journal of Cardiovascular Nursing*, 3(3), 231–237.

Tajvar, Maryam, Grundy, Emily and Fletcher, Astrid (2017) Social support and mental health status of older people: a population-based study in Iran - Tehran. *Aging & Mental Health* . pp. 1-10.

Tedstone Doherty, D., and Kartalova-O'Doherty, Y. (2010). Gender and self-reported mental health problems: Predictors of help seeking from a general practitioner. *British Journal of Health Psychology*, 15, 213-228.

Van der Velden PG, Kleber RJ, Fournier M, Grievink L, Drogendijk A, and Gersons BP (2007). The association between dispositional optimism and mental health problems among disaster victims and a comparison group: a prospective study. *J Affect Disord*; 102(1-3): 35-45.

Vearing, A. and Mak, A.S. (2007). Big five personality and effort-reward imbalance factors in employees' depressive symptoms. *Personality and Individual Differences*, 43, 1744-1755.

Vickers, K. S., and Vogeltanz, N. D. (2000). Dispositional optimism as a predictor of Depressive symptoms over time. *Personality and Individual Differences*, 28(2), 259–272.

Wang, H.-H., Wu, S.-Z., Liu, Y.-Y., 2003. Association between social support and health outcomes: a meta-analysis. *Kaohsiung Journal of Medical Sciences* 19, 345–351.

Weinert, C (2000), "Social support in cyberspace for women with chronic illness", *Rehabilitation Nursing* 25(4): 129-135.

World Health Organization (2014.): Facts sheet No 369 –Depression. <http://www.who.int/mediacentre/factsheets/fs369/en/>

Zellars, K.L, Perrewé P.L., and Hochwarter, W.A. (2000). Burnout in Health Care: The role of the five factors of personality. *Journal of Applied School Psychology*, 30 (8), 1570-1598.