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Social Relationships among Women in Ghana: “A Blessing” or “A Curse” to their Psychological Well-being?

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Abstract

The study seeks to find out the impact of social relationships on the psychological well-being of women in Ghana. A total of two hundred (N=200) women from diverse socio-economic background living in Accra at the time of data collection were conveniently and purposively sampled for the study. Ninety-two (46%) of the participants had a history of various mental illnesses and were reporting for review at the Accra psychiatric and Pantang hospitals. One hundred and eight (54%) had no history of mental illness and reside or work in Adenta, Madina and Legon communities. The psychological well-being sub scale of the Mental Health Inventory (MHI-38) was used to assess psychological well-being of the participants. Social support and social negativity were assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) and Social negativity Questionnaire respectively (SNQ). Results from Pearson Product Moment Correlation revealed a non-significant relationship between Perceived social support and psychological well-being, but social negativity had a significant negative relationship with psychological well-being. History of mental illness did not make any significant difference in participants' level of perceived social support and social negativity.

Keywords: Social Relationships; Social support; Social negativity; Psychological well-being; Ghana.

Introduction

Africans like other collectivist cultures place so much emphasis on social relationships. Most African cultural values can be said to revolve around social relationships. For instance, humanity, brotherhood and collectivism are important African cultural values (Gyekye, 1996) which are reflected in some social structures such as clan, the extended family and other multifaceted networks of social relationships (Belgrave, & Allison 2010). Moreover, human interaction or exchange targeted towards the well-being of the individual is very important to Africans. This is expressed in maxims such as “it is the human being that is needed” and “it is the human being that counts; I call upon gold, it answers not; I call upon cloth, it answers not; it is the human being that counts” (Gyekye, 1996; p. 25). Individuals are socialized to think about themselves in relation to their relatives (both nuclear and extended family members) and they are responsible to seek the well-being and harmony of the family (Belgrave, & Allison, 2010). This means that each member of the family is expected to provide and receive some sort of support, and this goes a long way to reiterate the importance of social relations in the African society.

It is however noteworthy that social relationship has both positive and negative sides. The positive side is what has been conceptualized mostly as social support while the negative aspect has been conceptualized as social negativity (Bertera, 2005) and, in some cases, negative social interactions.

Trends in Social Relationship

There is a rapidly increasing evidence of the importance of social relationships on physical and mental health (Cohen & Janick-Deverts, 2009; Umberson & Montez, 2010). Research in the past had however focused on the beneficial aspects of social relationships (Finch, 1998). There is recent evidence that negative socio-emotional interactions and interpersonal stress also affect mental health (Bertera, 2005; Zhang, 2012).

The benefits of social support are well known; for instance, it has been established that perceived social support can function as a pain-buffering mechanism which promotes increased self-efficacy and optimism as well as reduced loneliness in the face of stress. This may in turn protect an individual from mood disorders such as depression and anxiety as well as other forms of mental disorders (Mikulincer & Shaver, 2008; Southwick, Vythilingam, & Charney, 2005). Social negativity in relationships on the other hand has been linked to negative physical and mental health indicators, including depression (Finch, Okun, Pool, & Ruehlman, 1999; Whisman, 2013; Zhang, 2012).

Whisman's (2013) examination of the connection between relationship discord, prevalence, incidence and treatment of psychopathology found relationship discord to be significantly correlated with prevalence of psychiatric disorders and predictive of the incidence of mood, anxiety, and substance use disorders and increases in depressive symptoms. Such evidence indicates that perception of negativity in social relationships can have dire consequences for the individual. It is therefore imperative to consider both positive and negative sides of social relationships in studying their effects on mental health outcomes such as psychological well-being.

Different measures have been used in assessing social negativity. However, according to Finch et al. (1999), the most potent measure of negative social interactions for mental health is the frequency of negative socio-emotional exchanges. Bertera (2005) in her study assessed social negativity using frequency of negative socio-emotional exchanges from three sources; spouse, friends and family.

The present study seeks to find out whether social support and social negativity have significant influence on the psychological well-being of women and the dynamic of the association. The study hypothesized that social support will have a significant positive relationship with psychological well-being while social negativity will have a significant negative relationship with psychological well-being.

Method

Participants

Women living in Accra during the period of the study were the target population for the study. Accra is highly populated and made up of diverse ethnic groups (AMA, 2011), hence it is more representative of the Ghanaian society than other cities and towns in Ghana.

Two hundred women (N=200) were purposively and conveniently sampled from Adenta, Madina, Legon, Accra Psychiatric Hospital and Pantang Hospital. This was to ensure that those with history of mental illness are also represented.

Measures/Instruments

Demographic characteristics such as age, educational level, income etc. were assessed using a demographic questionnaire. The Multidimensional Scale of Perceived Social Support [MSPSS] (Zimet, Dahlem, Zimet & Farley, 1988) was used to assess social support. It is a 12-item scale that measures an individual's perception of how much outside social support he or she receives from three different sources—family, friends and significant others—on a 7-point likert scale from very strongly disagree to very strongly agree. Scores ranged from 7 to 84 with higher scores reflecting higher levels of perceived social support. It has been widely used in both clinical and non-clinical samples of different ages and cultural background and has been reported to be valid and reliable. Good Cronbach's alpha has also been reported, ranging from .81 to .98 for non-clinical samples and .92-.94 for clinical samples (Zimet et al. 1988; Zimet, Powell, Farley, Werkman & Berkoff, 1990). Sample items are: "There is a special person who is around when I need help", "my family really tries to help me" and "I can count on my friends when things go wrong".

The next instrument is the Social negativity questionnaire [SNQ]. According to Finch, Okun, Pool, and Ruehlman (1999), the most potent measure of negative social interactions for mental health is the frequency of negative socio-emotional exchanges. Based on this assertion, the

following six (6) questions about the frequency of perceived negative socio-emotional interactions were used to assess social negativity. Example of items include; *“how frequently do you argue with your relatives or friends or significant others”*, *“how often do your relatives or friends or significant others criticize you”*. These questions were repeated three times to assess social negativity from three sources; family, friends and significant others so that the sources of social negativity corresponds with that of social support. The items were scored on a 4-point likert scale (1= never 2= rarely 3= sometimes 4= often). Higher scores on the questionnaire indicate higher levels of social negativity and scores range from 18 to 72. Factor analysis confirmed three factors in the present sample; social negativity from friends, significant others and family or relatives.

Psychological well-being was assessed using the psychological well-being sub scale of The Mental Health Inventory (MHI-38) which was developed by Veit and Ware (1983). It is a 38-item scale which asks about respondent’s feelings during the past month (Vilchinsky & Kravetz, 2005). Sub scales on the test can be grouped into two global sub scales namely; psychological well-being and psychological distress. The psychological well-being sub scale includes scales on General Positive Affect, Emotional Ties and Life Satisfaction. Each item is scored on a 6-point likert scale in exception of two items; 9 and 28 which are scored on a 5-point Likert scale. Example of items on the scale is: *“During the past month, how much of the time have you generally enjoyed the things you do”*.

Procedure and Design

The cross-sectional survey design was used to collect data. The research began with the researcher obtaining ethical approval from the Internal Review Board of the Noguchi Memorial Institute for Medical Research (NMIMR). Once the approval was granted, a pilot study was conducted using 10 participants to test the questionnaires on a section of the sample to ascertain their reliability among the sample and whether the items on the questionnaires are well understood by the participants. Data collection commenced after the pilot study by the principal investigator and two research assistants. Participants were required to complete an informed consent form, indicating their willingness to participate in the study before proceeding to fill the questionnaires. These forms described the topic and methods of the study and the voluntary and confidential nature of participation. Once the forms were signed, each of the participants went on to fill the questionnaires. Items on the questionnaires were read out to respondents who were unable to read. Throughout the administration of these procedures, the researcher and research assistants were available to answer questions from respondents.

Results

Demographic characteristics

Forty-six percent of the sample had history of mental illness and had received treatment prior to data collection in either Accra Psychiatric Hospital or Pantang Hospital. 54% had no history of mental illness. About 83% aged from 18 years to 49 years, about 16% attained primary or below level of education, 18% and 20% of them attained junior and senior high school education respectively while 29% attained tertiary level education and 17% attained postgraduate level of education. For the women’s income levels, majority were earning below GHC500 (65%) though most of them were employed either in the formal or informal sectors of employment (58%). For the respondents’ marital status, there were more single women in the sample (49%) compared to married women (32%), 14% were separated/divorced and 5% were widowed.

The means, standard deviations and Cronbach’s alpha (internal consistencies) of variables and scales are summarised in Table 1

Table 1: Means, Standard deviations and Cronbach’s of alpha of variables and scales

Variable	Mean	Standard deviation	Cronbach alpha
Social Support	57.26	16.89	.92
Social Negativity	39.32	9.22	.87
Psychological Well-Being	58.88	11.30	.86

The Pearson Product Moment was used to test the hypotheses. Results are presented in Table 2.

Table 2: Correlation matrix representing relationship among variables

Variables	1	2	3	4
1. Social Support	-	-	-	-
2. Social Negativity	-.06	-	-	-
3. Psychological Well-Being	.07	-.21**	-	-
4. History of Mental Illness	-.07	.01	-.19**	-

** Significant at .01 level of significant (1-tail)

Table 2 reveals that social support did not have a significant relationship with psychological well-being but social negativity had a significant negative relationship with psychological well-being. Results also show that history of mental illness had no significant relationship with social support and social negativity but a significant negative relationship with psychological well-being. This suggests that history of mental illness did not influence the level of social support or social negativity among the sample.

Discussion

The study aimed at investigating the influence of social relationships on psychological well-being. An interesting finding is that social support had no significant influence on psychological well-being but social negativity had a significant negative relationship with psychological well-being. This finding could be attributed to the reason that even though several studies report positive influence of social support on mental health outcomes, it has been noted that the positive influence of social support may be influenced by the quality of the relationship, thus the positive influence of perceived availability of support may be compromised by conflict in the relationships that may provide the support (Miller & Ray, 1994; Pierce, Sarason & Sarason, 1992). Vangelisti (2009) also illustrated that even though individuals may perceive the consequences of receiving support as positive, the cost of receiving such supports may sometimes be seen to surpass the benefits, or perhaps the processes involved in receiving the support may be considered as adverse. In other instances, the available sources of support may be perceived as incapable of giving the help needed; consequently, the positive influence of perceived support might not be felt by the individual.

Considering the fact that Ghana is a collectivist culture whereby communalism and brotherhood are emphasized (Gyekye, 1996), individuals are more likely to perceive the availability of social support from at least one source (no matter how low) hence the influence of perceived social support would largely depend on whether the available support is helpful or not. From the above precept, it could be inferred that women in the present study may not consider the social support available to them as helpful; hence it did not have a significant impact on their psychological well-being or perhaps they perceive or experience unpleasant interactions from the same sources of support which overshadow the benefits of the support they perceive/receive. This finding implies that the aspect of social relationship most pertinent to the psychological well-being of women in Ghana is social negativity rather than social support.

Due to the emphasis on harmonious living in the Ghanaian culture, individuals' expectation of social interactions is that of pleasantness, negative interactions therefore deviate from this expectation. Consequently, the effects of these negative interactions will be more deleterious compared to the positive effects of positive interactions (Zhang, 2012).

Limitations

The use of cross-sectional design does not permit inferences about causal relationships among the variables. The sample used is also relatively young and urban; it is therefore difficult to generalize findings to older and rural populations. Despite the limitations, the study makes important revelations about the role social relationships play on the psychological well-being among women and sets the pace for more research in this area.

Recommendations

Following from findings of the study, it is recommended that African cultural values such as brotherhood, humanity, mutual help and respect should be strengthened at the community level in order to improve the quality of social relationships which in turn has the potential of reducing the experience of social negativity among this population, as the perception of frequent negative interactions in relationships could affect psychological well-being negatively and overshadow the positive influence of social support.

In addition, there should be campaigns on social awareness on positive communication at the community level to reduce the experience of social negativity. Families would also benefit from psycho-education on the influence of negative social interactions on mental health.

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