

**A COMPARATIVE STUDY OF EMOTIONAL
DISORDERS AMONG PUBLIC VERSUS PRIVATE
PRIMARY SCHOOL TEACHERS IN IBADAN,
SOUTH WEST NIGERIA**

BY

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A RESEARCH PROJECT SUBMITTED TO THE CENTRE FOR CHILD AND ADOLESCENT
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DECLARATION

I hereby declare that this research work titled ‘Comparative study of emotional disorders among public versus private primary school teachers in Ibadan, South West Nigeria’ is original and was carried out by me under the supervision of Dr Jibril Abdulmalik, Department of Psychiatry, University of Ibadan.

The work has not been presented in part or whole to any other institution for a degree or diploma nor has it been submitted elsewhere for publication.

The efforts of researchers in similar areas of study were duly acknowledged and listed in the references.

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CERTIFICATION

This is to certify that conduct of this study and preparation of the thesis were carried out by ADELANI TEMITOPE in the CENTRE FOR CHILD AND ADOLESCENT MENTAL HEALTH, UNIVERSITY OF IBADAN under my supervision.

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DEDICATION

This work is dedicated to all primary school teachers in Nigeria who strive to make a difference.

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TABLE OF CONTENTS

Contents	Page
Declaration	ii
Certification	iii
Dedication	iv
Acknowledgement	v
Table of contents	vi-ix
List of Tables	x
List of Figures	xi
Abbreviations/Acronyms	xii
Abstract	xiii
 CHAPTER ONE - INTRODUCTION	
1.1. Introduction	1
1.2. Justification	5
1.3. Aim	7
1.4. Specific objectives	7
1.5. Null Hypothesis	7
1.6. Primary outcome measure	8
 CHAPTER TWO: LITERATURE REVIEW	
2.1. Mental health of teachers	9
2.2. Burden of mental disorders	10

2.3 Emotional disorders among teachers	...	...	...	...	...	...	...	...	11
2.3.1 Anxiety	...	...	...	...	...	...	...	...	12
2.3.2 Depression	...	...	...	...	...	...	...	...	13
2.4 Self-esteem and emotional disorders	...	...	...	...	...	...	...	...	14
2.5 Sources of teachers anxiety and depression	...	...	...	...	...	...	...	...	15
2.6. Overview of teachers responsibilities	...	...	...	...	...	...	...	...	16
2.7. Impact of emotional disorders on teachers' performance...	...	...	...	...	...	...	...	...	17
2.8. Mental health in schools	...	...	...	...	...	...	...	...	19
2.9 Mental health of teachers and impact on pupils' emotional wellbeing	...	...	...	...	...	...	...	...	20
2.10 Primary education systems	...	...	...	...	...	...	...	...	22
2.10.1 Public versus private schools	...	...	...	...	...	...	...	...	23
2.11. Coping strategies to reduce the prevalence of anxiety and depression	...	...	...	...	...	...	...	...	28
CHAPTER THREE: METHODOLOGY									
3.1. Study location	...	...	...	...	...	...	...	...	31
3.2. Study Site	...	...	...	...	...	...	...	...	31
3.3. Study design	...	...	...	...	...	...	...	...	33
3.4. Study Population	...	...	...	...	...	...	...	...	33
3.5. Sample size calculation	...	...	...	...	...	...	...	...	33
3.6. Sampling Techniques	...	...	...	...	...	...	...	...	35
3.7. Study Instruments	...	...	...	...	...	...	...	...	37

3.8. Ethical considerations	...	...	...	...	...	...	...	...	38
3.9. Study Procedure	...	...	...	...	...	...	...	...	39
3.10. Data Management...	...	...	...	...	...	...	...	...	40

CHAPTER 4 - RESULTS

4.1. Socio-demographic profile of participants.....	43
4.1.1. Personal Information of participants	44
4.1.2. Characteristics of work environment	46
4.2. Prevalence of emotional problems (anxiety and depression) experienced by both public and private school teachers.....	49
4.3.1 Correlates of emotional disorders (Depression).....	51
4.3.2. The correlates of emotional disorders (anxiety).....	53
4.4. Relationship between self-esteem and levels of emotional disorders experienced by both groups.....	59
4.5. Logistic regression analysis: predictors of depression among public and primary school teachers	61
4.5.1. Logistics regression analysis: predictors of depression among public and primary school teachers.....	61

CHAPTER FIVE – DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion	64
5.1.1. Socio-demographic profile of participants.....	64
5.1.2. Work environment of teachers.....	65

5.1.3. Prevalence of emotional disorders experienced by both groups	68
5.1.4. The correlates of emotional disorders experienced by both groups.....	69
5.1.5. Relationship between self-esteem and levels of emotional disorders experienced by both groups.	71
5.2. Limitation.....	71
5.3. Conclusion.....	72
5.4. Recommendations.....	73
References.....	75
Appendices.....	86

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LIST OF TABLES

Table	Titles	Page
Table 4.1a:	Socio-demographic profile of participants (personal information).....	45
Table 4.1b:	Socio-demographic profile (work experience information).....	47
Table 4.1c:	Socio-demographic profile (work experience information)	48
Table 4.3a:	Correlates of emotional disorders (Depression)	52
Table 4.3b:	Correlates of emotional disorders (Depression).....	53
Table 4.3c:	Correlates of emotional disorders (Depression).....	54
Table 4.3d:	The correlates of emotional disorders (anxiety) experienced by both groups.....	56
Table 4.3e:	The correlates of emotional disorders (anxiety) experienced by both groups.....	57
Table 4.3e:	The correlates of emotional disorders (anxiety) experienced by both groups.....	58
Table 4.4	Relationship between self-esteem and levels of emotional disorders experienced by both groups.....	60
Table 4.5a:	Logistic regression analysis: Predictors of depression among public and primary school teachers.....	62
Table 4.5b:	Logistic regression analysis: Predictors of anxiety among public and primary school teachers.....	63

LIST OF FIGURES

Figure	Titles	Page
Figure 3.1:	Sampling of study respondents	36
Figure 3.2:	Selection of public school teachers	41
Figure 3.3:	Selection of public school teachers	42
Figure 4.1:	Prevalence of depression, anxiety and self-esteem among public and private school teachers.	50

KEYS TO ABBREVIATIONS/ACRONYMS

GAD:	Generalized Anxiety Disorders
HADS:	Hospital Anxiety and Depression Scale
LGA:	Local Government Area
NAPPS:	National Association of Proprietors of Private Schools
NCE:	National Certificate of Education
NCES:	National Centre for Education Statistics
NTI:	Nigeria Teachers Institute
NUT:	National Union of Teachers
RSES:	Rosenberg Self-esteem Scale
STAN:	Science Teachers Association of Nigeria
SUBEB:	State Universal Basic Education Board
SEL:	Social and Emotional Learning
SDG:	Sustainable Development Goal
UCE:	Universal Compulsory Education
UN:	United Nations
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UPE:	Universal Primary Education
WAEC:	West African Examination Council
YLD:	Years Lived with Disability
DALYs:	Disability Adjusted Life Years

ABSTRACT

Background: Teachers are major stakeholders in the delivery of quality education and care. The impact of the teaching profession on teachers mental health has received considerable attention in the past. Furthermore, a substantial body of literature has shown a strong association between stress, anxiety and depression (Melchior et al, 2007). However, there are currently no studies documented to compare the emotional disorders experienced by public primary school teachers and their counterparts in private schools. In view of the role of the teachers in the socioeconomic development of a nation, their mental health must be given sufficient attention. This is very relevant in Nigeria, where the standard of education has drastically fallen over time, and where the issue of mental health has received little attention. The aim of the study was to determine the prevalence and correlates of emotional disorders among public and private primary school teachers in Ibadan, Nigeria.

Methodology: A comparative cross sectional design was utilized for the study. Two hundred and fifty six public and primary school teachers in Ibadan South West and South East Local Government Areas were recruited. The Multistage sampling technique was used to select the participants. Study instruments utilized were a socio-demographic questionnaire, 7-item Hospital anxiety and depressive scale (HADS) and a 10-item Rosenberg Self-Esteem Scale (RSES). Data were analyzed using the statistical package for social sciences version 20 (SPSS-20). Descriptive statistics such as proportions and percentages were used to present data. Chi-square and logistic regression were used to test associations at $p=0.05$.

Results: Prevalence of depression among public and private school teachers was 71.9% ($p < 0.0001$) and 12.5%, respectively. Private school teachers had higher levels of anxiety (64.1% vs 57.8%). More teachers in the private schools (28.9% vs 12.5%, $p = 0.001$) had low self-esteem than their counterparts in the public schools. Gender was found to be significantly associated with depression in the public school ($p = 0.001$). Younger age (< 25 years) and salary range of N10,000 – N19,000 was found to be significantly associated with depression in private schools ($p < 0.0001$ and $p = 0.030$ respectively). Slightly over 20% of participants with depression had low self-esteem in private schools ($p = 0.047$).

Logistic regression analysis revealed that teachers in private schools with more than ten years of experience were less likely to have depression than those with less than ten years of experience (OR 0.01, 95% C.I (0.0-0.01), $p < 0.0001$), teachers who taught primary 4 in public school were less likely to have depression than those who taught primary 3 and below (OR 0.21, 95% C.I (0.0-0.9), $p = 0.040$) and teachers with one dependent were three times more likely to have anxiety than those who had no dependents (OR 3.01, 95% C.I (1.1-8.4), $p = 0.036$).

Conclusion: The presence of emotional disorders among primary school teachers was positively associated with gender, age, marital status, salary, level of education, number of dependents, years of experience and relationship with school management. Primary school teachers in South-West Nigeria are at risk of developing emotional disorders irrespective of the type of school. Therefore helping educators to be conscious and empowered to address their own mental health concerns is the first step to facilitating a healthy learning environment that will ultimately translate to better academic, social and mental health outcomes for children.

Key words: Public, primary, school, teachers, Anxiety, Depression, Self-esteem

CHAPTER ONE

1.1 Introduction

The institutions which provide education in any society are fundamental to the development of all other social institutions such as the family, legal, health, and political institutions among others. Education is a fundamental human right for all children, which lays the foundation for the future. The quality of available human resources depends upon the quality of education of a country (Nasir & Nazli, 2010). Primary education is the very foundation upon which other layers are successfully built upon. It is also perceived as one main vehicle for promoting economic growth and improving living standards in developing countries (Suryadarma et al., 2006). Schools are responsible for educating future leaders and developing human capacity essential for national development.

Teachers are indisputably among the most important contributors to education for national development (Shabbir et al., 2014). Primary school teachers are the first contact the pupils have with the education system. Teachers provide the building blocks on which future learning is laid. Teachers have the unique opportunity to support students' academic and social development at all levels of schooling (Baker et al., 2008). Teachers play a vital role in making a difference when it comes to promoting and addressing pupils mental health concerns in and out of the classroom. Teachers are role models to their pupils and it is part of their role to be supportive and aware of pupils difficulties (Evers et al., 2014).

The emotional atmosphere in a classroom is important to the experiences of all pupils. That atmosphere is affected by the emotional stability of the teacher (O'Connor et al., 2011).

The emotionally stable teacher supports students in the learning environment and can positively impact their social and academic outcomes (Silver et al., 2005). A teacher's mental health is crucial for achieving a positive teaching-learning environment hence the need to pay attention to their mental health.

Emotional disturbances, such as anxiety disorders and depression, are responsible for a substantial component of the burden of disease in the western world (WHO, 2003). Anxiety has become one of the major psychological problems which cause distress to people in modern times and this problem is particularly common among primary and middle school teachers (Wang and Zhang, 2012). Depression is the most likely adverse psychological outcome among primary and middle school teachers (Hotopf and Wessely, 1997). It is an emotional disorder that causes a persistent feeling of sadness and loss of interest.

Over the last decades, teaching has been widely acknowledged as a profession that has high levels of stress and anxiety (Kidger et al., 2016). According to Kovess-masfety et al., (2006), the majority of available studies describe a very high level of mental fatigue among teachers (i.e., for example psychological distress and burnout) and this is connected to the specific aspects of their profession. In Great Britain, Health and Safety Executive figures collated since 2003 consistently show teaching professionals have a higher prevalence of self-reported stress, anxiety and distress caused or made worse by work: the most recent prevalence – averaged over 2009–2012 – was 2.3% compared to 1.2% for all occupations (Health and Safety Executive, 2014). A study on stress among secondary school teachers in Ebonyi state, Nigeria by Nwimo & Onwunaka, (2015) stated that the number of teachers suffering from stress-related illnesses particularly depression and anxiety seems to be on the increase and distressing symptoms experienced by teachers are

brought about by teachers' current working conditions and the pressures under which they find themselves.

Kyriacou (2000) mentioned that the level of teaching stress led to teaching being categorized as one of the highly stressful occupations, that is almost at par with other stressful occupations like the police, the prison service, air traffic controllers, doctors and nurses e.t.c. All types of stressors are considered as barriers or difficulties perceived by teachers that interfere with or hinder the instructional process carried out to achieve learning objectives and which would explain a high level of burnout (Schwarzer & Greenglass, 1999).

Institutions that provide primary education are categorized into public and private schools. Public and private primary schools in Nigeria offer diverse experiences. Public schools are more accessible and affordable and therefore have enrolment that cuts across the three major ethnic groups, as well as across socio-economic strata in the country. Private schools on the other hand offer more flexibility to teachers and enable those entering teaching as a second career to change their occupation. Teachers in the private primary schools have more autonomy in the classroom and tend to have fewer pupils per class than their counterparts in the public schools. (Center for Education Statistics, 1997). Private schools provide more administrative support as instructions are not controlled by state and system level administrators, giving the teachers more involvement in decision making (Kaur, 2011). According to Bachkirova, (2005) it is desirable to reduce the negative effects stress has on teachers and as such there is a need to pay more attention to the ever growing pandemic of teacher stress. Conditions known to cause work stress for teachers the world over are: overcrowded class rooms that stretch the pupil-teacher ratio, work load in terms of lessons per week, preparations, setting and marking examinations and preparing reports. These

conditions were identified by Hakanen (2006) as responsible for teachers vulnerability to stress. In addition to these, teachers have to manage classrooms, work with colleagues, school administration, children's parents and above all these manage their personal lives (Kitenga, 2009). Consequently, the different conditions under which the teachers work, whether in private or public schools, may lead to different outcomes in relation to teacher work related stress.

According to Bilimlere et al., (2011) teachers working in friendlier environments that the private schools may provide may enjoy more structured work environments which would translate to less work stress. On the contrary, teachers in public primary schools may experience higher levels of stress than their counterparts in the private schools. The above notwithstanding, other factors further contributing to stress among teachers have been identified as the teachers' age and work experience (Nwimo & Onwunaka, 2015).

Self-esteem is the appraisal or assessment of a person about his or her sense of worth (Mann et al, 2004). Self-esteem can serve as both a protective factor and as a risk factor in the development of mental health problems. Positive self-esteem can be a protective factor that contributes to positive social behaviour and act as a buffer against the impact of negative influences (Mann et al., 2004). It is associated with mental well-being, adjustment, happiness, productivity, coping, success, and satisfaction (Baumeister et al., 2003).

High self-esteem may protect against depressive symptoms by decreasing the impact of negative thoughts (Orth et al., 2009). Alternatively, negative self-esteem can play a critical role in the development of a number of mental disorders and social problems, including depression, anxiety, anorexia nervosa, bulimia, violence, substance abuse, and borderline personality disorder; in

addition to feelings of hopelessness, suicidal tendencies, and attempted suicide (DeHart et al., 2006; Mann et al., 2004).

1.2 Justification for the study

Teaching is one of the highest pressure professions (Håseth, 2005) but the mental health of teachers has not yet attracted enough attention in Nigeria (Asa and Lasebikan, 2016). Many teachers in primary and middle schools suffer from anxiety and depression (Wang and Zhang, 2012). These emotional disorders affect teachers' quality of life, productivity and mental health (Wang and Zhang, 2012). Mental health of teachers has implications for students' educational outcomes, and also for their social and emotional development and mental health.

Teachers are major stakeholders in the delivery of quality education and care. The impact of the teaching profession on teachers' mental health has received considerable attention in the past. Studies have shown a strong association between stress, anxiety and depression (Melchior et al, 2007; Wieclaw et al., 2008; Asa & Lasebikan. 2016). Depressive and anxiety symptoms have also been reported to commonly result from workplace stress (Wieclaw et al, 2008). A number of studies have found that teachers are at relatively high risk of common mental disorders and work related stress compared to other workers (Stansfeld et al, 2011; Wieclaw et al, 2008). Attending to the mental health of teachers is therefore important, to avoid longer term detrimental mental health outcomes among this population (Melchior et al., 2007).

However there are currently no studies documented to compare the emotional disorders experienced by public primary school teachers and their counterparts in private schools. A recent published study by Asa and Lasebikan, (2016) assessed Stress, Anxiety and Depression among

Secondary Schools teachers in South West Nigeria. The study was carried out among secondary school teachers but this present study focuses on primary school teachers. Furthermore the strength of this study is its comparative evaluation of emotional disorders among public and primary school teachers.

Primary education is the first stage of compulsory education that establishes the academic foundation of students and regarded as a fundamental right of all human beings. The world has become more and more competitive now, hence the whole education system of the world rotates around academic achievements of the students (Shabbir et al, 2014). Parents desire for high level of achievements of their children in education. These desires put a pressure on both public and private schools and make them competitive. Schools are the cornerstone for mental health literacy and teachers are at the forefront of the mental health delivery services in the schools.

Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all is the Sustainable Development Goal (SDG) number 4. This goal emphasizes the importance of education for all. In Nigeria, 30% of children of official school age are out of school (UNESCO Institute for Statistics, 2010). The biggest disparity is between the poorest and richest children. Education for all is therefore only feasible under the public education system which is free for all. This study aims to examine and compare emotional disorders of teachers not only in private schools but also in the public school system to provide information for effective advocacy for the benefit of teachers and pupils in both settings.

In view of the role of teachers in the socioeconomic development of a nation, their mental health must be given significant attention. This is very relevant in Nigeria, where the standard of

education has drastically fallen over time, and where the issue of mental health has received little attention.

1.3 Aim

The study aims at comparing the level of emotional disorders experienced by public primary school teachers versus private primary school teachers in Ibadan, Nigeria.

1.4. Specific objectives

The specific objectives of this study are:

1. To determine the prevalence of emotional problems (anxiety and depression) experienced by public and private primary school teachers.
2. To determine the correlates of emotional disorders experienced by both groups.
3. To determine the relationship between self-esteem and levels of emotional disorders experienced by both groups.

1.5 Research hypothesis

In the course of the study, the following hypotheses were tested. That there is no difference in:

1. Socio-demographic profile of public primary school teachers and private primary school teachers.
2. The types and levels of emotional disorders experienced by public primary school teachers and private primary school teachers in Ibadan, Nigeria.
3. The correlates of emotional disorders experienced by both groups.

4. The relationship between self-esteem and levels of emotional disorders experienced by both groups.

1.6 Primary outcome measure

The primary outcome measure is levels of emotional disorders among public and primary school teachers in Ibadan, Nigeria.

Word count: 1906

CHAPTER TWO

Literature Review

2.1 Mental health of teachers

Mental health, according to the World Health Organization (WHO), is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2004). The level of mental health of a teacher has been found to be affected by numerous personal as well as professional demands (Gold et al., 2010).

Teaching is being considered as one of the noblest profession since ancient times (Kuran, 2002). Teachers are considered as the constructors of the future of a country (Kuran, 2002). Stress is an unavoidable part of an individual's working life. Over the last decades, teaching has been widely acknowledged as a profession full of stress, anxiety and depression (Kyriacou, 2000). The National Union of Teachers (NUT), reported that stress is one of the biggest problems facing teachers, and that it is the main health and safety concern in four out of five schools studied (NUT, 1999). Compared to other occupational groups (e.g., doctors, dentists, nurses) teachers experience lower job satisfaction and poorer mental health, such as anxiety and depression (Travers & Cooper, 1996). A number of international studies have found teachers are at relatively high risk of common mental disorders and work related stress compared to other workers (Eaton et al., 1990, Johnson et al., 2005 and Stansfeld et al., 2011).

Teaching is one of the highest pressure professions (Håseth, 2005) but the mental health of teachers has not yet attracted enough attention. Many teachers in primary and middle schools suffer from loneliness, anxiety and depression (Wang and Zhang, 2012). Teachers of primary and middle school not only have to meet the challenges of education reform and social development, but they also have to face the multiple pressures coming from educational institutions, students, parents and community. Excessive pressure on teachers may cause anxiety and depression which in turn affects their quality of life, productivity and mental health (Wang and Zhang, 2012). The high level of stress experienced by school teachers is capable of increasing risks of health problems, lead to reduced productivity and impact significantly on the teachers and the school, its staff, students and the state as a whole (Nwimo & Onwunaka, 2015). With the changing socio-economic scenario and increasing unemployment, the values of teachers' and their professional

concern with the job have forcibly undergone a drastic change which adversely affects their mental health and yet “there is comparatively little investment aimed at protecting teachers’ psychological well-being (Cezar-Vaz et al., 2015). Health of teachers, on social, physical and mental health domains adds to the efficiency not only to their professional growth and development but also to their personality.

2.2 Burden of mental disorders

Mental health disorders are not uncommon, and the global burden of mental health disorders is projected to reach 15% by the year 2020 (Ngui et al., 2010). By this time, it is estimated that common mental disorders such as depression, anxiety, and substance abuse-related disorders, will disable more people than complications arising from AIDS, heart disease, accidents, and wars combined (Ngui et al., 2010). The burden of unmet mental health needs is especially high among children and youths (Ngui & Flores, 2007). About 10% to 20% of all children are affected by one or more mental or behavioural problems (Murthy et al., 2001). Depression is the leading cause of disability as measured by Years Lost due to Disabilities (WHO, 2003). By the year 2020, depression is projected to reach second place in the ranking of Disability Adjusted Life Years (DALYs) calculated for all ages and among both sexes (WHO, 2003; 2008).

In Nigeria, an estimated 20%–30% of our population is believed to suffer from mental disorders (Onyemelukwe, 2016). This is a very significant number considering Nigeria has an estimated population of over 200 million (Worldometers report, 2015). Unfortunately, the attention given to mental health disorders in Nigeria is transitory; the level of awareness of the Nigerian public on mental health issues is also understandably poor, and the misconceptions regarding mental health have continued to flourish. Considering the current economic recession in the country, it is pertinent to consider the economic burden of mental health disorders (Onyemelukwe, 2016).

2.3. Emotional disorders among teachers.

Emotional disturbances, such as anxiety disorders and depression, are responsible for a substantial component of the burden of disease in developed countries. Anxiety has become one of the major psychological problems which burden people in modern times; this problem is particularly obvious with primary and middle school teachers (Wang and Zhang, 2012).

Anxiety often occurs without conscious or apparent stimulus, which distinguishes it from fear (Gurian & Miner, 1991). Anxiety as one aspect of stress among teachers can affect the quality of teaching in the class which, in turn, brings about some hardships in facilitating the process of learning and meeting the course objectives. The incidence of anxiety is the highest in all the psychological problems, (Kasri et al., (2007). Depression is associated with a constellation of psychological, behavioural and physical symptoms (Cassano & Fava, 2002). The depressed person has negative thoughts, low self-esteem and low motivation for progress. Sadness and rejection are the most silent emotional symptoms of depression. Activities that used to bring satisfaction become dull and joyless; the depressed person gradually loss interest in hobbies, recreation, and family activities.

In a study, Veronica (2011) found that gender produces significant differences in the level of experienced anxiety. In comparison with their male counterparts, women suffered from higher level of anxiety and depression. Individual responses to stressful situations can vary greatly and it has been shown that certain people are more likely to experience high levels of stress in their job than others (Fontana & Abouserie, 1993). It was found that only “work set-up” such as conducive work environment, school setting, type of school accounted for significant differences in stress level (Kumar & Deo 2011). According to Greenglass and Burke (2003) female teachers suffer from more emotional problems in comparison to their male counterparts.

2.3.1 Anxiety

Anxiety is a subjective state of internal discomfort. It is a normal emotion with adaptive value, in that it acts as a warning system to alert a person to impending danger. Anxiety often occurs without conscious or apparent stimulus, which distinguishes it from fear (Gurian & Miner, 1991). Anxiety may be focused on a specific object, situation, or activity (a phobia) or may be unfocused and expressed as a more general dread. The five major types being: Panic Disorder, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder and Phobias (Anxiety Disorders of America, 2005).

Generalized anxiety disorder (GAD) is a common anxiety disorder that involves chronic worrying, nervousness, and tension. Unlike a phobia, where fear is connected to a specific thing or situation, the anxiety of generalized anxiety disorder is diffused—a general feeling of dread or unease that affects everyday activities. This anxiety is less intense than a panic attack, but much longer lasting, making normal life difficult and relaxation impossible. It significantly disrupts work, activities, or social life. Symptoms of anxiety may include: Excessive, ongoing worry and tension, an unrealistic view of problems, restlessness or a feeling of being "edgy", irritability, muscle tension, headaches, sweating, difficulty concentrating and nausea, the need to go to the bathroom frequently, trouble falling or staying asleep, trembling, being easily startled and tiredness (Anxiety Disorders of America, 2005).

2.3.2 Depression

Depression is associated with a constellation of psychological, behavioral and physical symptoms as well (Cassano & Fava, 2002). Depression is the most likely adverse psychological outcome in stressful work environments, while the range of other possible emotional problems include “burn-out,” alcohol abuse, unexplained physical symptoms, “absenteeism,” chronic fatigue and

accidents, sick building syndrome and repetitive strain injury (Hotopf & Wessely, 1997). A depressive disorder is an illness that involves the body, mood, and thoughts. It interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her.

Sadness and rejection are the most silent emotional symptoms of depression. The individual feels hopeless and unhappy. There is also loss of gratification or pleasure in life. Activities that used to bring satisfaction become dull and joyless; the depressed person gradually loses interest in hobbies, recreation, and family activities. The depressed person has negative thoughts, low self-esteem and low motivation for progress.

Types of depression include: major depression, psychotic depression, premenstrual Dysphoric disorder, peripartum (postpartum) depression and Dysthymic disorders.

Dysthymic disorder; also called dysthymia, involves long-term (two years or longer) less severe symptoms that do not disable, but keep one from functioning normally or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Psychotic depression; occurs when a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucinations, and delusions.

Postpartum depression; is diagnosed if a new mother develops a major depressive episode within one month after delivery.

Bipolar disorder; also called manic-depressive illness is not as prevalent as major depression or dysthymia, and characterized by cycling mood changes: severe highs (mania) and lows (depression).

2.4. Self-esteem and Emotional disorders (Depression and anxiety)

There is some evidence that self-esteem is somehow related to depression and anxiety (Roberts & Gamble, 2001). Self-esteem has been researched most extensively in relation to depression. Feelings of worthlessness are included in the diagnostic criterion for depression, and low self-esteem may be an early symptom of depression (Roberts & Gamble, 2001). It is possible that self-esteem interacts with other risk factors, such as negative life events, in the prediction of depression (Roberts, 2006). Sowislo et al., (2013) also found that self-esteem had a significant effect on depression. Their study revealed that decreased self-esteem increased the risk of depression far more than depression increased the risk of low-self-esteem. However, the anxiety study by Heather & April (2008) revealed that low self-esteem was equally effective at raising the risk of anxiety as anxiety was at decreasing self-esteem. Sowislo et al., (2013) believed that low self-esteem makes people vulnerable to depression through several channels, including intrapersonal and interpersonal. On the intrapersonal level, people with low self-esteem may reflect and focus on negative thoughts more than high self-esteem individuals. This has been shown to raise vulnerability for depression. On the interpersonal level, depressed individuals may seek out negative feedback, which lowers their self-esteem. Or, individuals low in self-esteem may constantly seek reassurance and not receive it, thus increasing their feelings of depression (Sowislo et al., 2013).

On the other hand, it has also been found that stressful life events contribute to depression regardless of whether an individual has high or low self-esteem (Orth et al., 2009). They suggest that improving self-esteem reduces the risk of depression regardless of whether the individual is experiencing stressful life events. Ultimately, prevention of stressful life events and increasing one's coping resources will reduce the risk of depression amongst those with low and high self-esteem.

2.5 Sources of teachers' anxiety and depression

Research on the topic of anxiety has shown that many factors affect the amount of anxiety perceived by teachers (Kaur, 2011). Gender, experience, school type, physical condition of the class and school, class size, personality, students' characteristics, relationship with administrators and students' parents, the context, grade level of teaching, family concerns, monetary problems changes in national or local curriculum are not all but some of the factors contributing to the level of stress and its consequences (Kaur, 2011).

Shillingford et al., (2012) points out that teachers encounter several challenges, for example, educational, legislation, school reform policies, teacher-parent relationships, conflict with other teachers, etc. that could potentially induce symptoms of anxiety. The physical working environment of teachers in some parts of Africa make them susceptible to emotional disorders such physical environment include shabby classrooms in old buildings with no proper ventilation (Nwimo & Onwunaka 2015).

Travers & Cooper (1996) indicated that the inappropriate primary factors directly affect teaching, create limitation or produce tension. Such primary factors in particular include poor physical working conditions, inadequate school buildings and equipment, an unpleasant work environment,

class sizes and noise levels. Other sources of anxiety and depression among teachers include unrealistic expectations relative to pupils' progress and perceived lack of success as a teacher; direct and continuous contact with difficult students and emotional drain of giving but not taking which is similar to others who work in the helping professions. Many teachers often suffer from isolation and perceived lack of belonging. Some teachers, especially special education teachers continue to be isolated – physically, psychologically, and professionally (Wieclaw et al., 2008).

2.6. Overview of Teacher's Responsibilities

Primarily, the role and responsibility of a teacher is complex and multi-factorial in the present-day school system. This was not the situation a few years ago. The increasing complexity of the job is exemplified by the changes in teaching culture, added managerial responsibilities for teachers include planning and executing instructional lessons, assessing students based on specific objectives derived from a set curriculum, and communicating with parents has made the teaching profession demanding and tasking (Kaur, 2011).

Teachers take on responsibilities in capacities such as lesson planning and teaching, accountability for student performance, classroom management and discipline, supervisory role, extracurricular activity conducting and monitoring (Kaur, 2011). A teacher also promotes the mental health of students. Students who are mentally healthy are more motivated, self-aware, and able to participate in a classroom community (Hamre & Pianta, 2001).

2.7 Impact of emotional disorders on teachers' performance

There are established literature showing an association between poor mental health and deleterious work-related outcomes such as absenteeism (Evers et al., 2014; Hussey et al., 2012; Jain et al., 2013) showed association between poor mental health and ill-health retirement. Kuoppala et al., (2011) described presenteeism as a situation in which individuals are present at work but are under

performing due to illness or other problems. In the case of teachers, these outcomes are likely to have important repercussions for the students that they teach. Presenteeism may manifest itself as poor classroom management, which will have a negative impact on student learning (Jennings and Greenberg, 2009), and teacher absence has been implicated in lower student achievement (Miller et al., 2008).

Furthermore, teachers are expected to play an important role in modeling positive social and emotional behaviours through the development of supportive relationships (Gordon and Turner 2001), yet individuals experiencing stress, anxiety or distress may find it difficult to develop such relationships, particularly with students whose behaviour is challenging, but who may also be the most in need of support.

Sisask et al., (2014) found that poor wellbeing reduces teachers' belief that they can help students with emotional or behavioural problems. Emotionally exhausted teachers may use reactive and punitive responses that contribute to negative classroom climates and student-teacher relationships (Hamre and Pianta, 2001). Poor teacher–student relationships have been found to be associated with childhood psychiatric disorder and exclusion from school three years later (Lang et al., 2013).

A study by Kidger et al., (2012) on teachers' wellbeing and depression, and associated risk factors in English secondary schools stated that supportive teacher–student relationships predict lower student depression in the future, and mitigate associations between poverty and low classroom engagement. Teachers' mental health therefore has implications for students' educational outcomes, and also for their social and emotional development and mental health.

In their review of work-related psychological ill-health, Michie and Williams (2003) cited long hours worked, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support and unclear management and work role as key factors associated with psychological ill health and sickness absence. Evidence from longitudinal studies suggests that job demands and social relationships have the biggest impact on mental disorders such as depression (Netterstrøm et al., 2008).

One factor that particularly characterizes teaching – and which is shared by occupations in the health and social care sector that also tend to have higher rates of mental ill-health (Hussey et al., 2012) is the high level of “Emotional labour” that is required. Emotional labour has been defined as “the process by which workers are expected to manage their feelings in accordance with organisationally defined rules and guidelines” (Wharton, 2009). In the case of teachers, much of their work involves face to face interaction with students and their parents, and requires the careful management and expression of emotions during these interactions (Hargreaves, 1998), which can be a source of stress and emotional exhaustion, particularly when responding to challenging behaviour (Tsouloupas et al., 2010). Further, it has been noted that teachers feel ill-prepared to develop the supportive relationships required of them, because of a lack of training in mental health management, which further exacerbates their own stress levels (Lang et al., 2013; Kidger et al., 2009; Rothi et al., 2008).

Emotional problems among teachers are associated with lower academic performance and more disruptive behaviour among students. Attending to the mental health of teachers is therefore important, to avoid longer term detrimental mental health outcomes among this population (Melchior et al., 2007).

2.8 Mental health and Schools

Schools provide a unique opportunity to identify and treat mental health conditions by serving students where they already are. School personnel play an important role in identifying the early warning signs of an emerging mental health condition and in linking students with effective services and supports (Cohen et al., 2009).

Childhood and adolescence provide key opportunities to develop the foundations for mental health and prevent mental health problems, and the school is a unique resource to help achieve this. Schools can help tackle the problem of the substantial number of children and young people who experience mental health problems (Borman et al., 2003). Around 25% of children and young people in the developed world have an identifiable mental health problem (Harden et al., 2001) of whom 10% fulfil criteria for a mental health disorder. Schools can also promote positive mental health and create resilience, providing the child or young person with resources to thrive and, in adverse conditions, to cope by buffering negative stressors. For children who come from less than optimum home backgrounds and neighbourhoods the intervention of the school can be the turning point for many children with few other supports (Gross, 2008).

The importance of the school for mental health, and the opportunities it provides for interventions have been evident for some time, and the last two decades have seen considerable growth in mental health research and interventions (Borman et al., 2003). There are literally thousands of school mental health interventions in operation across the world, some of which have been evaluated. These go under many names: mental health, ‘social and emotional learning’ (SEL), ‘emotional literacy’, ‘emotional intelligence’, ‘resilience’, ‘lifeskills’ and ‘character education’ (Weare, 2010). Mental health in schools is crucial to addressing barriers to learning hence school

health services incorporating mental health programmes is important in both public and private schools.

2.9. Mental health of teachers and impact on pupils' mental health

The toll that parents emotional disorders take on children have been well documented (O'Connor et al., 2011). Children of depressed parents may become anxious or withdrawn, may have trouble regulating their emotions or dealing with challenges, and may develop behavior problems or even become depressed themselves. But parents are not the only adults who spend significant time with their children. Children also spend significant time with teachers in school. Jeon (2014) found that behavioral problems were more common among pre-primary pupils whose teachers reported depressed mood than among those whose teachers were not depressed. Such behavioral problems include in attentiveness, aggressiveness, emotional reactivity and anxious or depressive symptoms. Jeon (2014) also suggests a possible explanation for the link between teachers' depression and children's behavior problems; that is; depressed teachers may create an unhealthy classroom climate. O'Connor et al., (2014) also found that depressed teachers spend less time engaging with children and are less sensitive in their interactions with kids. In a classroom led by a depressed teacher, children may be less closely monitored and may get less guidance regarding appropriate behavior. Students of depressed teachers may also be modeling their behavior on their teachers', emulating their downcast mood, their negative thought patterns, or their ineffective way of approaching problems (Jeon, 2014). Mentally healthy teachers will subsequently build emotionally healthy students.

Furthermore, teachers are expected to play an important role in modeling positive social and emotional behaviours through the development of supportive relationships (Gordon and Turner

2001), yet individuals experiencing stress, anxiety or distress may find it difficult to develop such relationships, particularly with students whose behaviour is challenging, but who may also be the most in need of support. Poor teacher–student relationships have been found to be associated with childhood psychiatric disorder and exclusion from school three years later (Lang et al., 2013). Conversely, supportive teacher–student relationships predict lower student depression in the future, and mitigate associations between poverty and low classroom engagement (Kidger et al., 2012).

2.10. Primary Education systems

Education is a key in human capital formation. Sustainable economic development needs skilled manpower which is raised through productivity and efficiency of individuals that is only possible through education (Nasir & Nazli, 2010). Illiteracy is a main barrier to economic development (Shabbir et al., 2014). Primary education is perceived as one of the main vehicle for promoting economic growth and improving living standards in developing countries (Suryadarma et al., 2006). Expanding access to primary schooling is a widely accepted priority in the fight against poverty (Alderman et al., 2001). It is first stage of compulsory education that establishes the academic foundation of students and regarded as a fundamental right of all human beings.

Primary education is highly correlated with institutions and the institutions are categorized into public and private schools. The world has become more and more competitive now. The whole education system of the world rotates around academic achievements of the students (Shabbir et al., 2014). Parents' desire for high level of achievements of their children in education, falling standards and quality of education and low carrying capacity of public schools in Nigeria are

some of the reasons for choice of a private primary school (Omede, 2015). These desires put a pressure on both public and private schools and make them competitive (Shabbir et al., 2014).

Primary education is the first stage of education. It is preceded by pre-school or nursery education and is followed by secondary education. In Nigeria however, Primary education refers to the education which children receive from the age of 6 years to 11 years plus. It is the foundation level of the educational system which runs for six years and it is aimed at developing basic 4 literacy, numeracy, communication skills and transmission of the culture of the people to younger generations (Durosaro, 2004).

The enrolment pattern in the educational system follows the pyramidal structure of the nation's population distribution (Durosaro, 2004). The primary level has the largest enrolment, followed by the secondary level and then the tertiary level. This enrolment structure depicts the structure of our social demand for the various levels of education. The primary education level, being the bedrock of the child's basic education, is a very vital aspect of the nation's educational system that deserves to be handled with great care and caution (Durosaro, 2004).

Overtime, there have been various efforts by government directed at achieving universal primary education in Nigeria. The process began in the Western region with the introduction of free, Universal and Compulsory Education in 1955 by Chief Obafemi Awolowo the then premier of the region (Yahaya, 2008). The Eastern Regional House also introduced the Universal Primary Education scheme under the leadership of Dr. Nnamdi Azikiwe in 1957. The Northern region lagged behind and so, the federal government of Nigeria became conscious of the dangers of

disparity in educational development in a nation state introduced the Universal Primary Education (UPE) scheme throughout the federation in 1976 (Itedjere, 1997).

2.10.1 Public versus private schools

The defining distinction between public and private schools is their different sources of support. Public schools depend primarily on state and federal government funds while private schools are usually supported by tuition payments (NCES, 1997). Private schools provide alternative for parents but because private schools charge tuition and only parents with personal financial have the option of selecting a private school. On the other hand, lower family income facilitates public school choice.

Public schools tend to have more racially and ethnically diverse student populations than private schools. Racial and ethnic diversity can enrich the school experiences of pupils and teachers in many ways (Lee & Smith, 1996).

However, a heterogeneous school population creates additional challenges for school teachers and administrators, who must be sensitive to different cultural backgrounds and interactions among individuals (students and teachers from different backgrounds). Accompanied with these racial and ethnic diversity is personal problems such as those associated with poverty, family problems, both teaching and learning can be seriously compromised (NCES, 1997).

Differences between public and private school teachers are important dimensions in which to compare public and private schools because of the central role teachers play in the educational processes. Public school teachers appear to be more qualified in terms of their education and years of teaching experience (Chubb et al., 1990). Teachers in private schools may not have

certifications or specific degrees to teach in their subject areas whereas public schools require certain credentials for teachers.

A report by the United States Department of Education indicates that full-time public school teachers were more likely than their private counterparts to participate in in-service education or professional development on the uses of educational technology for instruction, students' assessment and cooperative learning in the classroom. (U.S Department of Education, 2006).

Public school teachers earn more and are more likely than private teachers to be provided with pensions/gratuity benefits which provide public schools with one advantage when trying to attract and retain the best teachers. However, despite poor pay, private school teachers are more likely than public school teachers to be satisfied with their working conditions (NCES, 1997).

The relative merits of various school sizes have been studied extensively by researchers. Public schools tend to have large enrollments than private schools hence private schools especially in developing countries record a larger average class size than public schools (Kuponiyi et al., 2016). Small classes allow teachers to give students more individual attention and lighten the teachers workload.

A key aspect of school management is where important decisions are made concerning curriculum, school policies (budget decisions, hiring, evaluating teachers, discipline, in-service training) and class room practices while public schools must take decisions from state ministries of education, private schools rely more on site-based management and decision making which is frequently advocated as a means of improving school effectiveness (NCES, 1997).

School climate can significantly affect the quality of the educational experience for students, teachers and other staff as well as parents satisfaction with their child's school. Private schools have a climate that are more conducive to learning, including greater safety and fewer problems caused by students by students having poor attributes towards learning or negative interactions with teachers (Toolley et al., 2005).

Furthermore, because of a greater amount of parental involvement and more latitude when dealing with classroom discipline, private schools teachers find it easier to remove disruptive students from classes and the school itself. To learn, effectively students must feel safe at school at school. The learning environment in schools where students have to worry about being threatened or becoming victims of crime may be seriously compromised. Crime occurs in and around both public and private schools but public school students have a much greater exposure to crime (Mosteller et al., 1996). Communication between parents and teachers promote a spirit of home-school cooperation which is important to students' success. Private schools report more parental involvement than public schools. Also, private school teachers report to both management and teachers while public schools teachers report only to school management. In addition to the curriculum, public schools in developed countries provide other services to support the academic and health-related needs of their pupils. Such health related services includes mental health. This is in contrast to what is obtainable in developing countries like Nigeria. Private schools in Nigeria are more likely to provide other academic support like computer training, library facilities, club activities, excursions and health related services than public schools (Kuponiyi et al., 2016).

A study by Kuponiyi et al., 2016 on school health service and its practices among public and private primary schools in western Nigeria concluded that the practices of various components of school services such as routine inspection of pupils by teacher, presence of sick bay was poor in South West Nigeria but better in private primary schools than in the public schools.

The quality of school facilities and teacher absenteeism are such factors which are correlated to the performance of students. Quality of school facilities positively effects on school performance while teacher absenteeism is negatively correlated (Suryadarma et al., 2006). School administration and management also affect the school performance. Effective administration enhances the school productivity and teacher's instructional skills (Begum & Sadruddin, 2013).

Professionalism, leadership styles, management & development of resources and parents-school co-operation are such factors of school administration have a positive impact on school performance (Khan, 2012). Private school head teachers have great vision for the improvement of their schools performance regarding to these factors as compared to public head teachers-principals (Tariq et al., 2012). The teacher job satisfaction influences of his or her teaching character and is a role of the real connection between what one wants from teaching and what one observes it is proposing to a teacher. Job satisfaction is one those factors affecting the performance of a teacher. More satisfied teachers perform better (Baba Gana, 2011). At the Kindergarten level the private schools have an advantage in job satisfaction as they are more satisfied by their status and reputation than those of public kindergarten teachers even though they low salaries (Papanastasiou & Zembylas, 2005).

A survey was conducted in Lagos State, Nigeria and it was found that 75% children were enrolled in private schools, while the teaching activities were higher in private schools as compared to public schools (Tooley et al., 2005). Mostly in developing countries, the public sector plays a main role for the provision of education.

Bedi & Garg, (2000) conducted a study in Indonesia to examine the effectiveness of public versus private schools by taking the labor market earnings as a measure of effectiveness by controlling the personal characteristics and school choice. Their findings show that private schools have an advantage of better performance as compared to public schools (Bedi & Garg, 2000). When teachers form positive bonds with students, classrooms become supportive spaces in which students can engage in academically and socially productive ways (Hamre & Pianta, 2001).

Positive teacher-student relationships are classified as having the presence of closeness, warmth, and positivity (Hamre & Pianta, 2001). Students who have positive relationships with their teachers use them as a secure base from which they can explore the classroom and school setting both academically and socially, to take on academic challenges and work on social-emotional development. This includes relationships with peers, and developing self-esteem and self-concept (Hamre & Pianta, 2001). Private schools have lower class size than public schools. Hence teaching staff in private schools may achieve a more positive teacher-student relationship than the public school teachers (Murray & Malmgren, 2005).

2.11 Coping strategies to reduce the prevalence of anxiety and depression among teachers

Teachers must learn to recognize the early signs of anxiety and depression such as vague feelings of distress and uneasiness. As Feldman (2004) asserts, one cannot cope with emotional problems until he knows what is causing it. Part of the teacher's problem may be an unwillingness to give up control. Some teachers feel if they delegate they would no longer be needed or have value. Morgenstern (2000) however points out the delightful aspects of delegating responsibilities: "It allows for a very healthy interdependence among people. When you work as a team, it brings people together. Relationships solidify as you share the workload and learn to rely on one another". Effective delegation of responsibilities could also enhance individual and school organization and coordination which can also minimize teacher-stress and burnout (Oboegbulem et al., 2008).

Among the numerous ways of keeping abreast with happenings are participation in the activities, programmes of professional organizations and unions like the Nigerian Union of Teachers. Teachers should subscribe to professional journals; attend professional meetings and conferences. They should participate in in-service training, seminars and workshop sponsored often by the Schools Board, Ministry of Education, Nigerian Union of Teachers, the Nigerian Teacher Institute (NTI) and the Science Teachers Association of Nigeria (STAN). Participation in such activities tends to prevent professional isolation and it provides a forum for sharing ideas and frequently make the teacher aware they are not alone in having to deal with certain problems and issues. This awareness may help to reduce stress (Fajana, 1997). For their own personal mental health and professional growth, teachers should take initiative to obtain training and personal development (Nwimo & Onwunaka 2015). Davis, (2007) noted that much of the research that has been conducted dealing with stress among various groups of professionals suggests that job-related stress can be reduced through the positive use of leisure time.

A study by Shillingford et al., (2012) indicated that the vast majority of teachers who find themselves experiencing symptoms of anxiety and depression fail to recognize the more positive aspects of their job, instead focusing exclusively on its deficits. This is not to suggest that teachers should ignore job-related problems. Rather, many teachers appear to allow relatively minor job-related frustrations to grow and engulf them completely. Some teachers often tend to dwell on what is wrong, not on things that are right. Possibly the system promotes such behaviour. For instance, it is common to hear that “teachers rewards are in heaven, not on earth and now”, and that “teachers’ salary and condition of service are poor”, at least in a relative sense. Ejiogu, (1997) says “the present apparent devaluation of the teacher and his or her job (in Nigeria) has no doubt set in motion of self-fulfilling prophecy whereby the teacher internalizes a low opinion of himself/herself and the job”.

Feldman (2004) encouraged teachers to “maintain an appropriate perspective on the events of life”, and that they should “make peace with stress”. He recommended that the school management should know the symptoms and make teachers be familiar with them; should regularly hold staff meetings that can be used for staff support; foster a sense of teamwork among the staff; and should restructure jobs so that teachers do not unduly spend as much time with particularly demanding students and assignments.

Workshops in stress or time management should be conducted regularly. More teachers should focus on the more positive aspects of their job instead of focusing exclusively on the negative. Interventions that can help alleviate the stress associated with teaching and that can foster an

environment that cultivates greater job satisfaction and support within the work place should be encouraged. These interventions may also benefit the students that they teach through improved teaching performance and more supportive teacher-student relationship. Teachers have to manage classrooms, work with colleagues, school administration, children's parents and above all these manage their personal lives (Kitenga, 2009). Consequently, the different conditions under which the teachers work, whether in private or public schools, may lead to different outcomes in relation to teacher work related stress.

Word count: 5943

CHAPTER THREE

Methodology

3.1 Study Location

Oyo state is an inland state in south-western Nigeria, with its capital at Ibadan. It is bounded in the north by Kwara state, in the east by Osun State, in the south by Ogun State and in the west partly by Ogun State and partly by the Republic of Benin. This study was carried out in urban Ibadan, Nigeria.

Oyo State covers approximately an area of 28,454 square kilometers (United Nations, 2010). It was formed in 1976 from Western State, and included Osun State, which was split off in 1991. Oyo State is homogenous, mainly inhabited by the Yoruba ethnic group who are primarily agrarian but have a predilection for living in high-density urban centers. The indigenes mainly comprise the Oyos, the Oke-Oguns, the Ibadans and the Ibarapas, all belonging to the Yoruba family and indigenous city in Africa, south of the Sahara. Ibadan had been the centre of administration of the old Western Region, Nigeria since the days of British colonial rule

(Altman, 1997). Ibadan has a population of 2.84 Million people (United Nations, 2010). Oyo state comprises of 33 Local Government Areas (LGAs).

3.2 Study Site

There are five urban Local Government areas in Ibadan: Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East and Ibadan South West. The study sites for this study are two Local Government Areas (Ibadan South West and Ibadan South East) selected out of the five urban Local Government Areas by simple random sampling.

Ibadan South West Local Government Area was created in 1991 with 12 administrative wards. The Administrative Headquarter is located at Oluyole Estate. It has an area of 40 km² and a population of 282,585 at the 2006 census (United Nations, 2010). There are 62 public primary schools and 112 private primary schools in the Local government area. Three public primary schools with a total of 89 teachers and four private primary schools with a total of 79 teachers were selected from Ibadan South-West Local Government area.

Ibadan South East Local Government was created on 27th August, 1991. It is one of the five Local Governments that was carved out of the defunct Ibadan Municipal Government (IMG). The Local Government maintains the Headquarters of the defunct IMG which historically situated at the centre of Ibadanland on the top of Mapo Hill. It is divided into twelve (12) political wards for easy administration. The Local Government covers an area of about 80.537 hectares of land. It has an area of 17 km² and a population of 266,046 at the 2006 census (United Nations, 2010). There are 54 public primary schools and 84 private primary schools in the Local government area. Three public primary schools and a total of 80 teachers and four private primary schools with a total of 75 teachers were selected from Ibadan South-East Local Government area. The Oyo State Universal Basic Education Board (SUBEB) is in charge of

primary school education and activities within the state under the Ministry of Education. The state operate a 6-3-3-4 system of education which means 6 years in primary school, 3 years in junior secondary schools, 3 years in senior secondary school and 4 years in the University. The schools have an Administrative Head known as the head teacher and he/she supervises all school activities and the activities of the teaching and non-teaching staff. The head teacher and other staff within the public schools are employed by the State's Ministry of Education while the private school Heads and Staff are employed by a Proprietor/Proprietress who may also function as the head teacher. All the public schools run the six (6) year programme but some private schools run a five (5) year programme. The private schools usually have an attached Crèche and Nursery Units (Kuponiyi et al., 2016).

3.3 Study design

This was a comparative cross-sectional study evaluating emotional disorders among public and private primary school teachers in Ibadan, Nigeria.

3.4 Study population

The study population consisted of all the public and private primary school teachers in Ibadan.

Inclusion Criteria:

- i. Participants who consent to participate.
- ii. Participants who have teaching experience of over two years.

Exclusion Criteria:

- i. Participants who declined to participate.
- ii. Participants who have less than two years working experience.

3.5 Sample size calculation

The sample size was calculated with the aid of the formula which compares two proportions by Kirkwood & Sterne 2003:

$$n = \frac{(Z_{\alpha} + Z_{1-\beta})^2 [p_1(1-p_1) + p_2(1-p_2)]}{(p_1 - p_2)^2}$$

For the purpose of this study, p was obtained from a study conducted by Amoran et al (2007) on prevalence of depression among adults in Oyo State, Nigeria: a comparative study of rural and urban communities.

Z_{α} = standard normal deviate corresponding to 5% level of significance = 1.96

$Z_{1-\beta}$ = standard normal deviate corresponding to a power of 80% = 0.84

p_1 = the prevalence of depression among adults in Oyo state = 5.2% (Amoran et al; 2007)

$p_1 - p_2$ = smallest difference between the two study groups that the study hopes to detect = 10%

p_2 = 5.2% + 10% = 15.2%

n = minimum sample size in the two groups

$$n = \frac{(1.96 + 0.84)^2 [0.052(1-0.052) + 0.152(1-0.152)]}{(0.1)^2}$$

$$n = \frac{7.84 (0.178192)}{0.01}$$

n=102 in each group

However to allow for a non-response rate of 20%, the sample size is increased to

$$102 / (100 - 20)\%$$

= 128 in each group.

3.6 Sampling Technique

The Multi-stage sampling method was employed for selection of participants in the two groups. A total number of 14 schools were included in this study - six public schools and eight private schools. There were five phases in the selection of the participants:

Phase 1: Ibadan South West and Ibadan South East were selected out of the 5 urban Ibadan LGAs by simple random sampling.

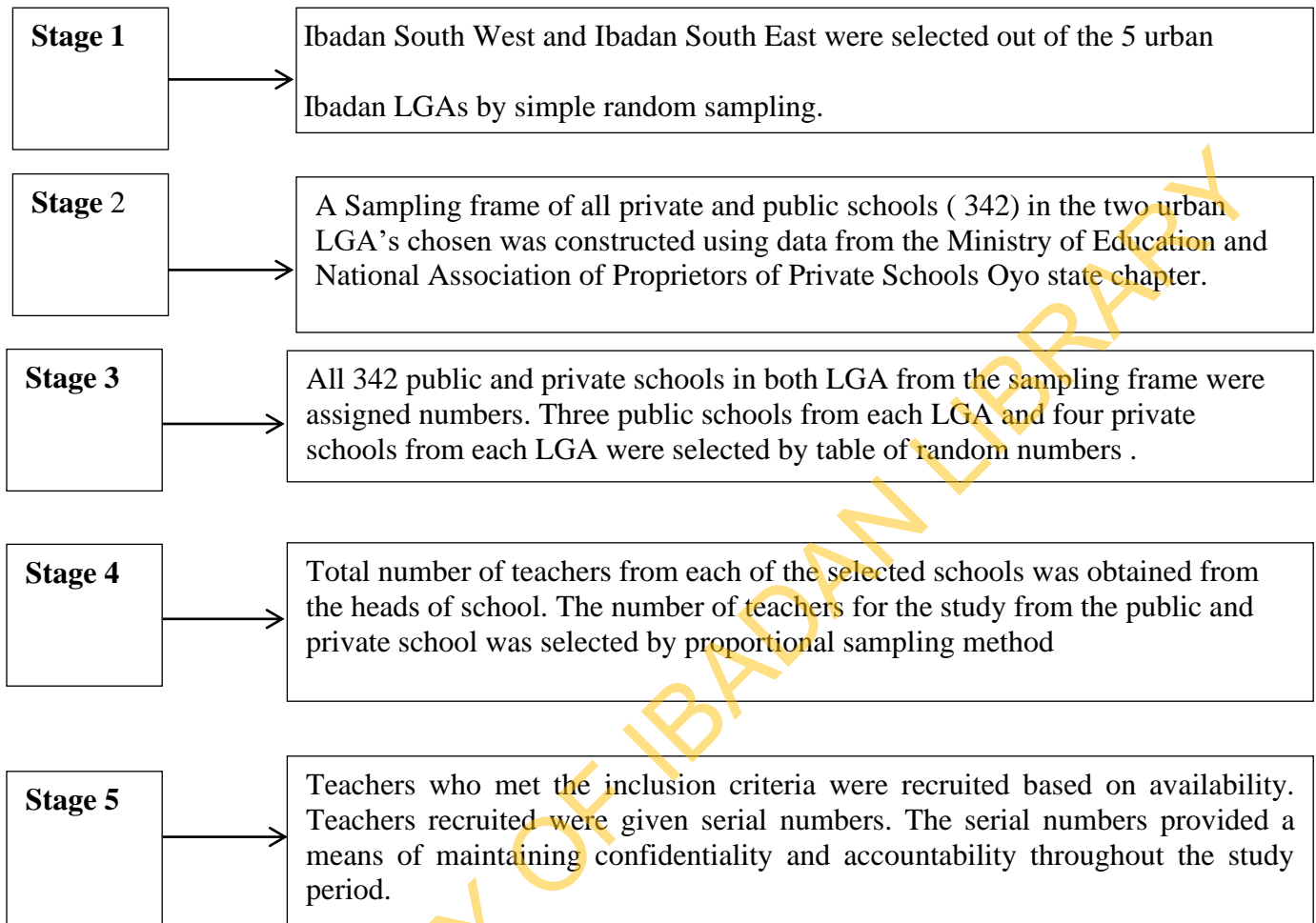
Phase 2: A Sampling frame of all private and public schools (342) in the two urban LGA's chosen was constructed using data from the Ministry of Education and National Association of Proprietors of Private Schools Oyo state chapter.

Phase 3: All 342 public and private schools in both LGA from the sampling frame were assigned numbers. Three public schools from each LGA and four private schools from each LGA were selected by table of random numbers.

Phase 4: Total number of teachers from each of the selected schools was obtained from the heads of school. The number of teachers for the study from the public and private school was selected by proportional sampling method

Phase 5: Teachers who met the inclusion criteria were recruited based on availability. Teachers recruited were given serial numbers. The serial numbers provided a means of maintaining confidentiality and accountability throughout the study period.

Figure 3.1: Multi-stage sampling of study participants



3.7 Study instruments

The study tools were self-administered instruments.

1. Socio- demographic questionnaire - Appendix B
2. Hospital Anxiety and Depressive Scale (HADS) -Appendix C
3. Rosenberg Self-Esteem Scale (RSE) – Appendix D

1. Socio-demographic questionnaire: A self-administered structured questionnaire adapted from a questionnaire used in a previous study on adolescent rural and urban Ibadan (Omigbodun et al, 2008) was employed.

The questionnaire consists of three sections.

Section 1

Socio-demographic characteristics of the participants: This section covered items such as age, gender, marital status, number of children, number of dependents, highest educational qualification and salary.

Section 2:

Work experience: This section covered items relating to their school work such as years of experience, work load, training opportunities, provision of appropriate teaching aids, conducive environment, number of students in class and class level assigned to.

Section 3: Relationship with colleagues and parents: This section covered items relating to relationship with the school management and parents.

2. Hospital Anxiety and Depressive Scale (HADS): is a 14-item self-administered instrument used to screen for the presence of depression and anxiety. The HADS contains fourteen items on a 4-point likert scale that generates ordinal data. It has been validated in Nigeria (Abiodun, 1994). Seven of the items relate to anxiety and seven relate to depression. According to Abiodun (1994), HADS is valid for use as a screening instrument in non-psychiatric units and although initially developed for use in hospital settings, it could be usefully employed in community settings of developing countries to screen for mental morbidity.

3. Rosenberg Self-Esteem Scale (RSES): The RSES is a widely used and validated self-report measure of self-esteem. It is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. The RSES was used to assess self-esteem among the participants. Sample items in the RSES include 'I think I have a number of good qualities' and 'I feel I do not have much to be proud of'. In the RSES five of the items (2,5,6,8,9) are reverse scored. Total obtainable score including the reverse scores ranged from 10-40 with high scores indicating high self-esteem. In this study we dichotomized self-esteem into normal and low, thus scores ranging from 15 and 25 indicated normal self-esteem while scores ranging from 0-14 indicated low self-esteem. The RSES has a reported reproducibility coefficient of .92 and a test-retest correlation of .85 over a two week period. Furthermore the RSES has been used for studies in Nigeria (Terna, 2014).

3.8 Ethical considerations

Ethical approval to conduct the study was obtained from the Oyo State Ministry of Health Ethical Board. Permission to interview the public school teachers was obtained from the Oyo state

Ministry of education. Permission to interview the private school teachers was obtained from the respective heads of the private schools.

The aims, objectives and procedure of the study was explained to the participants. Written informed consent was obtained from each participant and confidentiality was maintained for information obtained from each of them. Participants who wish to decline or withdraw from the study had the opportunity to do so.

3.9 Study procedure

Pre-test of Questionnaire and study instruments

The questionnaire and study instruments were pretested among 5 private school teachers and five public school teachers in Ibadan North Local Government Area. Teachers selected for the pre-test were purposively selected to include a range of teachers who were within different age groups, gender and different socioeconomic background. Also the same interviewer for the study was used for the pretest. Some of the comments made included: I don't understand this question; the questions are too many.

Outcome of the pre-test:

1. Average time frame for administration of questionnaire and instrument was determined;
2. Some questions were reframed for better understanding;
3. Teachers with less than two years' experience were reluctant to answer some questions with comments like I am new here; I don't know yet. Thus, an exclusion criteria

was added to the study procedure to exclude teachers who had less than two years' experience;

4. During the pretest I discovered it will be difficult to assemble all teachers together in one spot. The teachers were therefore recruited based on availability.
5. The pre-test highlighted areas that required a more in-depth training of research assistant.

Study procedure

The study was conducted between January and March 2017 with the help of one research assistant. The research assistant was trained on the administration of the socio-demographic questionnaire. The questionnaires were self-administered. Administration of questionnaires was done in the public schools first and then the private schools. The administration time for the instruments was 25 -30 minutes. The study was conducted during the break time and after school hours. This was to avoid any disruption in the routine activities of the participants. All responses from each participant were obtained at a single interview.

3.10 Data management

Data entry, validation, cleaning and analysis were done using SPSS version 20. The results were presented using descriptive and inferential statistical methods. Summary statistics such as frequencies and proportions were presented. A Chi-square test was conducted to compare proportions of independent groups in order to determine whether there is statistical evidence that the groups are significantly different. Logistic regression analysis was used to determine the

independent risk factors for emotional disorders. All analyses were carried out at 5% level of significance.

Word Count: 2016.

CHAPTER FOUR RESULTS

This chapter is divided into five sections and presents findings on emotional disorders of primary school teachers in public and private schools.

The first section provides a description of the socio-demographic characteristics of participants and the work environment information of participants. Section two describes the types and levels of emotional disorders experienced by participants in both public and private schools while the third section examines the correlates of emotional disorders (depression) experienced by groups. Section four examines the relationship between self-esteem and levels of emotional disorders experienced by participants in public and private schools.

Section 1

A total number of 14 schools were included in this study - six public schools and eight private schools and a total of 256 primary school teachers comprising 128 public school teachers and 128 private school teachers participated in and completed the study.

4.1 Socio-demographic profile of participants

Tables 4.1a and 4.1b present the socio-demographic profile of the participants in two sub-headings namely:

- Table 4.1a – personal information
- Table 4.1b –work environment

4.1.1 Personal information of participants

Table 4.1a shows the personal information of the participants

Age of private school was 30-39 years. Majority of participants in the public (67.2%) and private (65.6%) were females.

Majority of the participants in the public schools ranged from 40-49 years while the age range of participants in the participants in the public schools were married (90.6%) while 82% of participants in private schools were married. Almost all (92.2%) of the participants in the public school earned between N30,000 - N40,000 while 82% of participants in the private schools earned between N10,000-19,000.

Table 4.1a: Socio-demographic profile of participants (Personal information)

Characteristics	Private schools N (%)	Public schools N (%)	Chi-square	P VALUE
Age group (years)				
<25	14(10.9)	-	79.788	p<0.0001
25-29	27(21.1)	8(6.2)		
30-39	74(57.8)	43(33.6)		
40-49	13(10.2)	60(46.9)		
50-59	-	17(13.3)		
Gender				
Male	44(34.4)	42(32.8)	0.070	0.791
Female	84(65.6)	86(67.2)		
Marital status				
Married	105(82.0)	116(90.6)	10.881	0.004
Never married	21(16.4)	6(4.7)		
Separated/divorced	2(1.6)	6(4.7)		
Number of children				
none	17(13.3)	7(5.5)	71.350	p<0.0001
One	37(28.9)	7(5.5)		
Two	43(33.6)	22(17.2)		
Three	25(19.5)	40(31.2)		
More than 3	6(4.7)	52(40.6)		
Number of dependents				
None	119(93.0)	85(66.4)	29.569	p<0.0001
One	9(7.0)	32(25.0)		
Two	-	11(8.6)		
Religion				
Islam	28(21.9)	81(63.3)	46.743	p<0.0001
Christianity	100(78.1)	46(35.9)		
Others	-	1(0.8)		
Ethnic group				
Hausa	1(0.8)	2(1.6)	3.433	0.330
Igbo	19(14.8)	21(16.4)		
Yoruba	105(82.0)	105(82.0)		
Others	3(2.3)	-		
Salary range (Naira)				
10000-19000	105(82.0)	-	256.000	p<0.0001
20000-29000	23(18.0)	-		
30000-39000	-	118(92.2)		
40000-49000	-	10(7.8)		

Do you own a car				
Yes	10(7.8)	90(70.3)	105.026	p<0.0001
No	118(92.2)	38(29.7)		
Highest level of education				
WAEC	26(20.3)	-		
NCE	82(64.1)	104(81.3)	41.102	p<0.0001
BSc	18(14.1)	14(10.9)		
MSc	2(1.6)	-		
Grade1	-	10(7.8)		

4.1.2 Characteristics of work environment

The school and class work environment was also investigated and 52.3% of the teachers in the public school had more than ten years of experience while only 14.1% of their counterpart in the private school had more than ten years teaching experience ($p<0.001$).

Majority of the teachers in both private (66.1%) and public (52.1%) taught lower grade levels (grade 3 and below). About 8 in 10 of the participants in private school had a class size of less than 20 ($p<0.001$) while all of the participants (100%) in public schools had class size of greater than 20. See table 4.1b.

A higher proportion of teachers in the private school (52.3%) had good relationship with their head teacher than teachers in the public school. All teachers in the private school 128 (100%) taught in conducive environment as compared to none (0%) of their counterpart in the public school.

More participants in private schools (31.2%) reported they often had encounter with angry parents than ($p<0.0001$) as against only 1% of teachers in public school with the same experience. Only 24.2% of teachers in the private school reported their experience with angry parents affected their productivity. See table 4.1c.

Table 4.1b – Work experience information of participants

	Private schools	Public schools	Chi-square	P VALUE
Characteristics	N (%)	N (%)		
Years of experience				
Less/equal 10years	110(85.9)	61(47.7)	42.288	p<0.0001
More than 10years	18(14.1)	67(52.3)		
What grade level do you teach				
Primary3 & below	85(66.4)	68(53.1)	4.695	0.030
Primary4 & above	43(33.6)	60(46.9)		
Number of pupils in class				
<=20	101(78.9)	-	166.813	p<0.0001
>20	27(21.1)	128(100.0)		
Educative meetings with head teacher				
Seldom	15(11.7)	111(86.7)	144.035	p<0.0001
Often	113(88.3)	17(13.3)		
Involvement in other works				
Seldom	100(78.1)	119(93.0)	11.405	0.001
Often	28(21.9)	9(7.0)		
Head teacher gives initiative to teachers				
Seldom	30(23.4)	110(85.9)	100.887	p<0.0001
Often	98(76.6)	18(14.1)		
Training opportunities for teachers by management				
Seldom	61(47.7)	128(100.0)	90.751	p<0.0001
Often	67(52.3)	-		
Teachers receive compliments from head teacher				
Seldom	17(13.3)	109(85.2)	132.282	p<0.0001
Often	111(86.7)	19(14.8)		
Provision of teaching aids & conducive environment				
Seldom	-	128(100.0)	256.000	p<0.0001
Often	128(100.0)	-		

Table 4.1c – Work experience information of participants

Characteristics	Private schools	Public schools	Chi-square	P VALUE
	N (%)	N (%)		
Relationship with head teacher				
Good	113(88.3)	106(82.8)	1.548	0.213
Very good	15(11.7)	22(17.2)		
Relationship with colleagues				
Good	116(90.6)	87(68.0)	20.011	p<0.0001
Very good	12(9.4)	41(32.0)		
Relationship with parents				
Good	125(97.7)	105(82.0)	17.124	p<0.0001
Very good	3(2.3)	23(18.0)		
How often do you encounter with angry parents?				
Seldom	88(68.8)	127(99.2)	44.172	p<0.0001
Often	40(31.2)	1(0.8)		
How often does your experience with angry parents affect productivity?				
Seldom	97(75.8)	116(90.6)	10.090	0.001
Often	31(24.2)	12(9.4)		
How often does management attempt to see both sides of the issue after such experience				
Seldom	128(100.0)	12(9.4)	212.114	p<0.0001
Often	-	116(90.6)		
How often do you have to compromise your stand on angry parent's wishes?				
Seldom	93(72.7)	124(96.9)	29.070	p<0.0001
Often	35(27.3)	4(3.1)		

Section 2

4.2 The prevalence of emotional problems (anxiety & depression) experienced by both public and private primary school teachers.

A larger percentage (71.9%) of participants in public school had depression and this was statistically significant ($p < 0.001$) while only 12.5% of participants in private schools had depression. See table 4.2.

6 in 10 of participants in the private school had abnormal levels of anxiety while 57.8% of participants in the public schools had abnormal levels of anxiety. More teachers in the private schools (28.9%) had low self-esteem than their counterpart in the public school (12.5%) and this was statistically significant ($p = 0.001$). See figure 4.4

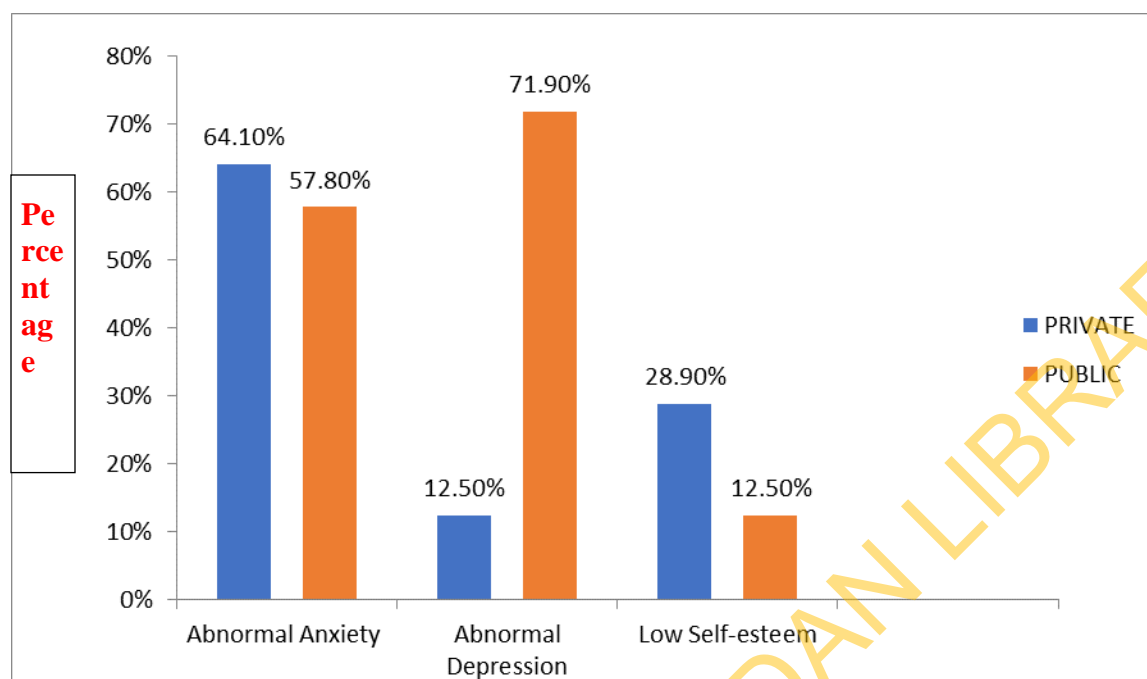


Figure 4.1: Prevalence of depression, anxiety and self-esteem among public and private school teachers

Section 3

4.3.1 The correlates of emotional disorders (depression) experienced by groups.

Among the socio-demographic variables, gender was found to be significantly associated with depression in the public school ($p < 0.0001$). Higher percentage (76.1%) of the females experienced depression than the males (23.9%) in the public schools. Younger age (< 25 years) and salary range of N10,000 – N19,000 was found to be significantly associated with depression in private schools ($p < 0.0001$ and $p = 0.030$ respectively). Also younger age (< 25 years) was found to be significantly associated with depression in public schools ($p < 0.0001$). Being married with one dependent was significantly associated with depression in public schools ($p < 0.0001$ and $p = 0.021$ respectively). Number of children was found to be statistically associated with depression in private schools ($p < 0.0001$). See Table 4.3a

Years of experience was found to be significantly associated with depression in both public and private schools ($p < 0.001$ and $p = 0.015$ respectively). The level of relationship with head teacher

was also found to be significantly associated with depression in public school ($p=0.012$). See Table 4.3b.

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Table 4.3a: Correlates of emotional disorders (Depression)

Characteristics	Private				Public			
	normal N=112	abnormal N=16	Statistics Chi ²	P-value	Normal N=36	abnormal N=92	Statistics Chi ²	P-value
Socio-demographic								
Gender								
Male	36(32.1)	8(50.0)	1.979	0.159	20(55.6)	22(23.9)	11.752	0.001*
Female	76(67.9)	8(50.0)			16(44.4)	70(76.1)		
Age								
<25	13(11.6)	1(6.2)	69.315	p<0.0001*	7(19.4)	1(1.1)	56.697	p<0.0001*
25-29	25(22.3)	2(12.5)			3(8.3)	40(43.5)		
30-39	72(64.3)	2(12.5)			11(30.6)	49(53.3)		
40-49	2(1.8)	11(68.8)			15(41.7)	2(2.2)		
50-59	-	-			-	-		
Marital status								
Married	95(84.8)	10(62.5)	5.878	0.053	28(77.8)	88(95.7)	16.326	p<0.0001*
Never married	16(14.3)	5(31.2)			6(16.7)	0		
Separated/divorced	1(0.9)	1(6.2)			2(5.6)	4(4.3)		
Number of children								
none	13(11.6)	4(25.0)	48.478	p<0.0001*	5(13.9)	2(2.2)	8.596	0.072
One	35(31.2)	2(12.5)			3(8.3)	4(4.3)		
Two	41(36.6)	2(12.5)			6(16.7)	16(17.4)		
Three	23(20.5)	2(12.5)			8(22.2)	32(34.8)		
More than 3	0	6(37.5)			14(38.9)	38(41.3)		
Religion								
Islam	22(19.6)	6(37.5)	2.612	0.106	21(58.3)	60(65.2)	10.43	0.594
Christianity	90(80.4)	10(62.5)			15(41.7)	31(33.7)		
Others	-	-			0	1(1.1)		
Number of dependents								
None	105(93.8)	14(87.5)	0.837	0.360	22(61.1)	63(68.5)	7.692	0.021*
One	7(6.2)	2(12.5)			7(19.4)	25(27.2)		
Two	-	-			7(19.4)	4(4.3)		
Ethnic group								
Hausa	1(0.9)	0	1.787	0.618	1(2.8)	1(1.1)	1.808	0.405
Igbo	18(16.1)	1(6.2)			8(22.2)	13(14.1)		
Yoruba	90(80.4)	15(93.8)			27(75.0)	78(84.8)		
Others	3(2.7)	0			-	-		
Salary range								
10000-19000	95(84.8)	10(62.5)	4.732	0.030*	-	-	14.440	p<0.0001*
20000-29000	17(15.2)	6(37.5)			-	-		
30000-39000	-	-			28(77.8)	90(97.8)		
40000-49000	-	-			8(22.2)	2(2.2)		
Level of education*								
Lower level	97(86.6)	11(68.8)	3.386	0.066	29(80.6)	85(92.4)	3.721	0.054
Higher level	15(13.4)	5(31.2)			7(19.4)	7(7.6)		

Table 4.3b: Correlates of emotional disorders (depression) experienced by both groups by working experience

Characteristics	Private				Public			
	normal N=112	abnormal N=16	Statistics Chi ²	P-value	normal N=36	abnormal N=92	Statistics Chi ²	P-value
Work experience								
Years of experience								
Less/equal 10years	105(93.8)	5(31.2)	45.253	p<0.0001*	11(30.6)	50(54.3)	5.872	0.015*
More than 10years	7(6.2)	11(68.8)			25(69.4)	42(45.7)		
What grade level do you teach								
Primary3 & below	77(68.8)	8(50.0)	2.206	0.137	16(44.4)	52(56.5)	1.516	0.218
Primary4 & above	35(31.2)	8(50.0)			20(55.6)	40(43.5)		
Educative meetings with head teacher								
Seldom	12(10.7)	3(18.8)	0.874	0.350	28(77.8)	83(90.2)	3.476	0.062
Often	100(89.3)	13(81.2)			8(22.2)	9(9.8)		
Involvement in other works								
Seldom	89(79.5)	11(68.8)	0.940	0.332	32(88.9)	87(94.6)	1.275	0.259
Often	23(20.5)	5(31.2)			4(11.1)	5(5.4)		
Head teacher gives initiative to teachers								
Seldom	27(24.1)	3(18.8)	0.224	0.636	28(77.8)	82(89.1)	2.759	0.097
Often	85(75.9)	13(81.2)			8(22.2)	10(10.9)		
Teachers receive compliments from head teacher								
Seldom	15(13.4)	2(12.5)	0.010	0.922	28(77.8)	81(88.0)	2.157	0.142
Often	97(86.6)	14(87.5)			8(22.2)	11(12.0)		

Table 4.3c: Correlates of emotional disorders (depression) experienced by both groups

Private

Public

Characteristics	Statistics				Statistics			
	normal N=112	abnormal N=16	Chi ²	P-value	normal N=36	abnormal N=92	Chi ²	P-value
Relationships with people								
Relationship with head teacher								
Fair	-	-	0.529	0.467	-	-	6.289	0.012*
Good	98(87.5)	15(93.8)			25(69.4)	81(88.0)		
Very good	14(12.5)	1(6.2)			11(30.6)	11(12.0)		
Relationship with colleagues								
Fair	-	-	1.892	0.169	-	-	0.039	0.843
Good	100(89.3)	16(100.0)			24(66.7)	63(68.5)		
Very good	12(10.7)	0			12(33.3)	29(31.5)		
Relationship with parents								
Fair	-	-	0.439	0.508	-	-	0.058	0.810
Good	109(97.3)	16(100.0)			30(83.3)	75(81.5)		
Very good	3(2.7)	0			6(16.7)	17(18.5)		
How often do you encounter with angry parents?								
Seldom	74(66.1)	14(87.5)	2.992	0.084	35(97.2)	92(100.0)	2.576	0.109
Often	38(33.9)	2(12.5)			1(2.8)	0		
How often does your experience with angry parents affect productivity?								
Seldom	82(73.2)	15(93.8)	3.217	0.073	32(88.9)	84(91.3)	0.178	0.673
Often	30(26.8)	1(6.2)			4(11.1)	8(8.7)		
How often do you have to compromise your stand on angry parents' wishes?								
Seldom	79(70.5)	14(87.5)	2.028	0.154	35(97.2)	89(96.7)	0.020	0.888
Often	33(29.5)	2(12.5)			1(2.8)	3(3.3)		

4.3.2. The correlates of emotional disorders (anxiety) experienced by groups.

Among the socio-demographic variables, gender has been found to be significantly associated with anxiety experience in the public school ($p < 0.0001$). Higher percentage (52.7%) of the males experienced abnormal anxiety than the females (47.3%) in the public schools. Younger age was found to be significantly associated with anxiety in public school $p < 0.0001$ while younger age, being married, not having children, not having tertiary education and earning between N10,000 – N19,000 were significantly associated with anxiety in private schools. ($p < 0.0001$, $p < 0.0001$, $p = 0.005$, $p < 0.034$ and $p = 0.041$ respectively). See Table 4.3d.

Years of experience was found to be significantly associated with anxiety in both public and private schools ($p = 0.003$ and $p = 0.018$ respectively). Participants work load and experience with angry parents were found to be significantly associated with anxiety in private school ($p = 0.028$, $p = 0.025$ respectively) while compliments from head teacher was also found to be significantly associated with anxiety in public school ($p = 0.012$). Also experience with angry parents affecting productivity was significantly associated with anxiety in private schools ($p = 0.037$) See Table 4.3e and Table 4.3f.

Table 4.3d -The correlates of emotional disorders (anxiety) experienced by both groups

Characteristics	Private				Public			
	normal N=46	abnormal N=82	Statistics Chi ²	P-value	normal N=54	abnormal N=74	Statistics Chi ²	P-value
Socio-demographic								
Gender								
Male	13(28.3)	31(37.8)	1.190	0.275	3(5.6)	39(52.7)	31.477	p<0.0001*
Female	33(71.7)	51(62.2)			51(94.4)	35(47.3)		
Age								
<25	14(30.4)	0	86.143	p<0.0001*	-	-	36.175	p<0.0001*
25-29	24(52.2)	3(3.7)			7(13.0)	1(1.4)		
30-39	5(10.9)	69(84.1)			30(55.6)	13(17.6)		
40-49	3(6.5)	10(12.2)			10(18.5)	50(67.6)		
50-59	-	-			7(13.0)	10(13.5)		
Marital status								
Married	31(67.4)	74(90.2)	10.661	0.005*	46(85.2)	70(94.6)	4.620	0.099
Never married	14(30.4)	7(8.5)			5(9.3)	1(1.4)		
Separated/divorced	1(2.2)	1(1.2)			3(5.6)	3(4.1)		
Number of children								
none	12(26.1)	5(6.1)	20.132	p<0.0001*	5(9.3)	2(2.7)	7.255	0.123
One	17(37.0)	20(24.4)			4(7.4)	3(4.1)		
Two	14(30.4)	29(35.4)			12(22.2)	10(13.5)		
Three	2(4.3)	23(28.0)			17(31.5)	23(31.1)		
More than 3	1(2.2)	5(6.1)			16(29.6)	36(48.6)		
Religion								
Islam	7(15.2)	21(25.6)	1.862	0.172	29(53.7)	52(70.3)	4.605	0.100
Christianity	39(84.8)	61(74.4)			24(44.4)	22(29.7)		
Others	-	-			1(1.9)	0		
Number of dependents								
None								
One	44(95.7)	75(91.5)	0.791	0.374	42(77.8)	43(58.1)	5.417	0.067
Two	2(4.3)	7(8.5)			9(16.7)	23(31.1)		
	-	-			3(5.6)	8(10.8)		
Ethnic group								
Hausa	0	1(1.2)	3.179	0.365	2(3.7)	0	5.387	0.068
Igbo	10(21.7)	9(11.0)			12(22.2)	9(12.2)		
Yoruba	35(76.1)	70(85.4)			40(74.1)	65(87.8)		
Others	1(2.2)	2(2.4)			-	-		
Salary range								
10000-19000	42(91.3)	63(76.8)	4.189	0.041*	-	-	0.661	0.416
20000-29000	4(8.7)	19(23.2)			-	-		
30000-39000	-	-			51(94.4)	67(90.5)		
40000-49000	-	-			3(5.6)	7(9.5)		
Level of education*								
Lower level	43(93.5)	65(79.3)	4.514	0.034*	47(87.0)	67(90.5)	0.393	0.531
Higher level	3(6.5)	17(20.7)			7(13.0)	7(9.5)		

*lower level comprises WAEC/NCE/GRADE II; higher level comprises HND/BSc/MSc

Table 4.3e: The correlates of emotional disorders (anxiety) experienced by both groups

Characteristics	Private		Statistics Chi ²	P-value	Public		Statistics Chi ²	P-value
	normal N=46	abnormal N=82			normal N=54	abnormal N=74		
Work experience								
Years of experience								
Less/equal 10years	44(95.7)	66(80.5)	5.607	0.018*	34(63.0)	27(36.5)	8.773	0.003*
More than 10years	2(4.3)	16(19.5)			20(37.0)	47(63.5)		
What grade level do you teach								
Primary3 & below	33(71.7)	52(63.4)	0.915	0.339	34(63.0)	34(45.9)	3.630	0.057
Primary4 & above	13(28.3)	30(36.6)			20(37.0)	40(54.1)		
Educative meetings with head teacher								
Never/Seldom	4(8.7)	11(13.4)	0.634	0.426	46(85.2)	65(87.8)	0.191	0.662
Quite/very often	42(91.3)	71(86.6)			8(14.8)	9(12.2)		
Involvement in other works								
Never/Seldom	31(67.4)	69(84.1)	4.841	0.028*	50(92.6)	69(93.2)	0.020	0.887
Quite/very often	15(32.6)	13(15.9)			4(7.4)	5(6.8)		
Head teacher gives initiative to teachers								
Never/Seldom	12(26.1)	18(22.0)	0.281	0.596	45(83.3)	65(87.8)	0.524	0.469
Quite/very often	34(73.9)	64(78.0)			9(16.7)	9(12.2)		
Teachers receive compliments from head teacher								
Never/Seldom	4(8.7)	13(15.9)	1.311	0.252	41(75.9)	68(91.9)	6.296	0.012*
Quite/very often	42(91.3)	69(84.1)			13(24.1)	6(8.1)		

Table 4.3f: The correlates of emotional disorders (anxiety) experienced by both groups

Private

Public

Characteristics	Statistics		P-value		Statistics		P-value	
	normal N=46	abnormal N=82	Chi ²		normal N=54	abnormal N=74	Chi ²	
Relationships								
Relationship with head teacher								
Poor/very poor	-	-	0.122	0.727	-	-	1.171	0.279
Fair/good	40(87.0)	73(89.0)			47(87.0)	59(79.7)		
Very good	6(13.0)	9(11.0)			7(13.0)	15(20.3)		
Relationship with colleagues								
Poor/very poor	-	-	2.136	0.144	-	-	0.776	0.378
Fair/good	44(95.7)	72(87.8)			39(72.2)	48(64.9)		
Very good	2(4.3)	10(12.2)			15(27.8)	26(35.1)		
Relationship with parents								
Poor/very poor	-	-	0.009	0.924	-	-	1.588	0.208
Fair/good	45(97.8)	80(97.6)			47(87.0)	58(78.4)		
Very good	1(2.2)	2(2.4)			7(13.0)	16(21.6)		
How often do you encounter with angry parents?								
Never/Seldom	26(56.5)	62(75.6)	4.998	0.025*	54(100.0)	73(98.6)	0.735	0.391
Quite/very often	20(43.5)	20(24.4)			0	1(1.4)		
How often does your experience with angry parents affect productivity?								
Never/Seldom	30(65.2)	67(81.7)	4.366	0.037*	50(92.6)	66(89.2)	0.426	0.514
Quite/very often	16(34.8)	15(18.3)			4(7.4)	8(10.8)		
How often do you have to compromise your stand on angry parents' wishes?								
Never/Seldom	30(65.2)	63(76.8)	2.000	0.157	54(100.0)	70(94.6)	3.013	0.083
Quite/very often	16(34.8)	19(23.2)			0	4(5.4)		

Section 4

4.4. Relationship between self-esteem and levels of emotional disorders experienced by both groups. Slightly over 20% of participants with depression have low self-esteem in private school and this is statistically significant ($p=0.047$). There was no significant difference in anxiety and self-esteem for both schools. See table 4.4.

Table 4.4 -Relationship between self-esteem and levels of emotional disorders experienced by both groups.

	Private				Public			
	Self-esteem		Statistics Chi ²	P- value	Self-esteem		Statistics Chi ²	P- value
	Low N=37	normal N=91			Low N=16	Normal N=112		
Depression								
Normal	29(78.4)	83(91.2)	3.959	0.047*	6(37.5)	30(26.8)	0.795	0.373
Abnormal	8(21.6)	8(8.8)			10(62.5)	82(73.2)		
Anxiety								
Normal	13(35.1)	33(36.3)	0.015	0.904	4(25.0)	50(44.6)	2.215	0.137
Abnormal	24(64.9)	58(63.7)			12(75.0)	62(55.4)		

Section 5

4.5.1: Logistic regression analysis: Predictors of depression among public and primary school teachers.

The logistics regression analysis revealed that teachers in private schools with more than ten years of experience were less likely to have depression than those with less than ten years of experience (OR 0.01, 95% C.I (0.0-0.01), $p < 0.0001$). There was no significant association between years of experience and depression among the public school teachers.

Also teachers who taught primary 4 in public school were less likely to have depression than those who taught primary 3 and below (OR 0.21, 95% C.I (0.0-0.9), $p = 0.040$). There was no significant association between years of experience and depression among the private school teachers. See Table 4.5a.

4.5.2: Logistic regression analysis: Predictors of Anxiety among public and primary school teachers.

The logistics regression analysis revealed that teachers in public schools with one dependent were three times more likely to have anxiety than those who had no dependents (OR 3.01, 95% C.I (1.1-8.4), $p = 0.036$).

There was no significant association between number of dependents and anxiety among the private school teachers. See Table 4.5b.

Table 4.5a: Logistic regression analysis: Predictors of depression among public and primary school teachers.

Characteristics	Private schools		Public schools	
	Adjusted OR(95% C.I)	p-value	Adjusted OR(95% C.I)	p-value
Number of dependents				
None	1	0.790	1	0.084
One	0.59(0.0-27.9)		4.5(0.8-24.5)	
Two	-			
Years of experience				
More than 10years	1	p<0.0001*	1	0.952
Less/equal 10years	0.01(0.0-0.1)		1.05(0.2-4.9)	
What grade level do you teach				
Primary3 & below	1	0.486	1	0.040*
Primary4 & above	1.75(0.4-8.5)		0.21(0.0-0.9)	
Number of pupils in class				
<=20	1	0.135	-	
>20	3.59(0.7-19.2)			
Involvement in other works				
Very often	1	0.521	1	0.999
Seldom	0.50(0.1-4.2)		1.0(0.1-16.1)	
Training opportunities for teachers by management				
Very often	1	0.340	-	
Seldom	0.37(0.0-2.9)			

*indicates significance@p<0.005

Table 4.5b: Logistic regression analysis: Predictors of anxiety among public and primary school teachers.

Characteristics	Private schools		Public schools	
	Adjusted OR(95% C.I)	p-value	Adjusted OR(95% C.I)	p-value
Number of dependents				
None	1	0.707	1	0.036*
One	1.77(0.1-34.5)		3.01(1.1-8.4)	
Two	-			
Years of experience				
More than 10years	1	0.758	1	0.057
Less/equal 10years	1.32(0.2-7.9)		0.37(0.1-1.0)	
What grade level do you teach				
Primary3 & below	1	0.686	1	0.693
Primary4 & above	1.34(0.3-5.5)		1.21(0.5-3.0)	
Number of pupils in class				
<=20	1	0.907	-	
>20	1.11(0.2-6.4)			
Involvement in other works				
Very often	1	0.195	1	0.505
Seldom	3.34(0.5-20.6)		0.52(0.1-3.6)	
Training opportunities for teachers by management				
Very often	1	0.877	-	
Seldom	0.88(0.2-4.0)			

*indicates significance@p<0.005

Word count: 1049

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

This study is a comparative cross sectional descriptive study on evaluating the prevalence and correlates of emotional disorders among public and private primary school teachers in Ibadan, Nigeria. Previous studies had been conducted among secondary school teachers in Nigeria but no studies to my knowledge have been conducted among primary school teachers in South West Nigeria. Furthermore, the strength of this study is its comparative evaluation of private and public primary school teachers. A total of 256 teachers in both public and private schools in Ibadan, South West Nigeria were surveyed.

5.1.1 Socio-demographic profile of participants

This study revealed that both public (67.2%) and private (65.6%) schools reported higher percentage of female teachers. This is consistent with a study by Asa & Lasebikan (2016) who reported higher proportions of female teachers than male teachers (51.8% vs 48.2%) with significantly higher proportions of public school teachers being female (55.7%). This may be because teaching profession is a caring profession which may be considered suitable for females (Ifeagwazi et al., 2013.)

According to Sharma, (2015) the gender of teachers is a factor to improving the mental health of pupils in primary schools. Female teachers are more responsive to the needs of pupils in primary school than their male counterpart (O'Connor et al., 2011). A study by Booth (2014) further reiterates that female teachers are more sensitive to the welfare of pupils.

More than half (57.8%) of the teachers in private schools were in the age range of 30-39 years while 46.9% of teachers in the public school were in the age range of 40-49 years. This finding of older teachers in

public schools is not unusual. A study by Ingersoll, (2011) reported that teacher attrition and turnover tends to be higher in private schools than in public schools.

Higher rates of about 9 in 10 (92.2%) of public school teachers earned between N30,000 - N40,000 while 8 in 10 (82%) of the private school teachers earned between N10,000-19,000. This is consistent with a study by Orlin, (2013) which concluded that public schools teachers are paid more than their counterparts in private schools. Orlin, (2013) explained that private schools rely on individuals and pupils tuition while public schools are government funded. A study by Bond et al., (2007) also revealed that teachers in most private primary schools work long hours and earn lower salary than their counterparts in public schools. Sellen, (2006) concluded that the mental health of teachers suffer as a result of work pressures and low pay and that low pay has obvious implications for teacher effectiveness. It may be plausible that difference in the salary earned by private and public teachers is also due to type of school management and qualification at entry level. Private school owners decide on what salary to pay teachers while the government pays public school teachers based on a salary scale commensurate to their qualification and years of experience. Also, entry level qualification of private school teachers in this study is WAEC certificate while the entry level qualification of public school teachers is N.C.E or Grade II teachers certificate.

5.1.2 Work environment of teachers

All of the teachers (100%) in private school had a class size of less than 20 pupils while only 21.1% of teachers in public schools had class size of less than 20 pupils. This finding is consistent with studies by Lee and Smith (1996) and Orth et al., (2012). Lee and Smith, (1996) revealed that the public schools tend to have larger enrollment than private schools while Orth et al., (2012) stated that class sizes are smaller in private schools than in public schools. It is plausible that in Nigeria, higher class size may be due to free education provided by public schools and higher carrying capacity of the public schools.

Various studies have been documented on the importance of class size on child learning and development outcomes. A study conducted by O'Connor et al., (2011) revealed that class size affects teacher-pupil relationship and positive teacher-pupil relationship enables pupils to feel safe and secure in their learning environments and provide a framework for academic, social and emotional development of pupils. According to Hamre & Pianta (2001), this relationship is also crucial for developing self-esteem and self-concept. A study by Ryan et al., (1994) concluded that teacher-pupil relationships have an impact on the academic self-esteem of students. Self-esteem affects pupils' mental health outcomes including reducing anxiety and symptoms of depression (Orth et al., 2012).

All teachers in the private schools (100%) taught in conducive environment as compared to none (0%) of their counterparts in the public schools. Private schools offer a more conducive background for better teaching and learning conditions. Sellen, (2006) reported that private schools offer a better good school climate than public schools with positive effects on pupils' outcome. This is perhaps due to the fact that private schools charge higher school fees which they can deploy to making the school environment more conducive for learning.

This study also revealed that private schools teachers have more opportunities for training and teaching involvement. This indicates more autonomy in private schools than in public schools. It may therefore imply that recommendations for innovative school mental health programs such as training for teachers is more feasible in private schools than in public schools. This is in line with a study conducted by Dronkers & Roberts (2004). Teachers who are more informed about their mental health are more likely to be aware of pupils mental health concerns (Vandenberghe, 1999).

A higher proportion of teachers in the private school (52.3%) had good relationship with their head teacher as compared with teachers in the public school. Hofman, (1993) states there is a variation in educational

administration between public and private schools. This variation is reflected in more informal relationships and autonomy in private schools than in public schools. Dronkers & Roberts (2004) further explained that there is a tendency for stronger informal relations between school management and teachers in private schools. These informal relations can yield gains for mental health awareness among teachers (Dronkers & Roberts, 2004). It is plausible that the good relationship with the head teacher and teachers in the private school is as a result of constant efforts by school management to improve standards and keep parents satisfied with their services in view of the competitive environment in which private schools operate.

About a third of teachers in private schools (31.2%) reported they often had encounter with angry parents as compared with only 1% of teachers in public school having the same experience. Only 24.2% of teachers in the private school reported that their experience with angry parents affected their productivity. Orlin, (2013) stated that teachers in private schools answer to both management and parents while teachers in public school answer only to management. A study by Johnson, (2008) examined the relationship with teachers and confrontational parents and concluded that parents confrontational behavior affects teachers productivity in private settings. It may be plausible that parents are more confrontational in private schools because they pay higher fees and may therefore have a sense of entitlement for better quality services from the school.

5.1.3 Prevalence of emotional disorders experienced by public primary school teachers and private primary school teachers in Ibadan, Nigeria.

The prevalence of anxiety, depression and self-esteem among public and private primary schools in Ibadan was assessed.

This finding also revealed that public school teachers had significantly higher rates of depression ($p < 0.0001$) than private school teachers. This is consistent with findings by Asa and Lasebikan, (2016) who stated that one of the factors associated with the presence of depression among secondary school teachers was being a public school teacher. Asa and Lasebikan, (2016) reported higher levels of depression among public secondary school teachers than their counterpart in the private school (44.7% vs 1.8%). It may be plausible that the class size, school climate and poor working conditions such as unavailability of teaching aids in public schools is responsible for high levels of depression among public school teachers. Also 64.1% of teachers in private schools had high levels of anxiety as compared with 57.8% of teachers in public schools with high levels of anxiety. About 3 out of 10 teachers (28.9%) in private schools had low self-esteem as compared with only 1 out of 10 teachers (12.5%) with low self-esteem in public schools. This is may be due to factors such as job insecurity and high turnover of teachers in private schools.

5.1.4 The correlates of emotional disorders experienced by both groups.

The correlates of emotional disorders identified in this study were Age, gender, level of education, years of experience, salary, relationship with school management and encounter with angry parents. Gender was found to be significantly associated with depression among teachers in the public schools ($p < 0.001$). More female teachers have depression in public schools than in private schools. This finding is consistent with other studies (Asa & Lasebikan, 2013; Kornstein & Wojcik, 2002). It is likely that the organizational systems, training opportunities and conducive environment in private schools account for this difference. Younger age (< 25 years) and salary range of N10,000 – N19,000 was found to be significantly associated with depression in private schools ($p < 0.0001$ and $p = 0.030$ respectively). Also younger age (< 25 years) was found to be significantly associated with depression in public schools ($p < 0.0001$). It may be reasoned that older teachers may be more experienced in facing the challenges of teaching and are more likely to

have learnt how to make adjustments in their work based on available resources. This was reiterated by a study conducted in eastern Nigeria where age was a protective factor against depression in adults. (Obi et al., 2014).

Gender was also found to be significantly associated with anxiety experience in the public school ($p < 0.0001$). Higher percentage (52.7%) of the males experienced higher levels of anxiety than the females (47.3%) in the public schools. This is consistent with a study by Koves-Mastefy, (2006) which revealed a higher risk of anxiety disorder in male teachers. This may be attributed to other responsibilities expected of men in other areas of life (Asa & Lasebikan, 2016).

Younger age was found to be significantly associated with anxiety in public schools ($p < 0.0001$) while younger age, being married, not having children, not having tertiary education and earning a salary range of N10,000 – N19,000 was significantly associated with anxiety in private schools. ($p < 0.0001$, $p < 0.0001$, $p = 0.005$, $p < 0.034$ and $p = 0.041$ respectively). Our findings are in line with studies by Sharma, (2015) which reported being married and not having tertiary education increases the risk of developing anxiety.

My findings however differ from James et al., (2010) which did not find any association between not having children and anxiety among pre-primary school teachers.

Years of experience was found to be significantly associated with anxiety in both public and private schools ($p = 0.003$ and $p = 0.018$ respectively). Participants work load and experience with angry parents was found to be significantly associated with anxiety in private schools ($p = 0.028$, $p = 0.025$ respectively) while those who infrequently received compliments from their head teacher were found to have significant association with anxiety in public school ($p = 0.012$). Also experience with angry parents affecting productivity was significantly associated with anxiety in private schools ($p = 0.037$). This is in line with studies by Orlin, (2013) which revealed teachers in private schools report to both management and parents and studies by Johnson, (2008) where experience with confrontational parents was associated with low

productivity. This factor may serve as a marker for future studies on parent-teachers relationship and implications for teachers mental health.

5.1.5. The relationship between self-esteem and levels of emotional disorders experienced by both groups.

This study showed that one in five (21.6%) of teachers with depression in the private school had low self-esteem. This is statistically significant ($p=0.047$). This is consistent with findings by Okwaraji, (2013) which showed a positive association between teachers' depression and self-esteem in private secondary schools. This positive association between depression in private school teachers and low self-esteem may be due to factors such as greater work load, poor pay and experiences with angry parents. About a third of teachers in the private schools reported they often had encounter with angry parents. According to Dehart et al., (2006) a negative self-esteem can play a critical role in the development of a number of mental disorders and social problems, including depression and anxiety.

There was no significant difference in anxiety and self-esteem for both schools. This differed from findings by Okwaraji (2016) where there was a significant association between anxiety and self-esteem among adolescents in public secondary schools.

Multiple regression analysis was performed on the sample and various subgroups, and it was discovered that the years of experience, class teachers taught were major predictors of depression while number of dependents was a major predictor of anxiety.

5.2. Limitation

The self-administered nature of the instruments could be subject to bias.

5.3. Conclusion

The findings from this study indicate that the prevalence of anxiety and low self-esteem was higher among private school teachers than public school teachers whereas depression was more prevalent among public school teachers than private teachers.

Uni-variate analysis of findings in this study revealed that prevalence of depression in private schools was associated with years of experience, work environment and encounter with angry parents while the logistic regression only confirmed that teachers in public schools with more than ten years of experience were less likely to have depression than those with less than ten years of experience. Thus teachers in the public schools are at more risk of developing depression than teachers in the private schools. Also, teachers in private schools were at more risk of developing anxiety and low self-esteem than their counterpart in public schools.

Primary school teachers in South West Nigeria are therefore at risk of developing emotional disorders irrespective of the type of school. Hence, the mental health of primary school teachers in both public and private schools must be addressed. Helping educators to be conscientious and empowered to address their own mental health concerns is the first step to facilitating healthy learning environment that will ultimately translate to better academic, social and mental outcomes for children. Therefore, school mental health programmes should not only focus on the mental health needs of pupils but should also incorporate the mental health needs of teachers in both public and private schools.

5.4 Recommendations

1. There is need for raising awareness, dissemination of information, education and training of public and primary school teachers on their mental health and recognition of signs and symptoms of mental health

problems. Training for teachers should also include programmes on development of self-esteem and coping strategies. This will enable teachers to become mental health advocates within the school settings.

2. There is also a need for future research (for qualitative studies) to further investigate correlates of emotional problems such as parental relationship with teachers and teachers relationship with school management.

3. To ensure continuity and effectiveness in mental health training should be incorporated into the school curriculum or existing school health programmes. This will provide regular information and furnish teachers with coping strategies.

4. There is need for more advocacy for the implementation of existing policies aimed at protecting the mental health of workers in the workplace at both state and federal levels; and improvements in policies and practices of governments and institutions.

5. More collaboration among various sectors (Public and private), various ministries (Education, Health) institutions, professional associations and non-governmental organizations working in the fields of education and mental health is required to address the mental health concerns of primary school teachers.

6. More government monitoring and supervision of public and private primary schools is required to increase cooperation between school teachers, administration and the departments of education to reduce the academic problems that face teachers in the classroom.

7. Government and private school owners should strive to achieve improvements in teachers' salary, administrative support and working environment of the school. They should also facilitate professional development of teachers, improve the disciplinary problems of students which will contribute to lower rate of turnover and ultimately enhance the performance of teachers.

Word count: 2686

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APPENDIX A
INFORMED CONSENT

My name is Temitope Adelani. I am a post graduate student of the Centre for Child and Adolescent Mental Health, University of Ibadan. I am interviewing teachers in public and private primary schools in Ibadan to find out prevalence of emotional disorders (anxiety and depression) among them.

I will need you to answer questions in a questionnaire. Your honest answers to the questions will help to better understand emotional problems among teachers. Please note that the confidentiality of your responses will be maintained. Your name will not be written on the questionnaire. You will be given an identification number so your name will not be linked with any information you give.

Note that you have a right to withdraw at any time if you choose to. I will appreciate your help in taking part in this study.

Consent: I fully understand the content of this process. I will be willing to take part in the study.

.....
Signature of Participant

.....
Interview Date

.....
Name of Participant

APPENDIX B

A COMPARATIVE STUDY OF EMOTIONAL DISORDERS AMONG PUBLIC VERSUS PRIVATE PRIMARY SCHOOL TEACHERS IN IBADAN, SOUTH WEST NIGERIA

QUESTIONNAIRE

INSTRUCTION

Thank you for agreeing to participate in this survey. Please write the answers to the questions or draw a circle where it applies to you.

SERIAL NUMBER.....

DATE OF INTERVIEW

SECTION I

SOCIO DEMOGRAPHIC CHARACTERSTICS

1. How old are you?

Under 25 () 25-29 () 30-39 () 40-49 () 50-59 () 60+

2. Marital Status:

() Married () Never married () Separated () Divorced () Widowed
() cohabiting

3. Number of children:

4. Number of dependents

5. Religion

() Muslim () Christian () others please specify

6. What is your ethnic group?

.....

7. What is your Salary range?

N10,000-20,000 N20,000-30,000 N30,000-40,000 N40,000-50,000 Above N50,000

8. Do you own a car?

9. Where do you live? (Area)

10.) What is the highest level of formal education that you have completed?

GRADE II () N.C.E () O.N.D () H.N.D () B.Sc () MSc. () PhD ()

SECTION II WORK EXPERIENCE

11. How many years have you worked as a teacher?

2-5 years () 6-10 years () 11-15 years () 16-20 years () More than 20 years ()

12. How long have you been working in this school?

1-2 years () 3-5 years () 6-10 years () 11-15 years () 16-20 years () More than 20 years ()

13. What grade level do you currently teach?

14. How many pupils in your class?

15. In a typical school week, estimate the number of (60-minute) hours you spend on the following activities:

a) Teaching of students in school (either whole class, in groups or individually)

b) Planning or preparation of lessons either in school or out of school (including marking of student work)

c) Administrative duties either in school or out of school (including school administrative duties, paperwork and other clerical duties you undertake in your job as a teacher)

d) Other (please specify):

16. Below you are statements about the management of your school. Please indicate your perceptions of the frequency with which these activities took place during the current school year.

Please mark one choice in each row.

Never (1) Seldom (2) Quite often (3) Very often (4)

a) In meetings, the Head teacher discusses educational goals with teachers.

b) The Head teacher gives teachers suggestions as to how they can improve their teaching.

c) When a teacher has problems in his/her classroom, the Head teacher takes the initiative to discuss the matter.

d) The Head teacher ensures that teachers are informed about possibilities for updating their knowledge and skills.

e) The Head teacher compliments teachers for special effort or accomplishments.

f) In this school, the Head teacher and teachers work on a school development plan.

SECTION III: RELATIONSHIP WITH COLLEAGUES AND PARENTS

Please select one choice and write in the box.

Never (1) Seldom (2) Quite often (3) Very often (4)

17. How often do you have conflicts with the head teacher?

18. How often do you have conflict with other teachers?

19. How often do you have conflicts with parents?

20. When I have conflicts with parents or pupils the head teacher gives me the kind of support I need.

21. How are these conflicts resolved?

Hospital Anxiety and Depression Scale (HADS)

Instructions: Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he or she will be able to help you more. This questionnaire is designed to help your doctor know how you feel. Read each item and circle the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

I feel tense or 'wound up':	A
Most of the time	3
A lot of the time	2
Time to time, occasionally	1
Not at all	0

I still enjoy the things I used to enjoy:	D
Definitely as much	0
Not quite so much	1
Only a little	2
Not at all	3

I get a sort of frightened feeling like something awful is about to happen:	A
Very definitely and quite badly	3
Yes, but not too badly	2
A little, but it doesn't worry me	1
Not at all	0

I can laugh and see the funny side of things:	D
As much as I always could	0
Not quite so much now	1
Definitely not so much now	2
Not at all	3

Worrying thoughts go through my mind:	A
A great deal of the time	3
A lot of the time	2
From time to time but not too often	1
Only occasionally	0

I feel cheerful:	D
Not at all	3
Not often	2
Sometimes	1
Most of the time	0

I can sit at ease and feel relaxed:	A
Definitely	0
Usually	1
Not often	2
Not at all	3

I feel as if I am slowed down:	D
Nearly all of the time	3
Very often	2
Sometimes	1
Not at all	0

I get a sort of frightened feeling like 'butterflies in the stomach':	A
Not at all	0
Occasionally	1
Quite often	2
Very often	3

I have lost interest in my appearance:	D
Definitely	3
I don't take as much care as I should	2
I may not take quite as much care	1
I take just as much care as ever	0

I feel restless as if I have to be on the move:	A
Very much indeed	3
Quite a lot	2
Not very much	1
Not at all	0

I look forward with enjoyment to things:	D
A much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	3
Hardly at all	2

I get sudden feelings of panic:	A
Very often indeed	3
Quite often	2
Not very often	1
Not at all	0

I can enjoy a good book or radio or TV programme:	D
Often	0
Sometimes	1
Not often	2
Very seldom	3

Questions relating to anxiety are indicated by an 'A' while those relating to depression are shown by a 'D'. Scores of 0-7 in respective subscales are considered normal, with 8-10 borderline and 11 or over indicating clinical 'caseness'

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Rosenberg Self-Esteem Scale (RSE)

About: This scale is a self-report measure of self-esteem.

Items: 10

Reliability:

Internal consistency for the RSE range from 0.77 to 0.88. Test-retest reliability for the RSE range from 0.82 to 0.85

Validity:

Criterion validity = 0.55

Construct validity = correlated with anxiety (- 0.64), depression (-0.54), and anomie (- 0.43).

Scoring:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Items 1, 3, 4, 7	1	2	3	4
Items 2, 5, 6, 8, 9	4	3	2	1

Sum scores for all ten items. A higher score indicates more self-esteem.

References:

Rosenberg, M. (1965). [Society and the adolescent self-image](#). Princeton, NJ: Princeton University Press.

Rosenberg Self-Esteem Scale (RSE)

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel that I'm a person of worth, at least on an equal plane with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I take a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>