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All authors read and approved the final manuscript.

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#### Ethical approval and consent to participate

Participants were selected based on the principles of confidentiality of data, beneficence to participants, non-maleficence to participants, and voluntariness. Institutional approval was obtained from the ethical committees of Aro Neuropsychiatric Hospital, Abeokuta with approval Number PR003/16, and the Federal Medical Centre, Abeokuta with approval number FMCA/470/

## Barriers to the Utilization of Mental Healthcare Services in South West, Nigeria: Gender Implications

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#### Abstract

Ease of access to healthcare facilities was presented as a major factor in the use of healthcare services in developing countries, particularly Nigeria. Many interacting factors, including access, availability, gender referral practices, and help-seeking preferences, affect the use of mental healthcare services. Although there are studies on the use of mental health services, gender differentials have received little attention. Therefore, this study examined gender dimensions in the use of mental health services in South West, Nigeria, using triangulated qualitative and quantitative data collection methods. The data were based on a cross-sectional community survey and four neuropsychiatric hospitals in Nigeria's Ogun State. The sample was 967 randomly selected adults. Five in-depth interviews were conducted among caregivers of mentally ill persons (PLWMI) residing in the study area (those receiving treatment and those recovering). Using descriptive and inferential statistics, quantitative data were analyzed while content was analyzed. Results from this study showed that the respondents' average age was 22.2 years. Of the total, 52.2 percent were female, while 45.8 percent were male. On the use of mental health services, 26.4 percent and 73.6 percent of male and female respondents, respectively, indicated that the use of mental health services was hampered by funding. From the study, it can be concluded that women are more intoned with the reality of their dependents' disease condition as they bear more of both the financial (73.6 percent) and emotional burden of managing people living with mental illness (PLWMI).

#### Keywords

gender differentials, mental illness, utilization, mental healthcare services, Ogun State.

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## Barreras a la utilización de los servicios de salud mental en el sureste de Nigeria: las implicaciones de género

### Resumen

La facilidad de acceso a los centros de atención de salud se presentó como un factor importante en el uso de los servicios de atención sanitaria en los países en desarrollo, particularmente en Nigeria. Muchos factores que interactúan, incluido el acceso, la disponibilidad, las prácticas de referencia de género y las preferencias de búsqueda de ayuda, afectan el uso de los servicios de salud mental. Aunque existen estudios sobre el uso de los servicios de salud mental, las diferencias de género han recibido poca atención. Por lo tanto, este estudio examinó las dimensiones de género en el uso de los servicios de salud mental en el suroeste de Nigeria. Se utilizaron métodos triangulares de recopilación de datos cualitativos y cuantitativos. Los datos se basaron en una encuesta comunitaria transversal y en la información obtenida de cuatro hospitales neuropsiquiátricos en el estado de Ogun en Nigeria. Se seleccionaron aleatoriamente 967 adultos. Se realizaron cinco entrevistas en profundidad entre los cuidadores de personas con enfermedades mentales (PLWMI, por sus siglas en inglés) que residen en el área de estudio (las que reciben tratamiento y las que se recuperan). Utilizando estadísticas descriptivas e inferenciales, se analizaron datos cuantitativos mientras se analizó el contenido. Los resultados de este estudio mostraron que la edad promedio de los encuestados fue de 22.2 años. Del total, el 52.2% eran mujeres, mientras que el 45.8% eran hombres. En cuanto al uso de los servicios de salud mental, el 26.4% y el 73.6% de los hombres y mujeres encuestados indicaron que el uso de los servicios de salud mental se vio obstaculizado por la financiación. Del estudio, se puede concluir que las mujeres están más en sintonía con la realidad de la enfermedad de sus dependientes, ya que soportan más la carga financiera (73.6%) y emocional de manejar a las personas que viven con una enfermedad mental (PLWMI, por sus siglas en inglés).

### Palabras clave

Diferenciales de género, enfermedades mentales, utilización, servicios de salud mental, estado de Ogun.

## INTRODUCTION

Underuse of public health services was a global occurrence in unindustrialized nations (Zwi, 2001; Twomey, Baldwin, Hopfe, & Cieza, 2015). Use of mental health services is linked to availability, excellence, fees of services, as well as the socio-economic arrangements and individual characteristics of the service managers (Chakraborty, Islam, Chowdhury, Bari, & Akhter, 2003; Onah, Ikeako, & Ilobachie, 2009; Olawande, Jegede, Edewor, Fasasi, & Samuel, 2018). The absence of female medical professionals is sometimes a barrier for women to use healthcare services (Paolisso & Leslie, 1995; Fleury, Ngui, Bamvita, Grenier, & Caron, 2014).

In Nigeria, the health system's condition is not efficient and it is inadequately funded, with US\$9.44 per capita spending (World Bank, 2010; Omononna, Obisesan, & Aromolaran, 2015; Amoo, Omideyi, Fa-

dayomi, Ajayi, Oni, & Idowu, 2017). Countries that account for two billion of the world's population spend as little as one percent of their entire mental health budget on subdivided public healthcare. This category includes a large percentage of African countries. In developing nations, only 50% of the population has access to community-based services. Indications of the use of mental health services is limited, but in developing countries at least 85% of people living with mental illness do not receive treatment within any 12-month period. There is an estimate in Brazil that more than 70% do not use mental health services. In Nigeria, a community-based study revealed that for a period of one year only nine out of every 100 people with diagnostic and statistical manual disorder received specific mental illness treatment (Gureje et al., 2005; Mcdaid, Martin, & Shoba, 2008).

According to Mcdaid, Knapp, and Raja (2008), the exceptionally limited mental health budget in developing countries means that at the time of use, access to numerous facilities is hooked to a fee. Forty of 100 developing nations said out-of-pocket disbursement is the main technique of mental healthcare funding, while only three percent of developed nations are doing so. Dependence on out-of-pocket disbursements is both unproductive and unbalanced as it dampens the use of mental health services by those with insufficient earnings, which is particularly worrying given the close links between poverty and mental illness. Paying for these services could lead to poverty or obligation if relatives are lending money under strict conditions. Thus, a number of externalities related to deprived mental health represent lost opportunities.

The insufficient supply of available resources, usually concentrated in large numbers in metropolitan areas, is another important issue. The distance to reach a community-based mental health service can be significant. The primary motivation behind the absence of continued use of antipsychotic medicines in some of the studies conducted in India was that the distance to the nearest mental health facility was more than 10 kilometers. Community-based service engagement is similarly weak as a result of poverty, food insecurity, shortage of transportation, and monetary resources being applied. There was no single reason for discrepancies between gender differences and patterns of use in healthcare (Kandrack, 1991; Olawande, Okagbue, Jegede, Edewor, & Fasasi, 2018).

Technologically advanced nations are dissatisfactory on the poor use of mental health services (Gureje & Lasebikan, 2006; Izibeloko & Leana, 2013). There are no statistics on fulfilled or unmet needs for mental health services in unindustrialized nations. Suggestions from developed nations recommend that a challenge in Nigeria is the unmet need to manage mental illness. Research conducted in North America and Western Europe shows that while there are noticeable differences in the form and correlation of service use among nations, underuse of services by mentally ill persons is prevalent (World Health Organization, 2004; Alonso et al., 2004).

This study analyzes the differences in perception and treatment of mental illness between male and female participants. It also explores barriers to the use of mental health services and the implications of gender.

## METHODS

The research participants were drawn from male and female adults aged 18 years and older who belonged to the Yoruba ethnic group residing in selected Local Government Areas (LGAs), and accessing psychiatric hospitals in the state of Ogun. The choice of the area of study is influenced by the ease of use of health facilities for mentally ill people. Professional health care workers (psychiatrists and social

workers), traditional healers, families or people who care for people living with mental illness (those who are currently receiving mental illness or disorder treatment and those who have recovered) have not been left out, however.

This study adopted a cross-sectional and exploratory design, using quantitative and qualitative data collection methods. The qualitative research tools were in-depth interviews (IDI), while a questionnaire was structured as a quantitative research tool.

A triangulation of quantitative and qualitative methods involved data collection. The questionnaire was administered to 967 respondents, while the selected institutions conducted in-depth interviews. Due to the presence of specific mental health facilities – in particular the first-generation Neuropsychiatric Hospital, Aro – and the state's place in the history of psychiatry in Nigeria, a multi-stage sampling procedure was adopted.

Structured questionnaire and in-depth interview guides were the instruments used for data collection designed for each group of participants. However, the discretion of the interviewers were permitted for qualitative methods.

Several actions were taken to ensure the validity of the research tools was accurate and reliable. To facilitate administration, the instruments were translated into the Yoruba language for respondents who were not versed in English. The 30-item questionnaire was structured into socio-demographic characteristics, mental illness perception, and use of the study area's mental health services.

At the univariate level, quantitative data were analyzed through descriptive statistics such as frequency and percentage, while chi-square tests and ANOVA were used to determine the association between the measured variables. The analysis of the bivariate examined the relationship in the study between an independent variable and a dependent variable. Gender differentials is the dependent variable, while the independent variables that can be manipulated are the use of mental health services. Chi-square was used to determine whether a relationship exists at a significant level of 0.05 between variables. The test was also used to investigate the relationships between gender differentials and mental illness perception; the relationship between gender differentials, and the use of mental health facilities.

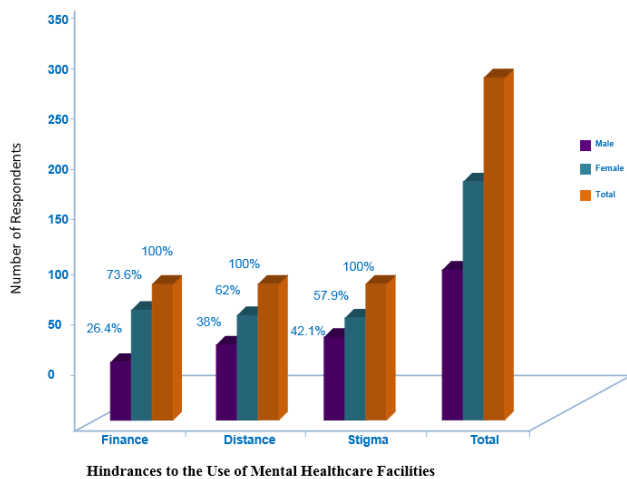
Qualitative data, that is, the in-depth interview, was analyzed through transcription of recorded interviews and discussions. The Yoruba recordings were translated into English and transcribed for further analysis. During data collection, the transcriptions were compared with the notes taken. The data collected were analyzed in terms of content and organized thematically. Information obtained from the participants' recorded expressions was reported as phrases in quotes. Internal validity was achieved through the use of data from all three sources and the presentation of views from various participants to support research goals.

## RESULTS

### Hindrances to the use of mental healthcare facilities by gender

This section presents the discussion on barriers to the use of available mental health facilities in the study area.

Figure 1: Hindrances to the use of mental healthcare facilities by gender



Here we look at the use of mental health services in the area of study. For male respondents, 26.4%, 38%, and 42.1% indicated that financing, distance and stigma, respectively, were the main obstacles to the use of mental health services; while for female respondents the figures were 73.6%, 62%, and 57.9% indicating that the main barriers to the use of mental health services were financing, distance and stigma, respectively. (Table 1)

It was deduced that in the use of mental health services, the majority of respondents who used mental health services had a financial challenge. The financial challenge suggests that mental health services may need to be funded/subsidized to ease the financial burden on users of mental health services in Ogun State.

The respondents' views on the use of mental health services were expressed. See the participants' reactions quoted below:

My daughter makes use of the psychiatric hospital available in this community. She also uses her drugs as prescribed by professional healthcare workers in the hospital. However, the major hindrance is finance. The drugs are too expensive. (Caregiver, Abeokuta South Local Government Area, IDI)

The major hindrance to the use of the hospital is distance. I have to lodge in a hotel so that my son can receive adequate treatment as at when due. (Caregiver, Sagamu Local Government Area, IDI)

The major hindrance to the use of the hospital is finance. I had to borrow money from friends and relatives to ensure that my daughter is treated. (Caregiver, Abeokuta North Local Government Area, IDI)

### Discussion of findings

Numerous scholarly works have discovered differences in the use of mental health services between men and women. Findings from the study confirm previous works by Omonona, Obisesan, and Aromolaran (2015) and Olonade, Olawande, Alabi, and Imhonopi (2019), showing that the use of mental healthcare facilities is increasing with the proximity of health centres. The results obtained and analyzed in this study showed that the use of mental health facilities and gender were significantly associated. The result showed that 33.3% of male respondents used mental health services, while 66.7% of female respondents used mental health services. This finding corroborated Oliver, Pearson, Coe, and Gunnell (2005), who reported that men were less likely to seek assistance. 43% of male respondents had never used mental health services, compared to 57% of female respondents. In Bertakis, Azari, Helms, Callahan, and Robbins (2000) and Adamu, Adamu, Okagbue, Opoola, and Bishop (2019), women have a higher use of medical care.

### Limitations of the study

A limitation of the study may be the number of interviews conducted. The study assessed the barriers to the use of mental health services in Nigeria. Professional healthcare workers' responses to PLWMI's attitudes have been neglected. The language barrier is another significant limi-

Table 1: Chi-square test showing gender differentials and barriers to the use of mental healthcare services

Characteristics	Gender differentials		Total	$\chi^2$	Df	P-value	P<0.05 SIGNIFICANT
	Male	Female					
Hindrances to the use of mental healthcare services				6.9746	2	< 0.0305	P<0.05 SIGNIFICANT
Finance	42(38.5%)	117(53.7%)	159(48.6%)				
Distance	35(32.1%)	57 (26.1%)	92(28.1%)				
Stigma	32(29.4%)	44 (20.1%)	76(23.2%)				

tation of the study. The principal investigator used the service of a knowledgeable local language interpreter. This was to allow information that is rich and in-depth. On the contrary, the fact that the translator spoke both Yoruba and English could have caused some complications for the translator, as some words might have been lost in transition. Given the above, the reliability of the empirical material collected may have been negatively affected by the above-mentioned issues. Even so, the research was reinforced by the fact that a significant number of literary sources were compared with the interviews conducted.

## CONCLUSION

Mental illness perception differs across gender and this, in turn, affects the use of mental health facilities in the study area. Mental illness treatment is influenced by access, availability, and use of amenities for mental health care. A nation that has access to and uses decent healthcare services is likely to appreciate better health (well-being) over one that does not. Industrialized nations, for example, have universal healthcare systems and have extended their lifespan compared to developing nations. The study revealed adherence of respondents to mental illness treatment and rehabilitation measures. Initial qualitative findings confirmed the validity of quantitative data. However, treatment options, i.e. availability, access, use and choice of mental health services, have an impact on both males and females.

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