

A Literature Review on Social and Cultural Factors That Increase the Likelihood of Mental Illness Development in Developing Countries

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Abstract: Mental health issues have been widely proven crucial for social and economic development and well-being, remaining a significant challenge for developing countries. This paper aims to explore and discuss a number of social and cultural factors that contribute to the prevalence of mental illnesses in developing countries, including low social and economic status and low income, high unemployment and emigration levels, poorly developed mental healthcare system, high birth rate and fertility rate, high dependence on primary industry, low educational level, and stereotypes within society. Mechanisms of the above key risk factors are evaluated. This paper can be used to understand the current obstacles for developing countries to improve citizens' mental well-being and livelihood and provide information for further interventions and policies to address mental health issues.

Keywords: Mental Illness, Developing Countries, Social and Cultural Approach

1. Introduction

Developing countries are characterized especially as having lower gross national income (GNI) and gross domestic product (GDP) [1]. Developing countries usually have lower human development index (HDI), lower average income level, higher birth rate, poor education level, poor environmental maintenance, and poor housing, and they often have rural-urban migration or emigration to more developed countries. These overlap with a number of risk factors for various mental disorders.

Key characteristics of developing countries make them less likely to have access to timely treatment for mental disorders. Kakuma et al revealed that human resources for mental health in countries of low and middle income show a serious shortfall that is likely to grow unless effective steps are taken [2]. Also, even though rates of suicide behavior are similar in developing and developed countries, twelve-month prevalence estimates of suicide ideation, plans, and attempts are higher in developing countries, and the presence of mental disorders acts is a risk factor [3].

Through the literature review, this paper will discuss risk factors for mental illnesses in a social and cultural approach and their mechanisms in developing or low-income countries.

2. Factors for Mental Illnesses

Based on the literature review, this paper discusses a number of social and cultural factors that are revealed to be risk factors for mental disorders in developing countries.

2.1. Low Social and Economic Status or Income Level

Lower social and economic status has proven to be a risk factor for schizophrenia, senile and vascular dementia, as suggested by Hare, yet this study has relatively low temporal validity [4]. Similarly, Patel and Kleinman found a significant relationship between the prevalence of common mental illness (depressive and anxiety disorders) and poverty indicators [5]. Weich and Lewis suggested additionally that poverty increased the duration of episodes of common mental disorders, yet there was no relationship with the likelihood of the onset of episodes [6].

2.2. High Rate of Unemployment and Emigration

With a lower level of development, developing countries usually have limited job opportunities. Hence there is a higher unemployment rate and a possible tendency for people to migrate to more developed countries for economic reasons, whether the whole family or some of the family members migrates [7]. Kraeh et al suggested that North Korean refugees (from a developing country) to South Korea were better adjusted to their destination's environment and had better mental health if employed [8]. Unemployment was also positively correlated with comorbid anxiety and mood disorders [9]. This indicates that a lower unemployment rate negatively correlates with mental illness.

Emigration of economically active family members may increase the vulnerability of mental disorders for young and elderly populations. Wickramage et al carried out a study in Sri Lanka, and 40% of left-behind children were shown to have mental disorders. The study also found a higher prevalence of male left-behind children on their vulnerability to subclinical mental conditions [10]. The absence of a parent in left-behind children is a risk factor for social and emotional maladjustment and behavioral problems. Zhao and Yu found similar results with a larger sample size in rural areas of China; left-behind children reported more mental health problems than non-left-behind children. Yet the study discovered that girls were more likely to have mental disorders. Results also showed that being in primary school or junior high school and being a self-guardian are risk factors for mental disorders among left-behind children [11]. Thapa et al analyzed data from developing countries, and suggested that left behind older parents had higher depressive symptoms, higher levels of loneliness, lower life satisfaction, lower cognitive ability, and poorer psychological health compared to non-left behind. Risk factors for this result included the living arrangement of staying with sons or being left behind, female sex, low education, low income, poor physical health status, especially chronic disease or conditions and loss of hearing or vision, lack of regular physical activity, lack of family and social support, older age, rural residence and low frequency of children's visit [12].

2.3. Poor Medical System for Mental Illness

According to World Health Organization (WHO), government health expenditure allocated to mental health in developing countries is less than 2%. Besides that, there is an extreme scarcity of mental healthcare workers in developing countries, at minimum less than 1 for every 100,000 people. In low and middle-income countries, fewer than 1 in 5 can get any treatment [13]. Due to a lack of resources and investments, up to 85% of mental illness patients in developing countries do not receive proper healthcare [14].

The difficulty of accessing regular treatments and therapies may lead patients to potential deterioration of symptoms. At the same time, these countries may be unable to provide preventive medicine and educational programs to likely patients due to a lack of labor in mental healthcare, leading to a higher risk of mental disorder production and development.

2.4. High Birth Rate and Fertility Rate

Developing countries generally have higher birth and fertility rates than developed countries [15]. In Kahneman et al, participants reported being with their children as less enjoyable than many other activities. Parents experience a decrease in happiness in the long term after their children's birth and a drop in marital satisfaction which doesn't usually recover until the children leave the house [16]. Couples in developing countries tend to have multiple children as a supplement to labor or the result of masculine family values that center on females' function of reproduction. Therefore, parents in developing countries have a higher vulnerability to mental illness. However, Lyubomirsky revealed, in her book *The Myths of Happiness*, that with a more representative sample, parenting was found to make parents slightly happier than non-parents, with a greater increase in happiness for men especially [17].

2.5. High Dependence on Primary Industry

Fraser et al showed that the physical environment, the structure of farming families, and the economic difficulties and uncertainties associated with farming might cause stress to farmers, farm workers, farming families, and young people living on farms and harm their mental health [18]. Additionally, Booth et al found that farmers had a higher rate of suicide. Over 30% of farmers presented with exclusively physical symptoms, showing a greater possibility of having somatic symptoms than psychological symptoms for farmers with common mental illnesses [19].

Farmers have a number of risk factors for mental disorders, including isolation caused majorly by living in the countryside, numbness of emotion due to repetitive work, and higher future uncertainty due to high dependence on weather and the natural environment. They are also more accessible to suicide tools such as ropes, guns, and farm chemicals. Farmers were significantly more likely to use firearms to kill themselves, according to Booth et al [19]. With a higher dependence on the primary sector of the economy, people in developing countries have a higher risk of having mental disorders.

2.6. Low Level of Education

Low- and middle-income countries are currently facing the problem of poor education among children. The proportion of children having this problem was 57% and could possibly increase to 70% after the start of the COVID-19 pandemic, as predicted by World Bank and United Nations Educational, Scientific and Cultural Organization (UNESCO) in 2022. The amount of in-person instruction for school children was still increasing after the huge impact of the COVID-19 pandemic and subsequent lockdowns [20].

There is a significant association between low levels of education and an increased prevalence of common mental disorders, according to Araya et al [21]. Specifically, the low educational level has been shown to have the strongest correlation with anxiety disorders and depressive disorders in developing or low-income countries [5], a positive correlation with comorbid anxiety and mood disorders [9], and is a risk factor for agoraphobia and social phobia as suggested in Eaton and Keyl and Wells et al [22,23].

2.7. Stereotypes and Discriminations

With a lower level of education, developing countries usually have a higher rate of stereotyping, especially towards females and people of color, causing them to have a relatively low socioeconomic status. Patel et al conducted a study in India and found a 6.6% prevalence of common mental disorders in Indian women. Risk factors were most indicative of gender disadvantage and reproductive health, including sexual violence by the husband, low autonomy in decision-making, and low levels of

support from one's family. They also included factors indicative of severe economic difficulties, such as hunger [24].

Dos Santos et al. state that racial discrimination still exists in developing countries such as Brazil and South Africa. It has a clear negative impact on the mental health of its people, especially higher education students [25]. One's socioeconomic position is emphasized to be inextricably linked with race and essential to mental health status.

3. Conclusion

As discussed in this paper, developing countries are facing a number of risk factors that increase the likelihood of mental disorders, including low-income level, high unemployment rate, high emigration rate, poor mental healthcare system, high birth rate, and fertility rate, low educational level and presence of stereotypes and discriminations. In an ideal condition, many of them could be defused and fixed under better social and economic development. Yet, the fact is that they are currently present in developing countries because of limited growth and resources. So far, developing countries have taken significant steps in education and gender and race equality; nevertheless, much more attention to mental health in developing countries from psychological, medical, educational, and financial workers and researchers is still needed to a great extent.

3.1. Limitations

This paper is written in a view from a developing country, which may contain in-group bias. Yet China is a special case since it has a high national economic level, although it is characterized as a developing country because of its huge gap between income levels across the nation. Hence this bias may not have much influence on the conclusion of this paper. Additionally, this paper has limited research time and resources, and oversimplification might occur.

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