



Contemporary Journal of Applied Psychology

A Publication of the Department of Psychology Benue State University, Makurdi

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INFLUENCE OF PERSONALITY FACTORS AND LONELINESS ON MENTAL HEALTH AMONG UNDERGRADUATES OF DISTANCE LEARNING, UNIVERSITY OF IBADAN

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Abstract

Over many decades, issue of mental health has not received the kind of attention that it deserves and has been neglected in many parts of the world. This neglect is a result of the lack of knowledge and the misunderstanding of mental health and the fear that the findings may reveal a mentally ill person. More sadly in Nigeria, the stigma associated with mental health is frequently encountered, often being regarded as a taboo and is seldom discussed. This study investigated the influence of personality factors and loneliness on mental health among undergraduates of distance learning of University of Ibadan. This study adopted a cross-sectional survey design using questionnaire on the variables of the study. Data was collected from a sample size of three hundred and twenty-nine (329) distance learning undergraduates in the University of Ibadan using randomization technique. In the process, four hypotheses were generated and tested using appropriate inferential statistical tools. The results of regressions showed that extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience jointly predicted mental health at $\{R^2=.149; F(5, 323)=18.291; P<.05\}$ & only extraversion and conscientiousness had significant independent influence on mental health at; $\{P<.05\}$. It was also found that loneliness had significant influence on mental health among UI.DLC students; $\{t(327)=2.499; p<.05\}$. Further, the result indicates that age had no significant influence on mental health among UI.DLC students; $\{t(327)=-1.774; p>.05\}$. It was found that gender had no significant influence on mental health among UI.DLC students; $\{t(327); =1.736; p>.05\}$. This study concluded that Big-Five Personality factors and loneliness predicted mental health & that only extraversion and conscientiousness had significant independent influence on mental health among the population studied. Also age and gender did not influence mental health. One of the limitations of the study is the use of structured questionnaire which predisposed the data to random response error. However, it is suggested that further study should combine interview method with questionnaire to obtain more empirical findings.

Keywords: Mental health, Loneliness, The big 5 personalities

INTRODUCTION

As a country develops and urbanizes, life becomes more complex, and problems related to social, cultural, and economic changes arise. Nigeria, a fast-growing country, has embarked on an ambitious vision of becoming a developed country by 2020 which is also a millennium development goal. With the rapid growth of the country, the population, especially those living in urban cities, often strives to cope with the fast pace of change, and the high stress and tension faced at work, in school and in society. Stress and unhealthy lifestyles often contribute to more complicated health problems, including mental health problems. Thus, achieving better mental health status is one of the top priorities for such a developing nation.

Mental health is defined as *“a state of complete physical, mental and social well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”*. In other words, mental health involves finding a balance in all aspects of life: physically, mentally, emotionally and spiritually.

The word “personality” originates from Latin word called persona, which means mask. Significantly in the theatre of the ancient Latin-speaking world, the mask was not used as a plot device to disguise the identity of a character, but rather was a convention employed to represent or typify that character. Every individual is born at least with the general outline of personality trait, however, this does not mean one can't change but it is less likely, because personality is a relatively permanent characteristics and it is enduring which distinguishes one person from the others, McAdams (1992).

Every individual have a makeup that is quite distinct from another and this has a lot of implications in describing who a person is, and who he or she is not, and what kind of behaviour is expected The behaviour an individual exhibits could be reflection of both cognitive and personality characteristics or factors, this is because individual personality provides reasonable explanation for his/her actions attitudes, McCrae & Costa (1997). Personality factors are broad dimensions in which an individual could fit into; or which could describe the behaviour of an individual.

Over the years, a number of theories that attempt to describe the key traits of human being among what is known as the five personality factors or better still called “the Big five” Goldberg, (1990) still emphasize this big-five personality

factors as including extraversion, agreeableness, conscientiousness, neuroticism and openness to experience. The five-factor structure has generalized across cultures and rating formats (self, peer, observer, and stranger ratings), and there is considerable evidence that the Big Five are heritable and stable over time (Costa & McCrae, 1992). The factors comprising the Big Five are: (1) extraversion, which represents the tendency to be sociable, assertive, expressive, and active; (2) agreeableness, representing the tendency to be likable, nurturing, adaptable, and cooperative; (3) conscientiousness, referring to the traits of achievement, organization, task-focus, and dependability; (4) Neuroticism/emotional stability, which is the tendency to be secure, emotionally adjusted and calm; and (5) openness to experience, which is the disposition to be imaginative, artistic, non-conforming, and autonomous.

Loneliness is a universal emotional and psychological experience. Loneliness is also seen as a normal experience that leads individual to achieve deeper self-awareness, a time to be creative, and an opportunity to attain self-fulfilment and to explore meaning of life (Yalom, *Varoluscu Psikoterapi*, İstanbul & Kabalcı, 2001; Borys & Perlman, 1985). Loneliness is also a condition of human life, an experience of humanizing which enables the person to sustain, extend, and deepen his/her humanity. According to Weiss, (2008), loneliness is caused not by being alone but being without some definite needed relationship or set of relationships. Loneliness appears always to be a response to the absence of some particular relational provision, such as deficits in the relational provisions involved in social support.

However, the experience of loneliness is likewise unpleasant and distressing. Loneliness may also lead people to submerge themselves into dependency relations, following direction, imitation, being like others, and striving for power and status (Peplau, 1982; Rokach & Brock, 1997). Reading, watching TV, using the internet, social activities, attending parties, drinking, and also using drugs do not only signal loneliness, but these also may be some adaptive or maladaptive coping strategies university students use to overcome this unpleasant and distressing experience – loneliness. Therefore, it is pertinent in this study to investigate the influence of personality factors and loneliness on mental health of undergraduate students among distance learners university of Ibadan.

Objectives of Study

The major concern of this study is to investigate the influence of personality and loneliness on mental health among undergraduates in distance learning university

of Ibadan. However, the following specific objectives will also be accomplished to guide the main objective of the study;

- (i) To examine the influence of personality factors (extraversion, agreeableness, openness, neuroticism and conscientiousness) on mental health among undergraduates in distance learning university of Ibadan
- (ii) To determine the influence of loneliness on mental health among undergraduates in distance learning university of Ibadan.
- (iii) To investigate the influence of demographic variables (age, gender, religion and level of study) on mental health among undergraduates in distance learning university of Ibadan.

METHOD

Research Design

This study adopted a cross-sectional –survey design. The rationale behind this option is based on the variations in the population and participants' socio-cultural and personal characteristics such as age-group, gender, education, ethnicity, religion etc. The independent variables of the study are personality factors and loneliness and the dependent variable is mental health.

Research Setting

The research settings include university of Ibadan; Distance learning Centre at Moniya, Ibadan. This preference is based on the accessibility to the research participants in adequate amount as specified in the study.

Participants

The population of study is distance learning students in university of Ibadan. Three-hundred fifty (350) participants were randomly sampled from the distance learning centre of University of Ibadan. Out of the three-hundred and fifty participants, three hundred and forty (340) 97.14% questionnaires were retrieved while three-hundred and twenty-nine (329) 96.77% participants were valid for the data analysis. The characteristics of the population sample were analyzed using frequency distribution. Sex; Male 133 (40.4%), Female 196 (59.6%). Religion; Christianity 273 (83%), Islam; 56 (17%). Level of study showed that participants from 100 levels were 322 (97.9%) and the 200 level were 7 (2.1%). The minimum age of participants was 18years while the maximum age of participants was 40years, the mean of their ages was 25.39 and the standard deviation was 5.579.

Sampling Procedures

The sampling procedure was sample random technique. This study used 329 participants from (UI-DLC students only) follow the non- probabilistic method of sampling where the sample framework could not be defined.

Instrument

The research tool for data collection was a structured questionnaire divided into four sections A-D:

Section A of the questionnaire contains items measuring socio-demographic information of the participants, such as gender, age, level income, occupation, marital status, religion, and level of study.

Section B - of the questionnaire consists of Big-five personality inventory (BFI). The scale was jointly developed by Beatrice Rammstedt and Oliver P. John. (2006) Department of Psychology, University of California. The inventory contains 10 items measuring openness to experience, conscientiousness, extraversion, neuroticism and agreeableness and it is a 5-point rating scale, ranging from strongly disagree to strongly agree. The Extraversion was assessed with items 1R, 6, ("R" denotes reverse - scored items). Agreeableness: 2, & 7R. Conscientiousness: 3R & 8. Neuroticism: 4R & 9. Openness: 5R & 10. This Big-five personality inventory (BFI)'s reliability and convergent validity coefficient was used for the full scale and each sub-scale's reliability are reported as follow; extraversion trait = .87, agreeableness = .74, conscientiousness = .84, neuroticism = .88 and openness to experience = .79. The scoring procedure of this scale indicates that "the higher the score above the global mean score on each subscale, the higher such individual trait on that particular personality factor vice – versa.

Section C- of the questionnaire consists of 20-item measuring Loneliness. This scale was called R-UCLA Loneliness Scale developed by (Russell et al. 1980). It is a 5-point Likert – scale, that is strongly agree (SA), agree (A), undecided (U), disagree (D), strongly disagree (SD). The psychometric properties of the 20-Item Loneliness Scale according to the original authors; alpha coefficient of reliability is .72. Although this is somewhat lower than the alphas typically reported for the full scale (e.g., Akerlind and Hornquist 1989; obtained .84, Cuffel and Akamatsu 1989) also reported alpha coefficient of reliability .89 in his study among different sample.

Section D - of the questionnaire consists of 10-item measuring mental health knowledge, the scale was developed by Yeap et al.,(2009). The scale has right and wrong answers, and the standard scoring is categorized into high and low knowledge of mental health based on the group means score as the cut-point. The response format is as follow: true, false and I don't know. The authors established internal consistency reliability (.83), and construct validity was ascertained.

Procedure

Ethical approval was sought and obtained duly processed using introduction letter collected from the department of Psychology to introduce the researcher to the research participants officially for research ethical requirements. Having obtained the informed consents, the questionnaire was administered among the consenting participants only. Three-hundred fifty (350) questionnaires were administered, three-hundred and forty (340) 97.14% were retrieved and three-hundred and twenty nine (329) 96.77 which were fully completed questionnaires were sorted and coded for the data analyses.

Statistical Analysis

Data was analyzed using SPSS 18 version for statistical sophistication. Descriptive statistics such as frequency, mean, SD, variance would be run to describe the subjects' information. For hypothesis one, multiple regression analysis was carried out, and for hypotheses 2, 3 & 4 the t-test for the independent samples was used. The reliability analysis of the study instruments were observed and reported as reliability for future reference.

RESULTS

This section presents the results of the data collected and analyzed from Three hundred and twenty-nine (329) participants who yielded a response index of 94% aimed at investigating personality factors and loneliness as predictor of mental health among undergraduate students at DLC University of Ibadan. In the process, four hypotheses were developed and tested using appropriate inferential statistics and the results are presented as follow:

Hypothesis One; The alternate hypothesis one which states that, personality factors (extraversion, agreeableness, openness, neuroticism and conscientiousness) will have significant influence on mental health among undergraduates in distance learning university of Ibadan was tested using multiple regression tests and the result is presented on table 4.1.

Table 1: Summary of Multiple Regressions showing Prediction of Personality Factors on Mental Health.

Variables	R ²	AdjR ²	F	P	Beta	t	sig
Extraversion					-.126	-2.372	P<.05
Agreeableness							
Conscientiousness					.018	.343	P>.05
Neuroticism	.149	.139	18.291	P<.05	-.311	-5.829	P<.05
Openness					-.661	-1.141	P>.05
					.092	1.717	P>.05

The Regression table 1 above indicates that extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience jointly predict mental health among distance learning students in University of Ibadan significantly at; {R²=.149; F (5, 323) =18.291; P< .05}. While the results also suggest that, only extraversion and conscientiousness had significant independent influence on mental health at; {P< .05}. The implication of this result is that agreeableness, neuroticism and openness to experience did not significantly and independently influence mental among this study population. Additionally, the result finally established that personality factors jointly accounted for 14.9% variance in mental health among university of Ibadan distance learning students which is not due to chances while the remaining 85.1% could be explained by other variables which are not considered in this present study. However, this hypothesis has been confirmed and hereby accepted in this study.

Hypothesis Two: Participants who report low level of loneliness will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result is presented on table 2.

Table 2: Summary of T-Test for Independent Sample Showing Influences of Loneliness on Mental Health

Loneliness	N	MEAN	SD	DF	t	P	
Mental H.	Low	168	12.79	2.439			
	High	161	11.96	3.543	327	2.499	P<.05

From the result on table 2, the result indicates that there is significant difference between participants who score low on loneliness and high on loneliness in their mean scores on mental health among UI.DLC students; $df(327)$; $t=2.499$; $p<.05$; (Low loneliness=12.79 and High loneliness= 11.96). This result showed that participants with low loneliness were significantly high on mental health than those who reported high loneliness. Therefore, loneliness had significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is confirmed and thereby accepted.

Hypothesis Three; Young participants will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result is presented on table 3.

Table 3: Summary of T-Test for Independent Sample Showing Influence of Age on Mental Health

Age-group	N	MEAN	SD	DF	t	P
Mental-H.	Young	175	12.00	327	-1.774	P>.05
	Old	112	12.69			

From the result on table 4.3, the result indicates that there is significant no difference between young participants and old participants in their mean scores on mental health among UI.DLC students; $df(327)$; $t=-1.774$; $p>.05$; (young=12.00 and old = 12.69). This result showed that age did not have significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is disconfirmed and thereby rejected.

Hypothesis Four; Male participants will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result is presented on table 4.4.

Table 4: Summary of T-Test for Independent Sample Showing Influence of Sex on Mental Health

	Sex	N	MEAN	SD	DF	t	P
Mental-H.	Male	133	12.74	2.412	327	1.736	P>.05
	Female	196	12.14	3.407			

From the result on table 4.4, the result indicates that there is significant no difference between male participants and female participants in their mean scores on mental health among UI.DLC students; df (327); $t=1.736$; $p > .05$; (male =12.74 and female = 12.14). This result showed that gender did not have significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is not confirmed and thereby rejected.

DISCUSSION

This study investigated personality factors and loneliness as predictors of mental health among undergraduates in the DLC of university of Ibadan. In the course of the study four hypotheses were formulated and tested. The findings are discussed in this section.

Hypothesis one which stated that personality factors (extraversion, agreeableness, openness, neuroticism and conscientiousness) will have significant influence on mental health among undergraduates in distance learning university of Ibadan was tested using multiple regression tests and the result indicates that extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience jointly predict mental health among distance learning students in university of Ibadan significantly. While the results also suggest that, only extraversion and conscientiousness had significant independent influence on mental health. The implication of this result is that agreeableness, neuroticism and openness to experience did not significantly and independently influence mental among this study population. Additionally, the result finally established that personality factors jointly accounted for about 14.9% variance in mental health among university of Ibadan distance learning students which is not due to chances while the remaining 85.1% could be explained by other variables which are not considered in this present study. However, this hypothesis has been confirmed and hereby accepted in this study.

This finding was supported by the report of Barrick and Mount, (1991) where they reported that personality traits have implication for mental health and general well-being of individuals opined that extraversion and conscientiousness significantly associated with knowledge sharing among MBA students in South-pole, Illinois. According to them agreeableness reflects individual differences in concern with cooperation and trust. Agreeableness individuals value getting along with others (Barrick & Mount, 1991) as well as have social harmony in friendship (Digman & Inouye, 1986). In another study by Senge (1998) who discovered that knowledge sharing is an approach to stimulate learning. However, interaction during social activities can also establish friendship to top up effective learning of mental health (Szulanski, 1996); willingness to share knowledge is positive associate with decent friendship and extraversion (Wu, 2000). Knowledge owners willing to transfer is based on their trust of people and the degree of trust decides the extent of knowledge sharing (Cheng & Li, 2001). It will lead to hiding detail information or knowledge if there is lack of trust in two parts. Sharing program will be a visionary plan. (Cheng & Li, 2001) concluded in their publication that agreeableness is positively associated with high knowledge and positive attitude and intention among employees in the workplace.

Moreover, openness to experience has been found to be significantly associated with knowledge sharing intention among various work groups (Costa and McCrae, 2005). Openness to experience describes a dimension of personality that is intellectually curious, vivid imaginative, creative, various and holding unconventional and individualistic beliefs (Barrick & Mount, 1991). They tend to explore any opportunity to keep knowledge updated (Costa & McCrae, 1985) and appreciate new experiences (LePine & Van Dyne, 2001). Open people are intelligent and willing to share their knowledge (Wah, 1999). They undertake knowledge sharing as foundation of initialing new intelligence which satisfies hunger for knowledge.

Neuroticism is highly associated with knowledge sharing intention in the literature review because it is referred to as the tendency of negative emotion such as easily upset, anxiety, panic, insecurity and depressed to resist pressure (Barrick & Mount, 1991). Trust is decisive in willingness of knowledge sharing. (Cheng & Li, 2001). Neuroticism reaction like anxiety or fear would be negatively effect on trust because it is expected that people high in Neuroticism are less willing to share knowledge (Cheng & Li, 2001).

Further, (Barrick & Stewart, 1998) emphasized that extraversion is marked as

being social-able and enjoying cooperation with people. Extraverts are talkative, relationship-oriented and action-oriented in group (Barrick and Mount, 1991). Knowledge of mental health is essentially founded on knowledge exchange and communication (Gupta and Govindarajan, 2000). It will successfully transfer to one another through interpersonal relationships. Interpersonal relationship and knowledge exchange will reverse the influence on knowledge sharing (Zucker, 1986). Communities-of- Practice is an informal relationship which supports use, transfer, sharing and creation of knowledge when it comes to health issues (McDermott, 1999). People who score high in extraversion are likely to assert themselves in both formal and informal occasion as knowledge sharer. It is assumed that knowledge owner with explicit personality in extraversion is highly associated with willingness of knowledge sharing.

In corroborating the finding that personality factors predicted mental knowledge, (Hendriks, 1999) reported that conscientiousness concerns the way in which to be responsible and achievement-oriented (Barrick and Mouni, 1991). They can be seen as responsible, achievement and self-esteem in knowledge acquisition (Hendriks, 1999). During the process, they will build-up self-image as knowledge authority (Davenport and Prusak, 1998). It approves self-value and fulfill need of being exact achieving. LePine and Van Dyne's (2001) reported that conscientiousness trait is associated with willingness to share knowledge. In conclusion, big-five dimensions of personality factor have significant influence on mental health as established in the prior studies.

Hypothesis two stated that loneliness will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result indicates that there is significant difference between participants who score low on loneliness and high on loneliness in their mean scores on mental health among UI.DLC students. This result showed that participants with low level of loneliness were significantly higher on mental health than those who reported high loneliness. Therefore, loneliness had significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is confirmed and thereby accepted.

Swami et al., (2007) indicated that loneliness was negatively associated with general health which strongly supports this finding. The respondents in the study were medical students whose age ranged from 18 to 24 years. They were from a local university in Malaysia. The researchers used the GHQ-12 and a revised

version of the UCLA Loneliness Scale to measure general health and loneliness.

In another study, Dahlin, Joneberg and Runeson (2005) indicated that there was a significant difference in pressures experienced among first year, third year and sixth year medical students in Karolinska Institute Medical University, Stockholm. The analysis of the study found that first year students reported a highest degree of pressure compared to third year and sixth year students. Besides that, study also found that loneliness had negative relationship with mental health. The study also compared the differences of pressures experienced, loneliness and mental health between medical students and the general student population in the university.

Thornton and Arrowood (1996) recognized two separate motivations for social comparison: Self-evaluation as described by Festinger (1954) and self-enhancement which they proposed could be gained by identifying with a superior other and they found that people who are high on self enhancement motives are more likely to share knowledge with others just to gain more knowledge in exchange. Alternatively, Hakmiller (1966) suggested self-enhancement comes from comparing with others who are inferior that people share knowledge with others only if they perceived the recipients as being equal in status and social responsibility. The recognition of this motivation led to the rise of downward and upward comparisons. Wills (1981) introduced the concept of downward comparison. Downward social comparison is a defensive tendency that people use as a means of self-evaluation.

Social comparison research has suggested that comparisons with others who are better off or superior on an upward comparison can lower self-regard (Tesser et al., 1988) whereas downward comparisons can elevate self-regard (Gibbons, 1986). Downward comparison theory emphasizes the positive effects of comparisons in increasing one's subjective well-being (Wills, 1981). For example, Wood, Taylor and Lichtman (1985) found that lone rangers are low on information sourcing behaviours which have implication for mental knowledge and academic excellence.

Hypothesis three which stated that age will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result indicates that there is significant no difference between young participants and old participants in their mean scores on mental health among UI.DLC students. This

result showed that age did not have significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is disconfirmed and thereby rejected.

Peterson et al. (2001) also found that age, education and years of working in a specific company were not significant predictors of mental health knowledge or attitudes. In another study, they report that older people possess higher mental knowledge or attitudes beliefs, and are less likely to be influenced by people around them at work and at home. This finding is intuitively appealing, and is in line with a number of moral development models such as that proposed by Kohlberg (1969). Other studies, however, such as Cortese (1989), found that age was not significant. Both Dawson (1997) and Peterson et al. (2001) also reported an interaction between age and educational qualification and mental health ideas.

The results revealed that medical students had higher depression levels compared to the general population. Zaid et al., (2007) indicate that there was no significant difference of ethnicity and gender to emotional disorders (assessed through the GHQ-12). Emotional disorders were found to be significantly different in the students' different years of study. The researchers found that first year and final year medical students had a high prevalence of emotional disorders. The prevalence of emotional disorders for first and final year students was 50% and 62.7% respectively. Yen et al., (2006) found that factors related to demographic characteristic was associated with mental health. The researchers indicated that the female was more prone to have poor mental health than their male counterpart.

Hypothesis four stated that gender will have significant influence on mental health among undergraduates in distance learning university of Ibadan. This hypothesis was tested using t-test for independent measures and the result indicates that there is significant no difference between male participants and female participants in their mean scores on mental health among UI.DLC students. This result showed that gender did not have significant influence on mental health among distance learning students in university of Ibadan. Hence, this hypothesis is not confirmed and thereby rejected.

Contrary to this finding, there is a body of literature suggesting that men and women differ in the way they perceive and resolve moral and mental health knowledge or attitudes (Dawson, 1997; Gilligan, 1982; Peterson, Rhoads, & Vaught, 2001). Gilligan (1982) believes that while men are more likely to consider rules, rights and fairness, women are more likely to be concerned with

relationships, compassion and caring. This difference is generally considered to be the result of gender socialization in early childhood. Traditional girls' games involve indirect competition, and are more concerned with inclusion and turn-taking, while traditional boys' games tend to have more complex and rigid rules, and involve competing against others within the parameters of those rules therefore gender difference exists in mental health (Dawson, 1997).

However, most of these studies have examined gender differences in particular societies, professions or business courses and health status. (Gregory, 1990), despite the extensive body of literature attesting to gender difference in knowledge, there was no gender difference in mental health but cultural differences (Hofstede, 1983; Hofstede, 1993; Hofstede, 2002). This seems to be an important area for research in an era of increasing workplace diversity.

Empirical studies into mental health knowledge found significant differences between men and women have produced conflicting findings. Some studies (Betz, O'Connell, & Shepard, 1989; Dawson, 1995; Carnes & Keithley, 1992; Harris, 1989; Hunt, 1997; Kohut & Corriher, 1994; Kraeher, Chatterjee, & Lundquist, 2002; Peterson et al., 2001; White, 1999) have found significant differences in mental health knowledge. For example, Betz, O'Connell & Shepard (1989) examined gender differences among business school students, focusing on mental health and work-related values. They found that men were more than twice higher on mental health than women.

Hunt (1997) surveyed business professionals across the USA to determine potential ethical differences in relation to knowledge sharing behaviour or attitudes. He used a series of vignettes, and found that in numerous situations females displayed higher knowledge sharing behaviour or attitudes. Yen, et al., (2006) also found that female MBA students were less tolerant of questionable business practices. While the majority of studies that identified gender differences in knowledge sharing behaviour or attitudes have found women to be more ethical than men, a study by Peterson et al. (2001) found the reverse to be true.

In contrast with the numerous studies reporting gender differences in mental health knowledge, a number of other studies (Cortese, 1989; Kidwell, Stevens, & Bethke, 1987; Sikula & Costa, 1994) have found no significant differences attributable to gender. Dawson (1992) points to a possible reason for the disparity in these studies, suggesting that there are gender differences where interpersonal relationships are involved, but no differences when the situations are non-

relational. However, this study had found no significant gender difference in mental health among undergraduates.

CONCLUSIONS

This study concluded that big-five personality factors and loneliness predicted mental health and that only extraversion and conscientiousness had significant independent influence on mental health among distance learning undergraduates in the University of Ibadan as the population of study while it was also concluded that age and gender did not significantly influence mental health.

Implication / Recommendations

This section outlines implication and recommendations on how health personnel/managers can encourage the people and improve on the level of mental health knowledge in workplace, school environment and society at large which at the organizational the use of training, incentives, organizational structures, socialization, seminars, and technology could actually create significant changes. In the institutional arena, workshop could be organized for students both regular and distance learning to educate them on mental health through teachers, lecturers, and counselors interventions. This will enhance understanding the concept of mental health beyond black and white in our community.

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