

Influence of Age and Gender on Mental Health Help-Seeking Behavior among Mental Patients in Nyeri County: A Survey of Nyeri County Referral Hospital

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Abstract

In a given year, around one in five people over the age of 18, suffer from a diagnosable mental disorder. According to World Health Organization (WHO) this condition interferes with their functionality and thus impacting their productivity in society. Considering the role played by the adult population in community development, this paper sought to establish how their functionality has lagged behind due to the mental health of this category of people in Nyeri County. The study, therefore, sought to establish the effects of age as well as gender on the mental wellbeing and help-seeking conduct of adults attending Nyeri County Referral Hospital. The study employed a cross-sectional survey design targeting the adult population. A sample size of 200 respondents was purposively selected and from whom data was collected using a General Help-Seeking Questionnaire (GHSQ) guide. The collected data was then descriptively analyzed and presented in structure of percentages, frequencies, and mean together with standard deviation. To find relationships for testing the hypothesis, chi-square tests were employed. Chi-square outcomes displayed a significant relationship [$\chi^2 (21) = 56.976, p = 0.000, v = 0.549$] between age and seeking mental health help from a friend. Similarly, there was a significant relationship [$\chi^2 (21) = 37.530, p = 0.015, v = 0.442$] between age and seeking mental health help from relatives or family members. There was a significant relationship ($\chi^2 (3) = 10.368, p = 0.016, v = 0.234$) between gender and seeking mental health help from parent. Age was found to have a greater influence on mental health seeking behavior in the County as compared with gender.

Keywords: Mental health, Age, Gender, Help-seeking behavior, Young, Adults

INTRODUCTION

There exists conspicuous gender dissimilarity in suicide rates globally and men account for roughly eighty percent of total suicide deaths as they use more lethal means guaranteed to succeed (WHO, 2019). Suicidal men are occasionally described as fatalities of “poor” wellbeing services and occasionally as irreversible, “poor” aid inquirers (River, 2018). Rahman (2016) indicates that sex and gender influences help-seeking manners, risks disclosure as well as wellbeing-seeking habits. The health status of women is however more affected than that of men due to their squat education rate, their delegation to non-customary property holders as well as their deprived representation in the workforce in their main age, principally in the organized sector (Patle & Khakse, 2015). Women face economic, environmental and social factors in varying ways from men and mental problems are highly common with the women as opposed to men. Generally, women are discouraged by higher time limitations and opportunity costs as opposed to men from obtaining health services to a larger degree (Lawson, 2004). A thematic analysis by Bird et al. (2019) depicted that help-seeking manner in at-risk men is hindered by the existence of male sex stereotypes, the deficiency of constructive role models, together with complexity steering confronting social landscapes.

Masculinity is defined as the publicly created but personified traditions of being male as noted by Srivastava (2012). It is manifested by the manner of speech, behavior, gestures, social interactions, a splitting up of responsibilities to males and females and a general tale that place it as greater than its reverse, femaleness. The consequences for this according to Milner et al. (2019) are evident on men together with such men who are not in the central forms of masculinities in establishments that comprise customary law and rules, the country and its instruments, the family unit, religious customs and authorities, familiar culture as well as media. For masculinity to stand in association of dominance to female distinctiveness, it must be represented as possessing characteristics that are the binary opposite of (actual or imagined) feminine identity (Milner et al., 2018). Nonetheless, dominant masculinity standpoints are viewed in association not only to femaleness but moreover to the manners of being man that are perceived to diverge from the ultimate. In this intellect, masculinity possesses external (which relate to women) together with internal (which relate to 'other' men) features. Mass media is the main potent transmitter for the transmitting, circulating as well as receiving of neighborhood and worldwide masculine uniqueness (Srivastava, 2012).

A European study which compared access to mental wellbeing-care by age bands, noted that eighteen to twenty four year old participants were slightly likely to obtain care for mental health issues (Mitchell et al., 2017). In the United Kingdom National Confidential Enquiry into Suicide in Children and Young People (2016), 43% of persons below the age of twenty-five with successful suicide completion had unknown earlier contact with any agencies. These two studies were conducted in Europe which has varying cultural and social setup. In addition, the mental health services in the said countries are more developed and equipped (Mitchell et al., 2017, & United Kingdom National Confidential Enquiry into Suicide in Children and Young People, 2016). As such, the findings of the two studies cannot be wholly applied to Kenya. In addition, some observations noted a positive association between increases in age and the intentions of help-seeking and behaviors while others showed no relationships. Also, despite there being efforts to decentralize mental health services in Kenya, there has been an underutilization of the facilities with Nyeri County Referral Hospital placing it at 9% (Nyeri County hospital data, 2018). This study assessed the influence of age and gender on mental health help-seeking behavior among adults attending Nyeri County Referral Hospital with an aim of adding to the body of knowledge with regards to the Kenyan population.

LITERATURE REVIEW

In reviewing literature on age and mental health help-seeking behavior, below is a highlight of findings that guided the study. Identified gaps in the reviewed studies are also given as well as suggestions for future studies with regards to the topic.

Age and Mental Health Help-Seeking Behaviour

Aging is a nature-based process but with diminished capability to produce resources, the old lack fundamental needs affecting their wellbeing condition and wellbeing obtaining behaviour (Adhikari & Rijal, 2010). Patel et al. (2012) report that juvenile individuals from twelve to twenty-four years were established to be at elevated chances of suffering from mental wellbeing disorders than other age groups. However, because of premature undesirable experiences, children as well as juvenile persons in concern are highly expected to face mental disorders as compared to their examiners (Fargas-Malet & McSherry, 2017). Further Buttigieg et al. (2016), report that specialized support is unappealing to teenagers particularly those having elevated depressive indication scores. It is indicated that juvenile adults fight to obtain support from other

people especially those who experiences psychological distress (Salaheddin & Mason, 2016).

Magaard et al. (2017) while reviewing the literature on the features connected with support-seeking noted that in eight datasets, the reviewers found that there was a significantly connection between age and those with help-seeking behavior. Another systematic review by Rickwood et al. (2005) sought to uncover the aspects affecting support-seeking amid juvenile persons for mental wellbeing disorders. Numerous studies done in Queensland, New South Wales as well as the ACT on persons from fourteen to twenty-four years demonstrated that there are diverse mental wellbeing hitches comprising personal-emotional disorders, suicidal thinking and depressing symptom. The studies recognized that a limited number of young people look for specialized help for mental wellbeing disorders, and that youthful citizens like to seek unofficial support before turning to official sources. Although this study gives information on young people, it was limited to people aged 14-24 and did not compare with older persons to see if significant differences exist. In this paper therefore, we consider persons of all ages and compare health seeking intentions across various age bands.

In his assessment, Oliver et al. (2005), adopted a computerized random sample of adults from sixteen to sixty-four years recorded by a general practitioner (GP) in Somerset, England in January 2001. Logistic regression analyses were adopted to observe the association of those seeking help with symptom severity (GHQ-12 score) and socio-demographic variables. It was found that juvenile individuals were little likely to look for support from their GP but highly likely to have employed put down sources of assistance. The point of departure here is that this study used a sample of men and women who had already sought mental health help.

Booth et al. (2019) study inspected self-coldness as well as self-compassion as prospective moderating variables on the relationship between men's masculine gender role stress and self-stigma of seeking help. Structural equation modeling displayed that male gender function stress was negatively correlated with self-compassion but was positively correlated with self-stigma as well as self-coldness. Males having stumpy intensity of self-compassion depicted the toughest positive association between male gender responsibility stress and self-stigma, whereas men having stumpy self-coldness verified positive relationship with self-stigma. Contrastingly, men having tremendously negative along with significant self-opinions may be probably to show stigma obtaining support despite of their approval of inflexible masculinities.

Slewa-Younan et al. (2017) on the other hand, reported on the mental wellbeing condition, functional mutilation and help/support-seeking behavior of refugees from Afghan relocated in Australia. They examined demographic among other variables. Multivariate tests of variables related to help-seeking were done. The outcomes displayed no significant relationship between age and help-seeking. The point of departure in this study is that it focused on resettled refugees who may be more prone to mental health problems than the general population. In a Japanese study, Yamawaki et al. (2011) found that age was a steady factor impacting partakers' attitudes toward getting counseling from psychiatric specialists or counselors.

Aspects determining wellbeing-seeking manners may be cultural, socio-economic, physical or political according to Musoke et al. (2014). Adaramaja and Tijani (2014) observed that the usefulness of employing health behavior for body fitness is dictated mainly on several factors amid which demography performs a major position.

Adolescents are usually victims of mental health problems and consequently the most disadvantaged as regards to health seeking. Gender is reported to affect the utilization of health and medical services in some developing countries. Cutler and Lleras-Muney (2011) indicate that female persons are highly possibly to look for health care as compared to male persons. In addition, those with better education are more likely to seek care than those with lower education status due to better social health.

Gender and Mental Health Help-Seeking Behavior

Access to and utilization of psychiatric services are additionally affected by gender (Lubega et al., 2015). Gender disparities in dominance rates for psychiatric turmoil, presentation for cure, track of sickness, and treatment reaction have been reported (Kim & Lee, 2017). According to Lubega et al. (2015), male person's wellbeing seeking behaviour is a difficult happening. Callear et al. (2017) report that women are constantly looking for support for mental health issues than as compared to men at every age. The disparities are reported to be high in adolescence; with just thirteen percent of male persons having mental health disorders looking for specialized help compared to thirty-one percent of female persons of sixteen to twenty-four years. This is shown by the fact that three-quarter youthful men commit suicide than youthful women (Slade et al., 2009).

A cross-sectional study by El Kahi et al. (2012) reviewed the wellbeing-care-seeking actions, obstacles to access of care and related aspects amid a sample of five hundred and forty-three Lebanese learners at Saint-Joseph University. The health issues inspected were: social, psychological, physical and relational, drug, sexual, smoking and alcohol. According to El Kahi et al. (2012), gender disparities were demonstrated in the study where feminine learners possessed additionally higher substantial and psychosomatic issues, whereas gentleman learners disclosed more problems linked to addictive materials. The gap in this study is that it focused on students who may be facing similar mental health problems due to their age and environment while the present study considers a sample of people from varying backgrounds.

Kim and Lee's (2017) study examined gender-precise factors linked to the application of mental health services (MHS) for suicidal ideation (SI). In man with SI, who lives in a metropolitan area, is a widower, and with detrimental behaviors comprising constant alcohol usage and occasional walking were connected to underutilization of MHS. In women with SI, numerous contacts with friends, low religious level activity, and superior self-rated health were linked to underutilization of MHS. For both, the younger ones, who finished higher education, and had experienced depression/suicide attempts in the earlier year were highly possibly to employ MHS for SI.

Yamawaki et al. (2011) found that women participants embrace positive attitudes toward getting counsel and opt to communicate to their associates, family members, and mental wellbeing experts more as compared to male participants do. In the west as well as in Japan, male persons are normally anticipated to be independent, stoic, emotionally able to control himself, aggressive and unbeaten, whereas female persons are usually projected to be reliant, emotionally communicative, loving as well as inert.

Magaard *et al.* (2017) in their study analyzed sixteen datasets in 3 US samples and a single Finnish sample, being women was positively correlated with assistance-seeking behavior. However, relationship between gender and help-seeking was not established in Ethiopian, Spanish, Canadian, American, Finnish, and Netherlands or Mexican samples. This systematic review was biased on developed nations in Europe and America which has varying cultural and social setup. In addition, the mental wellbeing

services in the said countries are more developed and equipped. As such, the findings of the two studies cannot be wholly applied to Kenya. This study will address the research gap by assessing socio-demographic correlates of mental health help-seeking behaviour among adults attending Nyeri County Referral Hospital.

Andersson *et al.* (2013) in their study found out that to chat to a parent was the foremost option for both genders; followed by men communicate to a family member, whereas female persons chose to communicate to a comrade; and lastly was for both males and females was to communicate to a community health worker. This study was limited in that it only focused on depression while in this paper, the study assesses help seeking behavior from all mental health disorders.

A study by Thompson *et al.* (2016) noted that Patients' self-reports showed gender disparities in wellbeing care-seeking actions, with women reporting they visited their prime care giver frequently than did male people for physical as well as mental health concerns. The point of departure in this study is that it was conducted in Canada where the mental health services are more and equipped and developed. As such the findings of the study cannot be wholly applied to Kenya.

Kagan *et al.* (2016) study assessed the association between demographic factors including relationship status, age as well as education, psychosocial factors comprising self-rated health along with self-reported loneliness, and factors related to attitudes and behaviors connected with searching for wellbeing help. The findings demonstrated that older male people with high education levels, experiencing little lonesomeness, reporting lower self-rated wellbeing, missing past experience with social workers, having low positive attitudes to social workers among other discouraging factors are less possibly to seek social workers' assistance. Therefore, it was concluded in the research that it is essential to come up with interventions and instruments aspired at helping elder male persons to deal with those evasion aspects influencing their affinity to abstain from looking for social worker help.

Finally, in a study conducted by Njoya (2008), the current masculinities in Kenya is a hybrid of indigenous, Arabic and Western modernity. The Kenyan socialisation turns boys into adult war lords. Once they fail to deliver on their manhood, they turn their wrath against the most vulnerable, which is, women and children (MEW, 2008). A study conducted by MEW in a preliminary study of manhood in 2006 established that pains that boys undergo to pass the test of manhood such as school discipline and circumcision help to imprint boys with the grains of violent personalities (MEW, 2008). It also conditions them to never acknowledge when they are undergoing emotional pain as it is a show of weakness. As a result, most men suffer in silence (Njoya, 2008). From the foregoing studies, literature constantly displays that male individuals have poor wellbeing seeking manners. However, numerous researches employ homogenous samples of white, heterosexual male persons from elevated socioeconomic groupings.

METHODOLOGY

Babbie (2002) observes that a research design is a conceptual framework within which research is conducted and is fundamental for any form of research. The author in this study adopts a cross-sectional survey design that enables collection of data to make inferences concerning the study population at a certain part in time (Hall, 2013). Through this design, the author is able to engage participants on various demographic backgrounds with an aim to compare how age and gender influence mental health help-

seeking behaviour in mental patients in Nyeri County. This design was used successfully in past studies (Elkahi et al., 2012; Fargas-Malet & McSherry, 2017).

The target population comprised adults attending Nyeri County Referral Hospital on mental health issues. The hospital was preferred due to the low (9%) utilization of mental health services compared to similar facilities. The facility is also a level five hospital and attends to a diverse population across the counties in Central region of Kenya. The facility receives about 400 patients in the outpatient department. Sampling was done with the use of Slovin's formula which allows an analyst to examine the public using an ultimate precision level.

$$n = N / (1 + N e^2)$$

Where “n” represents the sample size, “N” represents the population

While e is the margin of error

Therefore, in a population of 400 persons,

$$n = 400 / (1 + 400 * 0.05^2) = 200$$

The study will use a sample of 200 respondents.

The participants for the study were purposively selected (Dawson, 2009). This strategy was preferred because the number of adults attending Nyeri County Referral Hospital was high and indefinite. Using this method, any adult attending the facility for whatever reason was recruited in the study until a sample of 200 was achieved. This also enabled the selection of persons of varying age and gender which were variables of interest in this study.

The study collected primary data using a questionnaire. The questionnaire involved a tailored edition of the General Help-Seeking Questionnaire (GHSQ). The GHSQ was created to measure plans to obtain assistance from diverse sources and difficulties as reported by Wilson et al. (2005). The data gathered was further evaluated with the use of Statistical Package for Social Sciences (SPSS) at 95% confidence level. Equally, inferential and descriptive statistics were conducted and presented in frequency tables and in form Chi-square tests respectively to test the relationships between variables.

RESULTS AND DISCUSSION

This section discusses the results obtained from the study of the effects on age and gender on the mental wellbeing help seeking behaviours among adults attending Nyeri County referral hospital.

Table 1: Age and Gender Analysis

Characteristic	Category	Frequency	Percentage
Gender	Male	83	42
	Female	117	58
Age	<20	9	5
	21-30	76	38
	31-40	63	32
	41-50	24	12
	51-60	8	4
	61-70	12	6
	71-80	5	3
	81-90	3	2

The findings in Table 1 show that there was a significant relationship [χ^2 (21) = 56.976, $p = 0.000$, $v = 0.549$] between age and seeking mental health help from a friend. Similarly, there was a significant relationship [χ^2 (21) = 37.530, $p = 0.015$, $v = 0.442$] between age and seeking mental health help from other relatives or family members. The study therefore failed to accept the first hypothesis and concluded that there exists a significant relationship amid age and mental wellbeing help-seeking behavior among adults attending Nyeri County Referral Hospital.

Age and Mental Health Help-Seeking Behavior

To address the main research objective, information on age and gender was analysed separately to compare how each of the factors related to mental health seeking behaviour among the patients with mental illnesses. The first hypothesis (H_{01}) of the study stated that there was no significant relationship between age and mental health help-seeking behavior among adults attending Nyeri County Referral Hospital. A Chi-square test was therefore executed to test this and results are as presented in Table 2.

Table 2: Chi-Square Output for Age

Age vs...	Value	df	p-value	Cramer's V
Intimate partner	30.432	21	0.084	
Friend	18.584	21	0.612	
Parent	56.976	21	0.000***	0.549
Other relatives/family member	37.530	21	0.015*	0.442
Mental wellbeing expert	13.839	21	0.876	
Telephone help line	26.656	21	0.183	
Doctor/GP	16.851	21	0.720	
Minister/ spiritual leader	17.847	21	0.659	
I would seek no assistance from anybody	18.775	21	0.600	
I would seek assistance from a different person unlisted above	23.048	21	0.341	

*** $P < 0.001$, * $P < 0.05$

Gender and Mental Health Help-Seeking Behavior

The second hypothesis (H_{02}) of the study stated that there is no significant relationship between gender and mental health help-seeking behavior among adults attending Nyeri County Referral Hospital. The Chi square test for this is presented in Table 3.

Table 3: Chi-Square Output for Gender

Gender vs...	Value	df	p-value	Cramer's V
Intimate partner	2.343	3	0.504	
Friend	1.134	3	0.769	
Parent	10.368	3	0.016*	0.234
Other relatives/family member	0.443	3	0.931	
Mental wellbeing expert	7.35	3	0.062	
Telephone help line	1.829	3	0.609	
Doctor/GP	3.957	3	0.266	
Minister/ spiritual leader	5.146	3	0.161	
I would seek no assistance from anybody	1.326	3	0.723	
I would seek assistance from a different person unlisted above	3.385	3	0.336	

* $P < 0.05$

There was a significant relationship (χ^2 (3) = 10.368, $p = 0.016$, $v = 0.234$) between gender and seeking mental health help from parents. The second hypothesis (H_{02}) of

the study was therefore not accepted and the study concludes that a significant correlation subsists between gender and mental wellbeing help-seeking behaviour among adults attending Nyeri County Referral Hospital.

The finding that age influences mental wellbeing assistance-seeking behaviour agrees with discoveries of Salaheddin and Mason (2016) who established that juvenile adults who suffer from psychological distress struggle to get help from others. The findings are in agreement with findings of Rickwood et al. (2005) that few young people go for expertise assistance for problems of mental wellbeing, and juvenile individuals have a tendency of seeking unofficial support before turning to official ones. Oliver et al. (2005) also found that juvenile persons were little prone to have hunted assistance from their GP although they were highly possibly to have utilized put down sources of assistance. The findings are in agreement with Magaard et al. (2017) who established that age displayed a significant correlation with assistance-seeking behaviour. The finding is however in disagreement with Slewa-Younan et al. (2017) where no significant relationship was found between age and assistance seeking.

On the influence of gender on mental health help-seeking behaviour among adults attending Nyeri County Referral Hospital, the study found that slightly above half (58%) of the respondents were female while the male respondents accounted for 42% of the participants. Chi-square results displayed a significant association ($\chi^2 (3) = 10.368, p = 0.016, v = 0.234$) between gender and seeking mental health help from a parent.

These findings therefore show there is a significant relationship between gender and mental health help-seeking behaviour among adults attending Nyeri County Referral Hospital. The results are similar to that of Rahman (2016) who indicated that sex and gender have an effect on risk-taking manner, risks disclosure and wellbeing-seeking behavior. It is similar to findings of Cakar and Savi (2014) who established that a significant relationship exists between the basis from where the teenagers submit for emotional support and gender. The finding is also in agreement with the results of Magaard et al. (2017) and Thompson et al. (2016) that shows that there existed gender disparities in wellbeing care-obtaining manners. The finding is different from that of studies by Ali et al. (2006), Umubyeyi, et al. (2016) and Slewa-Younan et al. (2017) whereby there existed no statistically significant gender disparities in connection to assistance-seeking manners. It also differs from findings of Caelear et al. (2017) who reported that males are always less possibly to look for support for mental wellbeing predicaments when compared with females at each and every age. The finding is also contrary to findings of Oliver et al. (2005) where female persons having familiar mental anarchies were found additionally possibly to have to look for any type of support than male persons

CONCLUSION AND RECOMMENDATIONS

In conclusion, this study presents age and gender as a few of the demographic aspects affecting mental wellbeing help-seeking manners among patients with mental illnesses in Nyeri County Referral Hospital. Between the two demographic factors, age was found to have a greater influence than gender. The study relied on a self-reported questionnaire which has a limitation of verifiability. Future studies can therefore explore further on the interrelatedness between age and gender on the influence of mental wellbeing on help hunting manners, using focus groups to give a more specific and detailed outlook.

With regards to accessibility, mental health professionals in public hospitals should develop youth-friendly programmes to attract more juvenile people to look for mental health assistance from experts. Social advertising that targets young people should also be implemented to reduce stigma that surrounds mental health. Programmes seeking to enhance utilization of mental health services should consider gender disparities existing between mental wellbeing requirements with mental wellbeing seeking behavior and formulate gender-sensitive strategies.

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