



## Research Article

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## Life satisfaction, self esteem and mental health in a sample of diabetic out-patients attending a Nigerian tertiary health institution

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### Abstract

Chronic medical conditions, such as diabetes, can impact multiple aspects of quality of life in an individual. Patients suffering from diabetes are usually at risk of low self-esteem, less life satisfaction, increased prevalence of poor mental health and other physical diseases, while improvement in quality of life had positive effects on diabetes self esteem, life satisfaction and positive mental health. The satisfaction with life scale (SWLS), the Rosenberg Self Esteem Scale (SES) and the General Health Questionnaire (GHQ-12), were used to assess life satisfaction, self esteem and mental health among 550 diabetic out-patients. Result revealed various levels of life satisfaction, self esteem and mental health among the respondents.

**Keywords:** Life satisfaction, Self Esteem, Mental health, Diabetic out-patients.

### INTRODUCTION

Diabetes is a metabolic disease characterised by high blood sugar due to inadequate production of insulin in the body or poor response of the body's cells to insulin or both. Symptoms of diabetes include frequent urination, excessive thirst, and hunger and weight loss. Long term complications of diabetes affect the eyes, kidneys, nerves and blood vessels, and can lead to blindness, neuropathy and kidney failure <sup>[1]</sup>. The estimated prevalence of diabetes in Africa is 1% in rural areas, while it ranges from 5% to 7% in urban sub-Saharan Africa <sup>[2]</sup>.

In Nigeria, the exact current prevalence is not known, but Ogbera, and Ekpebegh <sup>[3]</sup>, argued that this may likely be in the region of 8%-10%. They further reported that Diabetes is associated with a high disease burden in developing countries such as Nigeria.

Life satisfaction refers to a person's subjective and global evaluations of the positive aspects of his or her life. Variables like good job, better physical and mental health and positive life events, correlate significantly with high level of life satisfaction <sup>[4, 5]</sup>.

Self-esteem is having confidence in oneself, a satisfaction of what one is and the self-respect that confidence brings. It is the appraisal of a person about his or her self worth and encompasses belief about one's capacity and worthiness <sup>[6]</sup>.

The World Health Organisation <sup>[7]</sup>, posited that mental health is a state of wellbeing whereby an individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully and is able to make meaningful contribution to his or her community. Variables like age, gender; ethnicity, marital status unemployment, physical illness and disability had all been reported to be associated with mental health <sup>[8]</sup>.

Beutell *et al.* <sup>[9]</sup>, reported that people's life satisfaction is negatively related to depression and anxiety and positively related to self esteem. Furthermore Guiney <sup>[10]</sup>, argued that psychological well being is strongly associated with life satisfaction and that people with poor mental health will experience poor life satisfaction.

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Self esteem has a prominent effect on one's mental health as well as personal balance. People with low self esteem usually focus on negative aspects of their lives, and spend less time to think positively, whereas those with high self esteem are less stressed when they are faced with negative events<sup>[11]</sup>.

Chronic medical conditions, such as diabetes, can impact multiple aspects of quality of life in an individual; patients suffering from chronic disease like diabetes, are usually at risk of low self esteem, less life satisfaction, increased prevalence of depression and other physical diseases, while improvement in quality of life had positive effects on diabetes self esteem<sup>[12, 13]</sup>. Furthermore, diabetes has been shown to be associated with decreased happiness and reduced life satisfaction<sup>[14]</sup>.

Lee *et al.*<sup>[15]</sup>, reported that individuals living with diabetes have increased risk of being diagnosed with depression, anxiety, and eating disorder. They further posited that mental health comorbidities of diabetes negatively affect compliance to treatment, thereby increasing the risk for serious short- and long-term complications associated with diabetes.

Equally, high incidences of depression and anxiety disorders have been reported in people with diabetes compared with the general population<sup>[16]</sup>.

The present study assesses life satisfaction, self esteem and mental health in a sample of Nigerian diabetic out- patients by testing the following hypotheses. (1) Patients with diabetes will manifest low levels of self esteem, life satisfaction and increased mental health symptoms. (2) There will be significant difference in the levels of self esteem, life satisfaction and mental health symptoms between male and female diabetes patients.

The study will make recommendations on the need to provide psychological services to diabetes patients and who may be at risk of developing low self esteem, life satisfaction and poor mental health.

## METHOD

### Design

This is a cross sectional descriptive study carried out between November and December 2016.

### Subjects

Subjects for the study are male and female diabetic out- patients attending Ebonyi state university teaching hospital diabetes clinics. This is one of the major government owned tertiary health institutions that treat diabetes patients within the study location. Averages of 150 diabetes patients were treated in the hospital per week on an outpatient basis. Using simple random sampling procedure, a total of 550 diabetic out-patients were selected and surveyed for the study. Inclusion criteria are: (1) Out-patients aged 18 years and above, (2) Those that consented to participate. Exclusion criteria are (1) patients aged below 18 years. (2) Inpatients (3) those who did not consent to participate. Participants who met the inclusion criteria were then enrolled consecutively until the sample size was reached. The subjects were assured that their responses will be treated with the strictest confidence and no respondent will be identified in person, thereby assuring them of the anonymity of their responses. Ethical permit was obtained from Ebonyi State University Teaching Hospital Ethics Committee.

### Measures

The authors collected the data for the study between the months of November and December 2016, using standardized and validated

instruments and basic socio demographic information such as age, gender, religion and marital status. These are: (1) Satisfaction with life scale (SWLS)<sup>[17]</sup>. This is a 5 item instrument that measures life satisfaction on a seven point Likert scale ranging from 1= strongly disagree to 7= strongly agree. Scores on this scale ranged from 5-35 with lower scores indicating no life satisfaction. The SWLS is widely used for assessing life satisfaction to date, and has been used for studies in Nigeria<sup>[18]</sup> (2) Self esteem scale (SES) by Rosenberg<sup>[19]</sup>. This is a ten-item measure that is scored on a 4-point Likert type response format starting from 1=strongly disagree to 4=strongly agree. Total obtainable score ranged from 10-40 with high scores indicating high self esteem. The SES has been used for studies in Nigeria<sup>[20]</sup> (3) General health questionnaire (GHQ-12)<sup>[21]</sup> which is a screening instrument for psychiatric morbidity. Although it does not yield a diagnosis, positive scores are indicative of poor mental health. Each item is rated 0 or 1, on the basis of the frequency with which the subject had experienced the symptom in the recent past yielding a maximum score of 12. A score of 1 and above is indicative of poor state of mental health. The GHQ-12 has been used for studies in Nigeria<sup>[22]</sup>.

### Data Analysis

Data for the study was analyzed using the Statistical package for social science, SPSS version 16.0. Means, standard deviations, percentages and chi square test were performed to find relationships between variables. The level of significance chosen for this study was  $p \leq 0.05$  at 95% confidence interval.

## RESULTS

Age of respondents ranged from 20-68 years (mean=40.17; SD=11.31). 50.4% were males while 49.6% were females. Furthermore, 27.3% were single, 68.5% were married while 4.2% were widows. In terms of education, 9.5%, 36.7% and 53.8% had primary, secondary and tertiary education respectively. 15.5% were students, 48.4% were civil servants, and 30.4% were doing business, while 5.7% were unemployed. Furthermore, 23.5% were not satisfied with life, 20.5% had low self esteem while 19.3% had negative mental health (Table 1).

Result revealed significant association between age and life satisfaction, age and self esteem, age and mental health;  $\chi^2 = 84.9$ ;  $p = 0.00$ ;  $\chi^2 = 67.2$ ;  $p \leq 0.02$ , and  $\chi^2 = 71.1$ ;  $p \leq 0.01$  respectively (Table 2). With regards to gender, significant association was noticed between gender and life satisfaction,  $\chi^2 = 4.87$ ;  $p \leq 0.02$ ; but not between gender and self esteem or gender and mental health (Table 3).

Furthermore, there was significant associations between marital status and life satisfaction,  $\chi^2 = 22.2$ ;  $p \leq 0.00$ , marital status and self esteem,  $\chi^2 = 36.9$ ;  $p \leq 0.00$ , marital status and mental health  $\chi^2 = 50.5$ ;  $p \leq 0.00$  respectively, (Table 4). Occupation was significantly associated with life satisfaction  $\chi^2 = 20.5$ ;  $p \leq 0.00$ , self esteem  $\chi^2 = 17.9$ ;  $p \leq 0.00$ , and mental health  $\chi^2 = 9.67$ ;  $p \leq 0.02$  (Table 5).

## DISCUSSION

The result of this study has revealed absence of life satisfaction, low self esteem and presence of poor mental health among some respondents. For instance, 23.5% were not satisfied with life, 20.0% had low self esteem, while 19.3% had poor mental health. This may be related to negative feelings they have about their illness, which might make them experience much distress by trying to adhere strictly to drug regimen, so as to prevent complications associated with diabetes. In this regard, Mahboubeh *et al.*<sup>[13]</sup>, argued that patients suffering from chronic disease like diabetes are usually at risk of low self esteem, less life satisfaction and increased prevalence of depression. Connell *et al.*<sup>[14]</sup>, opined that diabetes has been shown to be associated with decreased happiness and reduced life satisfaction. The pattern of findings noticed in this study corroborates these earlier reports.

**Table 1:** Distribution of socio-demographic variables, life satisfaction, self esteem and mental health among the respondents

<b>AGE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
20-30	150	27.3
31-40	150	27.3
41-50	134	24.4
51-68	116	21.0
<b>GENDER</b>		
Male	277	50.4
Female	273	49.6
<b>RELIGION</b>		
Christianity	535	97.3
Islam	10	1.8
ATR	5	0.9
<b>EDUCATIONAL LEVEL</b>		
Primary	52	9.5
Secondary	202	36.7
Tertiary	296	53.8
<b>MARITAL STATUS</b>		
Single	150	27.3
Married	377	68.5
Widowed	23	4.2
<b>OCCUPATION</b>		
Student	85	15.5
Civil service	266	48.4
Business	167	30.4
Unemployed	32	5.7
<b>LIFE SATISFACTION</b>		
Satisfied	421	76.5
Not satisfied	129	23.5
<b>SELF ESTEEM</b>		
High self esteem	437	79.5
Low self esteem	113	20.5
<b>MENTAL HEALTH</b>		
Presence	105	19.3
Absence	445	80.9

ATR=African Traditional Religion.

**Table 2:** Life satisfaction, self esteem and mental health among age group

	<b>AGE GROUP</b> 20-30(N1=150)	31-40(N2=150)	41-50(N3=134)	51-68(N4=116)
<b>LifeSatisfaction</b>				
Satisfied	96(64%)	106(70.7)	118(88.1)	101(87.1)
Not Satisfied	54(36%)	44(29.3)	16(11.9)	15(12.9)
		<b><math>\chi^2 =84.9; P=0.00^*</math></b>		
<b>Self Esteem</b>				
High	101(67.3)	108(72)	117(87.3)	111(95.7)
Low	49(32.7)	42(28)	17(12.7)	5(4.3)
		<b><math>\chi^2 =67.2; P=0.02^*</math></b>		
<b>Mental Health</b>				
Absent	109(72.7)	113(75.3)	114(85.1)	109(94.0)
Present	41(27.3)	37(24.7)	20(14.9)	7(6.0)
		<b><math>\chi^2 =71.1; P=0.01^*</math></b>		

\*=Significant

**Table 3:** Life satisfaction, self esteem and mental health among gender

	<b>GENDER</b> MALE(n1=277)	FEMALE(n2=273)
<b>LIFE SATISFACTION</b>		
Satisfied	223(80.5)	198(72.5)
Not satisfied	54(19.5)	74(27.5)
	<b><math>\chi^2 =4.87; P=0.027^*</math></b>	
<b>SELF ESTEEM</b>		
High self esteem	228(82.3)	209(76.6)
Low self esteem	49(17.7)	64(23.4)
	<b>n/s</b>	
<b>MENTAL HEALTH</b>		
Absent	231(83.4)	214(78.4)
Present	46(16.6)	59(21.6)
	<b>n/s</b>	

\*=Significant n/s=Not significant

**Table 4:** Relationship between life satisfaction, self esteem mental health and marital status

	<b>MARITAL STATUS</b> Single(N1=150)	Married(N2=377)	Widowed(N3=23)
<b>Life Satisfaction</b>			
Satisfied	97(64.7)	310(82.2)	14(60.9)
Not Satisfied	53(35.3)	67(17.8)	9(39.1)
		<b><math>\chi^2 =22.2; P=0.00^*</math></b>	
<b>Self Esteem</b>			
High	102(68.0)	317(84.1)	18(78.3)
Low	48(32.0)	60(15.9)	5(21.7)
		<b><math>\chi^2 =36.9; P=0.00^*</math></b>	
<b>Mental Health</b>			
Absent	107(71.3)	328(87.0)	10(43.5)
Present	43(28.7)	49(13.0)	13(56.5)
		<b><math>\chi^2 =50.5; P=0.00^*</math></b>	

\*=Significant

**Table 5:** Relationship between life satisfaction, self esteem, mental health and occupation of the respondents

	OCCUPATION			
	Student (N1=85)	Business (N2=167)	Civil Service (N3=266)	Unemployed (N4=32)
<b>Life Satisfaction</b>	Satisfied	59(69.4)	120(71.9)	224(91.7)
	Not Satisfied	26(30.6)	47(28.1)	42(8.3)
		$\chi^2 = 20.5; P=0.00^*$		18(56.3)
				14(43.7)
<b>Self Esteem</b>	High	54(63.5)	139(83.2)	221(83.1)
	Low	31(36.5)	28(16.8)	45(16.9)
		$\chi^2 = 17.9; P=0.00^*$		23(71.9)
				9(28.1)
<b>Mental Health</b>	Absence	61(71.8)	132(79.0)	228(85.7)
	Presence	24(28.2)	35(21.0)	38(14.3)
		$\chi^2 = 9.67; P=0.02^*$		24(75.0)
				8(25.0)

\*=Significant

Significant association was noticed between age, life satisfaction, self esteem, and mental health. This may reflect the importance of age in predicting life satisfaction, self esteem and mental health of an individual. With regards to gender, significant association was noticed between gender and life satisfaction. Raschute, and Downward,<sup>[23]</sup> had equally reported similar finding. Both marital status and occupation equally had significant associations between life satisfaction, self esteem and mental health respectively. With regards to marital status, the finding could be explained by the mutual relationship existing between married couples which tend to act as social support during times of stress. In this regard, Agbir *et al.*<sup>[24]</sup>, opined that married people are more likely to have a confidant whom they can share their problems with and who can give them the needed support when in a stressful situation like having a chronic illness such as diabetes. In the area of occupation, Easterlin<sup>[5]</sup>, argued that good job, better physical and mental health and positive life events correlate significantly with high level of life satisfaction.

## CONCLUSION

The low levels of life satisfaction, self esteem and mental health noticed among the respondents is high. In this regard, effort should be made by government to identify this group of patients and incorporate regular psychological services in their treatment to help mitigate these problems.

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## Conflicts of Interest

The authors declare no conflict of interest.

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