

Family Issues and Frequency of Female Mental Illness in Federal Psychiatric Hospital, Calabar

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Abstract

This study was conducted to ascertain the gravity of family issues on frequency of female mental illness in Federal Psychiatric Hospital, Calabar, Cross River State, Nigeria. Five research questions were raised and one hypothesis formulated to direct the course of the study. Related literatures with Biopsychosocial model constructed by Engel, (2016) was used as a study framework. A descriptive survey design was employed and simple random sample technique was used to select the study's participants. Data was collected using a structures questionnaire titled "Questionnaires on Family Issues and Frequency of Female Mental Illness" and analyzed with SPSS version 20.

The analysed data were presented in frequency tables and simple percentages. The research hypothesis was tested using a confirmatory factor analysis based on Kaiser's criterion (a rule of thumb) in conjunction with the scree test with a cut-off value of 0.32 for factor loadings. Findings revealed that all variables contributed to female mental illness but family pressure had very significant contribution due to pressures in aspect of childbirth, pressures from in-laws, family and societal beliefs, inability for a woman to give birth to different sex of children, inability of the spouse to provide adequate support to the family, cancellation of marital engagement and refusal by husband's family to accept a lady as their daughter in-law. Based on these findings, the researcher recommended that women should be fully accepted, treated with values, supported and protected with laws to avoid discrimination and stigmatization.

Keywords: Family issues, Mental illness, Frequency, Marital status, Substance abuse, Family mental history.

Introduction

The value of women is so grave that God could not complete His creation until He creates a woman. In India, women who were hitherto regarded as dormant human are reported of being significant unite for every society, partaking in every endeavor of life attainments and influencing societal changes in every society (Gyan, 2015). Coker, Davis, Arias, Desai, Sanderson, Brandt, Smith, (2002) discovered that women experience the grievous physical and sexual violence from their intimate partners. These ranges from domestic violence, depression, post-traumatic disorder, anxiety, stress, substance abuse and attempted suicide. WHO, (2017), reports global unipolar depression disabling our women two times than the men, worse off if the subject had 3 or more co-morbid psychiatric conditions. McManus, Bebbington, Jenkins and Brugha (2016), reports high incidence of anxiety disorder among women in England, than men. On household/family stress, women were published of having 10% incidence compared to men with 6% at United Kingdom (Parker, et, el., 2008). Several epidemiologic findings within and outside Africa, disclosed that there is higher rates of female mental illness than men (Gureje, 2006).

In psychology of human relation, Clement, (2017), disclosed that myelin sheaths of women are thicker than that of a man accounting for their effectiveness in information procession than the men. Further studies by Dual Diagnosis, (2017), shows that women biological constitution and predisposes women to be vulnerable to mental disorders. This is revealed in their low serotonin and reduced procession of chemical activities, which makes women less active than the men. Kitwood, (2010), responded in a session that women gets crazy because of their genetic factors, immediate societal disturbance, poverty, hormonal changes and ruminative cycles. Researchers of American Psychology Association, (2017), observed that women's anxiety disorders internalize from their emotional

conditions as a result of loneliness, withdrawal and depression. Freud in his theories posited that women are more prone to be neurosed than men due to their experience of self afflicted aggression originating from developmental disparities (Rosenfield, 1999).

From antiquity, women were saddled with the duty of childbearing, nursing of children, domestics, housekeeping, menial production and moral developers of their children. Now their role have extend to job acquisition, modeling of future characters, bread winners, invention, developers, politicians, activists, leaders and the likes. Mega Essay, (2017), asserts that women roles are more numerous and responsible than the men. They are highly expected of to be humble, faithful, productive, hardworking and resourceful, yet meted with discriminations, denial/robbing of rights, sexual harassments, rape, attack and oppression, especially the poor, uneducated and structurally disadvantaged. Women are faced with issues of abandonment, rejection, condemnation, hard labor, role shift and struggle for family sustenance, sickness of children and husband, danger of insecurity and expectations of societal beliefs. Apart from gender humiliation, socio-cultural influence goes a long way to subject a woman to thoughts of unworthiness, guilt and non-attainments (Dualdiagnosis, 2017). This contributes to lower their self-esteem, shame, anxiety, depression and at extreme, stress. World Health Organization (WHO), (2017), blames female mental illness on family burden and disabilities appearing in recurrent course of time to the same individual. Fact sheet on cause of women mental illness showed 41.9% from depression, 80% of 50 million from natural disaster, wars, conflict and displacements and 16% to 50% from violence, attempted or successful rape.

From above facts and evidence, the researcher is motivated to study the gravity of family issues on the frequency of female mental illness in Federal Psychiatric Hospital, Calabar.

Statement of the problems

The rate of female mental illness is observed quite on a high side than the men. A psychiatric ward designated for women is always three quarter to full ward filled with women in-mates every month with few bed spaces. Most women treated and allowed home on trial leave soon get relapsed within two to three months and are subject for re-admission. At Out Patient Clinic hall women takes over greater apportioned seats for clients than men. It's very pathetic to imagine reasonable mothers and wives entrusted with roles of attending to their siblings, husband, family and society severed by mental illness in a psychiatric facility.

In Federal psychiatric Hospital Calabar, 2 months study from January over February, 2017 reveals 802 female against 548 males consulting the facility's Psychiatrist with various diagnosis like bipolar affective disorder, depression, substance abuse, schizophrenia and postpartum psychosis (FPH/MSR. Vol. 3, 2017).

Government have shown great concern to curb female insanity by establishing State and Federal Ministries of Women Affairs, State and Federal Ministries of Health, Specialist and General Hospital, Drug Enforcement Agencies, Community and Public Health Workers to enlighten and attend to women problem but still, the cause and frequency of female mental illness is beyond human control.

On this regard, the researcher is motivated to investigate whether family issues are significance in the frequency of female mental illness in Federal Psychiatric Hospital, Calabar.

Specific objectives

The following are the objectives of the study:

1. To determine the contribution of family pressure to the frequency of female mental illness in Federal Psychiatric Hospital, Calabar.
2. To determine influence of marital status on frequency of female mental illness in Federal Psychiatric Hospital, Calabar.
3. To determine the contribution of substance abuse to the frequency of female mental illness in Federal Psychiatric Hospital, Calabar.
4. To determine influence of family mental history on frequency of female mental illness in Federal Psychiatric Hospital, Calabar.
5. To determine influence of early life experience on frequency of female mental illness in Federal Psychiatric Hospital, Calabar.

Research questions

The following are proposed research questions to guide the study:

1. To what extent do family pressure contributes to the frequency of female mental illness observed in Federal Psychiatric Hospital, Calabar?
2. To what extent do marital status contributes to the frequency of female mental illness in Federal Psychiatric Hospital, Calabar?
3. To what extent do substance abuse contributes to the frequency of female mental illness observed in Federal Psychiatric Hospital, Calabar?
4. To what extent do family mental history contributes to the frequency of female mental illness observed in Federal Psychiatric Hospital, Calabar?
5. To what extent do early life experience contributes to the frequency of female mental illness observed in Federal Psychiatric Hospital, Calabar?

Hypothesis

H₀: Family issues (such as family pressure, marital status, substance abuse, record of family mental cases, and early life experiences) have no significant contribution to the frequency of female mental illness observed in Federal Psychiatric Hospital, Calabar.

Literature review

Literature review of this study would be approached under the following headings: family pressure, marital status, substance abuse, family mental history and early life experience of females.

Family issues and pressures of female mental illness

Changes and stress emits from our environment to frighten us. Women were already predisposed to vulnerability through their genes and when surrounded to extreme family pressures they could rarely withstand (Thorpe, 2015). These pressures are high expectations of women to be homemakers, care givers, bread winners, and at the same time neat, kempt, attractive and in good shape for love making, yet with minimal or negligible appreciation, remuneration and commendation. It is globally known that women are poorer than men. United Nation (UN), (2010), reported that women are 70% of 1.3 billion people grounding in poverty.

Marital status of female mental illness

Watson, (2015), said that over consciousness of women to avoid sexual embarrassment and abuse keeps her under fear and stress. And when she's that over vigilance, it poses negative impacts on her resulting in psychological distress. Studies by Sarants, (2014) reports Dr. Mohsen Allah's observation regarding celibacy. He reported that spinsters suffer depression more than married women, whereas no single men demonstrate sign of depression following unmarried state. There is complication in relationship between marital status and female mental illness in situations where the family or society poses their influence on the parties. A research study by Behere & Tiwari (2011), revealed that women faces serious stress and it's worse if there is trace of mental illness in her lineage. These stresses are: first, uncertainty of coping up with her partner's family as she'd been shown around. Second, how the dowry and other customary rite would be met. Thirdly, how she would be comfortable to leave his father's house and stay in a strange place for undue period of time. Fourthly, staying in the husband's house to be taking drug always will attract suspicion that she is potential mental patient who might endanger the life of the husband. Advancing to stop her would cause her relapse. Fifthly, her first sexual experience might not be enjoyable to her. Sixthly, when she conceives would the pregnancy be welcomed or not? Seventhly, what sex of baby will she deliver? If a boy then she'll be welcomed but if a girl then she should try have a boy in her next delivery. Then finally, the stress of labour and childbirth is unpredictable. Would it be through a normal childbirth or under caesarean section? All these stressors pose exacerbating symptoms to a woman with trace of mental illness (Behere, & Tiwari, 1991).

Substance abuse of female mental illness

Use of substance abuse in women is always to escape from life disappointments, failures and frustrations. Centerbury, (2002), reports that women of 35-49 years have high alcohol tendency than men. Studies by National Institute for Health (NIH), (2015), disclosed that cyclical changes in woman sex hormones can make them more or less sensitive to drug than men. In their habit, they suffer serious health problems, sexually transmitted infections and mental problems of affective type.

Family mental history of female mental illness

Family history reveals to a greater degree that mental illness runs in families of affected cases. Thorpe, (2015), emphatically report that women are more genetically predisposed to mental illness, especially depression illness, than men.

Early life experience of female mental illness

Female children are more made to be sad and abused than the males. Most family prefers male children, objecting their arrival to the world even at the tender age. U.N. (2010), reports of several social and psychological incidence that impacts women resulting in their mental derangement, especially experience of sexual abuse.

The role of women in family and society

A woman poses the core of union which every home emits to form a family. Thereafter she becomes a pivot in which family member anchors to become a community and society. Proverbs 14: 1 describes a woman as a house builder through her wisdom, understanding and knowledge. Oladejo, (2015), commend women as builders of future generation, serving the role of our physiological liver and driving members to desired future.

Effects of women mental illness

The New York Time, (1994), reported that most families lost their mothers through divorce, alcoholism, abandonment, imprisonment and mental impairment rendering them distressed, long term damage of self-esteem, poor inter-personal relationship, insecurity and mistrust to people. On female issues, they are predisposed to sexual abuse and postpartum depression of debilitating nature. Women mental illness brings more shame and societal irresponsiveness than men. It's more pitiable and sorrowful to imagine valuable creatures like women of our society going insane mindless of her multiple roles and importance, roaming in the midst of blues far beyond reality. It wrecks down family, causes economic loss, increase chance of sickness, disability and danger. It shatters the children, cause drop out from school and vocation, wandering and homelessness, stigma and rejection of offspring and entire family.

Biopsychosocial model

A model suitable and applicable for this study is biopsychosocial model—a framework designed by Engel, (2016). It states that our health and illness state are due to relative interactions between individual biological constitution with his psychological and social factors. In that, before somebody manifests sickness till he recovers and regain his formal state, these causative factors from biology, psychology and social had come to play. None of the factor could trigger sickness on itself until they come together. In this case biology represents the person's genetic or biological make-up, psychology represents his behavior and ways of thinking, and social and cultural component are the environmental believes and expectations that determines the length and outcome of the sickness.



Figure 1. A diagram of biopsychosocial model by shaheen, L. (2013)

Scope of the study

The scope of this study is restricted to mentally ill women in Federal Psychiatric Hospital, Calabar under the following variables: family pressure, marital status, substance abuse, family mental history and early life experience on frequency of female mental illness.

Significance of the study

The significance of this study is to generate data on factors related to family issues that results in frequency of mental illness in psychiatric hospital, Calabar. This will be helpful in further research findings regarding the subject matter and also be useful in improving psychiatric nursing approach to our female patients.

Limitation of the study

Lots of limitation constrains the researcher while obtaining patients' consent. These are:

1. Poor compliance and cooperation by in-patients in data collection. This was resolved with professional explanation and conviction through the collaboration of a research assistant.
2. Researcher's ill health, and was tackled with prayers, medical directives and drugs.
3. Researcher's multiple roles, societal status and family commitments. This was shared down to other family members.

Methodology

Research design

Descriptive survey design was used for the study. This is a research design that has as its main objective the accurate portrayal of the characteristics of persons, phenomena, situation, population or groups and/or the frequency with which certain phenomena occur (Alexia, 2013). Since the purpose of descriptive survey is to observe, describe or document aspects of a situation, it is considered appropriate for this study on family issues and frequency of female mental illness in Federal Psychiatric Hospital, Calabar, Cross River State, Nigeria.

Research setting

The setting of the study is Federal Psychiatric Hospital Calabar, Cross River State in Nigeria. The hospital is located at 113 Calabar bounded northward by Calabar road, southward by Target road, eastward by White house road and westward by Edgerley road. It is one of the specialist hospitals concentrating on mental illness and promotion of mental health. It was founded on 1903 by the British Colonial Government empowering her with concept, manpower, facilities and experience of psychiatric managements. She is blessed with learned professionals in the field of nursing, medicine, pharmacy, social works, laboratory sciences, medical records, rehabilitation and occupational works.

Population of the study

The population of study includes female on admission in acute ward, females who came to the outpatient clinic per their appointment date and other females who came to consult their Psychiatrist within the time of study. According to the Hospital's Records, an average of 282 female patients visits the psychiatric outpatient department of the hospital every month while the female acute ward contains 36 beds for patients on admission. Consequently, the researcher estimated the population of the study at 318 which include the average number of females expected in the psychiatric outpatient department and the 36 patients who are also expected to be in admission during period of the study.

Target population

The target population for the study consists of all the 36 female in-patients expected to be in the hospital and 282 females the researcher expect to meet at psychiatric outpatient department at various dates of their appointment for a period of one month.

Inclusion criteria

Participants' inclusion are female patients admitted in acute ward one, females who came for psychiatric checkup and consultations.

Exclusion criteria

This includes patient relatives, unstable, chronic, child and adolescence female patients.

Sampling method/technique

The sample size for the study consist 177 females patients (in-patients and outpatient clients) in the Federal Neuropsychiatric Hospital, Calabar. The sample size was obtained using the Taro Yamane's formula for sample size determination which is shown below;

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size

N = population size = 318

e = level of precision = 0.05

$$n = \frac{318}{1 + 318(0.05)^2}$$
$$= 177.2 \approx 177$$

Simple random sampling technique was used to select the respondents who met the inclusion criteria for the study at the clinic. Balloting (with replacement) method was employed where two letters (Y & N) were written on a slip of paper. The slips were put in a bag, thoroughly mixed up and then presented before the patients to pick. Those who picked letter Y were selected to participate in the study. However, sampling was not applied in cases where the available female patients were less than 15 which is the required sample per day for the period of one month.

Instrument for data collection

A structured instrument titled "questionnaires on Family issues and frequency of female mental illness in Federal Psychiatric Hospital, Calabar" was developed by the researcher to be used for data collection. This instrument consists of one and elicits information required in measuring the variables of the study. This contains 1-28 items measuring 5 variables with 7 questions in variables 1, 6 questions in variable 2 and 5 questions in variable 3, 4 and 5 respectively.

Validation of instrument

In establishing the validity of the proposed instrument for data collection, the designed research instrument was face and content validated by an expert in test and measure and a competent psychiatric expert by evaluating the relevance of the content and clarity of the statements. The necessary suggestions from the validators were affected by the researcher in the final refinement of the instrument.

Reliability of instrument

A pilot survey was conducted for the reliability of the instrument by pre-testing forty copies of the questionnaire that served as an interview schedule in another Psychiatric Clinic at Odukpani, Cross River State. The data obtained from the copies of the structured interview schedule were subjected to test-retest reliability using the Cronbach's alpha coefficient to test the internal consistency of the instrument. A coefficient of 0.853 was obtained; thus, the reliability of the research instrument was established.

Method of data collection

The questionnaire which served as an interview schedule was used to obtain information from the respondents on family issues and frequency of female mental illness. Two research assistants were used for data collection. These research assistants were psychiatric nurses. They were trained on the purpose of the study and the interpretation of the questions in the interview schedule to facilitate the collection of data from the respondents. Data collection was done on daily bases for a period of one month. The interview was conducted on one to one basis, that is, individually. This was to ensure that the respondents were interviewed properly and calmly. A total of 177 copies of interview guide which was the sample size for the study were distributed and the same were retrieved giving a return rate of 100%.

Procedure for data analysis

Item by item analysis was carried out to show the response frequency and percentages of various categories of data generated from the research instrument. Data completed were presented in tables. Mean scores and standard deviation were also computed for all the variables under study. In testing the hypothesis, a confirmatory factor analysis was carried out to ascertain which of the studied variable significantly contribute to the observed frequency of female mental illness in Federal Psychiatric Hospital, Calabar. The decision rule will be based on Kaiser's Criteria (a rule of thumb) in conjunction with the scree test (i.e scree plot). This criterion stipulates that all factors that are greater than the eigenvalue of 1.0 should be retained (Kaiser, 1960). Using an alpha level of 0.05, an extracted factor loading is considered statistically meaningful if it is at least 0.32. All analysis was done with the aid of statistical package for social sciences (SPSS) version 20.

Data analysis/presentation of results

The data analysis is presented according to these order: family pressure, marital status, history of substance consumption and abuse, record of family mental illness and early life experience and brought up.

Family pressure and female mental illness

The table below presents the respondent's opinion on the influence of family pressure on female mental illness. According to the table 142 (80.2%) out of the 177 respondents used for the study strongly agreed that "pressure from family in the area of child birth can engender mental illness in female", 22(12.4%) agreed, while 9 (5.1%) disagreed and 4 (2.2%) strongly disagreed. 112 (63.3%) strongly agreed that "pressure from in-laws for a man to remarry can lead to mental illness in female", 52 (29.4%) agreed, 13 (7.3%) disagreed and none of them strongly disagreed. Also, 112 (63.3%) strongly agreed that "pressure from family and society for a lady who is of age to be married can trigger mental illness in female", 52 (29.4%) agreed, while 4 (2.2%) disagreed and 9 (5.1%) strongly disagreed. The respondents were asked if "inability of a woman to give birth to different sex of children can result in mental illness in female" 91 (51.4%) strongly agreed, while 56 (31.6%) agreed, 22 (12.4%) disagreed and 8 (4.5%) strongly disagreed. Furthermore, 121 (68.4%) strongly agreed that "inability of the spouse to provide adequate support can generate reoccurrence of mental illness", 26 (14.7%) agreed and disagreed respectively and 4 (2.2%) strongly disagreed. 125 (70.6%) strongly agreed that "cancellation of marital engagement can provoke mental illness in female", 43 (24.3%) agreed, while 4 (2.2%) disagreed, and 5 (2.8%) strongly disagreed. Lastly, 117 (66.1%) strongly agreed that "refusal by husband's family to accept a lady as their daughter in-law can evoke mental

illness in female”, 56 (31.6%) agreed, while 4 (2.2%) disagreed and none of the respondents strongly disagreed on this item.

Table 1. Family pressure and female mental illness (n = 177)

Item	Question	Response				
		SA	A	D	SD	Total
1.	Pressures from family in the area of childbirth can engender mental illness in female	142 (80.2%)	22 (12.4%)	9 (5.1%)	4 (2.2%)	177 (100.0%)
2.	Pressures from in-laws for a man to remarry can lead to mental illness in female	112 (63.3%)	52 (29.4%)	13 (7.3%)	0 (0.0%)	177 (100.0%)
3.	Pressure from family and society for a lady who is of age to be married can trigger mental illness in female	112 (63.3%)	52 (29.4%)	4 (2.2%)	9 (5.1%)	177 (100.0%)
4.	In ability of the woman to give birth to different sex of children can result in mental illness in female	91 (51.4%)	56 (31.6%)	22 (12.4%)	8 (4.5%)	177 (100.0%)
5.	Inability of the spouse to provide adequate support can generate reoccurrence of mental illness	121 (68.4%)	26 (12.4%)	26 (12.4%)	4 (2.2%)	177 (100.0%)
6.	Cancellation of marital engagement can provoke mental illness in female	125 (70.6%)	43 (24.3%)	4 (2.2%)	5 (2.8%)	177 (100.0%)
7.	Refusal by husband's family to accept a lady as their daughter in-law can evoke mental illness	117 (66.1%)	56 (31.6%)	4 (2.2%)	0 (0.0%)	177 (100.0%)

Marital status and female mental illness

Below is a tabular presentation of the respondents' view on the contributory effect of marital status on female mental illness in FPH, Calabar. The table shows that out of the 177 respondents used for the study, 129 (72.9%) strongly agreed that incidences of mental illness is common among singles, 26 (14.7%) agreed, while 17 (9.6%) disagreed and 5 (2.8%) strongly disagreed. 117 (66.1%) respondents strongly agreed that frustration in marriage can make someone to be mentally deranged, 56 (31.6%) agreed, 4 (2.2%) disagreed and none of them strongly disagreed. 134 (75.7%) strongly agreed that divorce can cause a woman to have mental disorder, 35 (19.8%) agreed, 8 (4.5) disagreed and none strongly disagreed on this item. 116 (65.5%) respondents strongly agreed that a matured lady who has not settled down might have mental problem because of depression, 52 (29.4%) agreed while 9 (5.1%) disagreed and none strongly disagreed. Also, 142 (80.2%) respondents strongly agreed that a

woman who lost her husband and being rejected by the family could easily have mental problem, 35 (19.8%) agreed and none disagreed and/or strongly disagreed respectively. 125 (70.6%) respondents strongly agreed that death of a suitor can trigger mental illness in female, 47 (26.6%) agreed, while 5 (2.8%) disagreed and none of them strongly disagreed.

Table 2. Marital status and female mental illness in FPH, Calabar (n = 177)

Item	Question	Response				
		SA	A	D	SD	Total
1.	Incidences of mental illness is common among singles	129 (72.9%)	26 (14.7%)	17 (9.6%)	5 (2.8%)	177 (100.0%)
2.	Frustration in marriage can make someone to be mentally deranged	117 (66.1%)	56 (31.6%)	4 (2.2%)	0 (0.0%)	177 (100.0%)
3.	Divorce can cause a woman to have mental disorder	134 (75.7%)	35 (19.8%)	8 (4.5%)	0 (0.0%)	177 (100.0%)
4.	A matured lady who has not settled down might have mental problem because of depression	116 (65.5%)	52 (29.4%)	9 (5.1%)	0 (0.0%)	177 (100.0%)
5.	A woman who lost her husband and is being rejected by the family could easily have mental problem	142 (80.2%)	35 (19.8%)	0 (0.0%)	0 (0.0%)	177 (100.0%)
6.	Death of a suitor can trigger mental illness in female	125 (70.6%)	47 (26.6%)	5 (2.8%)	0 (0.0%)	177 (100.0%)

Substance abuse and female mental illness

Table 3 below presents the respondents' opinion about the effect of substance abuse on female mental illness. The table shows that 142 (80.2%) respondents strongly agreed that frequent intake of alcohol can trigger mental illness in female, 30 (17.0%) agreed while none of them disagreed and 5 (2.8%) strongly disagreed. 147 (83.1%) respondents strongly agreed that inhalation of cocaine can engender mental illness in women, 26 (14.7%) agreed, none disagreed and 4 (2.2%) strongly disagreed. 134 (75.7%) respondents strongly agreed that consumption of Indian hemp can trigger mental illness in female, 39 (22.1%) agreed, none disagreed and 4 (2.2%) strongly disagreed. Furthermore, 138 (79.9%) respondents strongly agreed that regular smoking of tobacco can cause mental illness in female, 39 (22.1%) agreed, none disagreed and/or strongly disagreed respectively. Finally, 130 (73.4%) strongly agreed that intake of combine substances can engender mental disorder in women, 47 (26.6%) agreed and none disagreed and strongly disagreed on this item of the questionnaire.

Table 3. Substance abuse and female mental illness in FPH, Calabar (n=177)

Item	Question	Response				
		SA	A	D	SD	Total
1.	Frequent intake of alcohol can trigger mental illness in female	142 (80.2%)	30 (17.0%)	0 (0.0%)	5 (2.8%)	177 (100.0%)
2.	Inhalation of cocaine can engender mental illness in women	147 (83.1%)	26 (14.7%)	0 (0.0%)	4 (2.2%)	177 (100.0%)
3.	Consumption of Indian hemp can trigger mental illness in women	134 (75.7%)	39 (22.1%)	0 (0.0%)	4 (2.2%)	177 (100.0%)
4.	Regular smoking of	138	39	0	0	177

	tobacco can cause mental illness in female	(79.9%)	(22.1%)	(0.0%)	(0.0%)	(100.0%)
5.	Intake of combined substances can engender mental disorder in women	130 (73.4%)	47 (26.6%)	0 (0.0%)	0 (0.0%)	177 (100.0%)

Record of family mental cases and female mental illness

On the record of family mental cases and female mental illness, table 4 reveals that among the 177 respondents, 125 (70.6%) strongly agreed that it is common for females from family with mental history to have mental illness, 47 (26.6%) agreed while 5 (2.8%) disagreed and none strongly disagreed. 125 (70.6%) strongly agreed that it is very possible for mental illness to reoccur in a female with previous mental illness, 39 (22.1%) agreed, 13 (7.3%) disagreed and none strongly disagreed. 95 (53.7%) respondents strongly agreed that a mental illness is easily transmissible to female offspring from parents with psychiatric traits, 52 (29.4%) agreed, while 26 (14.7%) disagreed and 4 (2.2%) strongly disagreed. Also, 104 (58.8%) strongly agreed on the item “a member of my family had been hospitalized for mental disorder”, 26 (14.7%) agreed, 17 (9.6%) disagreed, and 30 (16.9%) strongly disagreed. Finally, when the respondents were asked if it is possible to have mental illness even when there has not been any in the family line, 138 (78.0%) strongly agreed, while 35 (19.8%) agreed, 4 (2.2%) disagreed and none strongly disagreed.

Table 4. Record of family mental cases and female mental illness in FPH, Calabar (n=177)

Item	Question	Response				
		SA	A	D	SD	Total
1.	It is common for females from family with mental history to have mental illness	125 (70.6%)	47 (26.6%)	5 (2.8%)	0 (0.0%)	177 (100.0%)
2.	It is very possible for mental illness to reoccur in a females with previous mental illness	125 (70.6%)	39 (22.1%)	13 (7.3%)	0 (0.0%)	177 (100.0%)
3.	Mental illness is easily transmissible to female offspring from parents with psychiatric traits	95 (53.7%)	52 (29.4%)	26 (14.7%)	4 (2.2%)	177 (100.0%)
4.	A member of my family had been hospitalized for mental disorder	104 (58.8%)	26 (19.8%)	17 (9.6%)	30 (16.9%)	177 (100.0%)
5.	It is possible to have mental illness even when there has not been any in the family line	138 (78.0%)	35 (19.8%)	4 (2.2%)	0 (0.0%)	177 (100.0%)

Early life experience and female mental illness

The table below presents the respondents' views on the influence of early life experience on female mental illness. The table reveals that 125 (70.6%) out of the 177 respondents used for the study strongly agreed that females who are tended by both parents are prone to mental illness, 47 (26.6%) agreed, while 5 (28%) disagreed and none strongly disagreed. 125 (70.6%) strongly agreed that females who observe their parent quarrelling and fighting are prone to mental illness later in life, 39 (22.1%) agreed while 13 (7.3%) disagreed and none strongly disagreed. 95 (53.7%) strongly agreed that rejected and disowned females are vulnerable to mental illness, 52 (29.4%) agreed, 26 (14.7%) disagreed and 4 (2.2%) strongly disagreed. 103 (58.2%) strongly agreed that females reared by

irritable parents may develop mental illness in their course of life, 27 (15.3%) agreed while 17 (9.6%) disagreed and 30 (16.9%) strongly disagreed. Lastly, the table shows that 138 (78.0%) respondents strongly agreed that over-pampered female children are susceptible to mental illness, 35 (19.8%) agreed, 4 (2.2%) disagreed and none strongly disagreed.

Table 5. Early life experience and female mental illness in FPH, Calabar (n=177)

Item	Question	Response				
		SA	A	D	SD	Total
1.	Females who are tended by both parent are prone to mental illness	125 (70.6%)	47 (26.6%)	5 (2.8%)	0 (0.0%)	177 (100.0%)
2.	Females who observe their parent quarrelling and fighting are prone to mental illness in later life	125 (70.6%)	39 (22.1%)	13 (7.3%)	0 (0.0%)	177 (100.0%)
3.	Rejected and disown females are vulnerable to mental illness	95 (53.7%)	52 (29.4%)	26 (14.7%)	4 (2.2%)	177 (100.0%)
4.	Females reared by irritable parent may develop mental illness in their course of life	103 (58.2%)	27 (15.3%)	17 (9.6%)	30 (16.9%)	177 (100.0%)
5.	Over pampered female children are susceptible to mental illness	138 (78.0%)	35 (19.8%)	4 (2.2%)	0 (0.0%)	177 (100.0%)

Test of hypothesis

H₀: Family issues (such as family pressure, marital status, substance abuse, record of family mental cases, and early life experiences) have no significant contribution to the frequency of female mental illness in Federal Psychiatric Hospital, Calabar.

To test the above stated hypothesis, data were subjected to factor analysis using Principal Component factoring and orthogonal varimax rotation. All KMO values for the individual items were above 0.5 and the Kaiser-Meyer-Olkin measure (KMO) was 0.876 indicating the data were sufficient for CFA. The Bartlett's test of sphericity $\chi^2 = 1299.776$, $P < 0.05$ showed that there were patterned relationship between the variables; hence, CFA could be carried out using the variables (see appendix).

Table 6. Variables mean scores

	Mean	Std. Deviation	Analysis N
Family Pressure	3.5480	.72238	177
Marital Status	3.6667	.58062	177
Substance abuse	3.7458	.54125	177
Record of family mental cases	3.0169	1.17973	177
Early life experience	3.5085	.79857	177

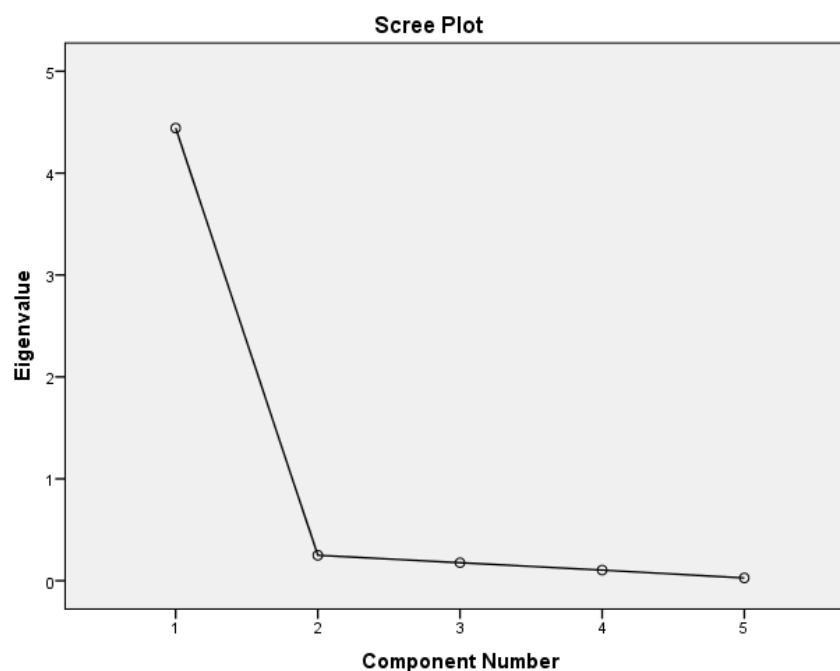
Table 7. Total variance explained

Component	Initial Eigen values			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.442	88.845	88.845	4.442	88.845	88.845
2	.250	4.991	93.836			
3	.176	3.529	97.365			
4	.104	2.089	99.454			
5	.027	.546	100.000			

Extraction method: Principal component analysis.

Table 6 above presents the mean scores of the research variables. According to the table substance abuse has the highest mean score of 3.7458 followed by marital status (3.6667), family pressure (3.5480), early life experience (3.5085), while record of family mental cases has the least mean score of 3.0169. This statistical observation however shows that substance abuse is the most important variable that contributes to female mental illness in Federal psychiatric Hospital, Calabar.

However, using an eigenvalue of 1.0, only one factor explained an extracted variance of 88.845%. The scree plot confirms the findings of retaining one factor. Using a significant factor criterion of 0.32, family pressure is the only significant variable. With this, it can be concluded that only variable 1 (family pressure) significantly contributes to the frequency of female mental illness observed in Federal Neuropsychiatric Hospital Calabar.



Discussion of findings

The study was carried out to investigate family issues and frequency of female mental illness in Federal Psychiatric Hospital, Calabar, Cross River State. Findings of the study will be discussed base on the variables under investigation.

Family issues and female mental illness in

Findings revealed that majority of the study participants were of strong opinion that pressures from family in the aspect of child birth can engender mental illness in female; a good number of them earnestly believe that pressures from in-laws for a man to remarry can lead to mental illness in female while the same proportion strongly agreed that pressure from family and society for a lady who is of age to be married can trigger mental illness in female. More so, findings further revealed that about

51.4% of the participants strongly affirmed that inability of the woman to give birth to different sex of children can result in mental illness in female; many of them strongly opined that inability of the spouse to provide adequate support can generate reoccurrence of mental illness while most of the participants believed strongly that cancellation of marital engagement can provoke mental illness in female; and a higher percentage strongly accept that refusal by husband's family to accept a lady as their daughter in-law can evoke mental illness in female.

The results stated above corroborate with Mega Essay (2017) who stressed that women are faced with issues of abandonment, rejection, condemnation, hard labour, role shift and struggle for family sustenance, sickness of both husband and children, danger of insecurity and expectations of societal beliefs. Accordingly, Dual diagnosis (2017) further maintained that apart from gender humiliation, socio-cultural influence goes a long way to subject a woman to thoughts of unworthiness, guilt and non-attainment. This however contributes to lower their self-esteem, cause shame, anxiety, depression, and at extreme, stress which are indication of mental disorder. Parker et al. (2008) in a report cited that incidence of household/family stress was 10% higher compared to men at United Kingdom.

Marital status and female mental illness

Results revealed that a greater part of the study participants strongly agreed that incidence of mental illness is common among singles; a good number of them were of strong opinion that frustration in marriage can make someone to be mentally deranged; most of them strongly believed that divorce can cause a women to have mental disorder; while many participants affirmed strongly that a matured lady who has not settled down might have mental problem due to depression; majority strongly agreed that a woman who lost her husband and is being rejected by the family could easily have mental problem; and a higher percentage were of strong opinion that death of a suitor can trigger mental illness in female.

These findings are in agreement with Dr. Mohsen Allah's observation as reported by Sarants (2014). According to this report, spinsters suffer depression more than married women, whereas no single man demonstrates sign of depression following unmarried state.

Substance abuse and female mental illness

Findings of the study revealed that a significant proportion of the participants firmly believed that frequent intake of alcohol can trigger mental illness in women; majority strongly agreed that inhalation of cocaine can engender mental illness in women; a greater percentage affirmed strongly that consumption of Indian hemp can trigger mental illness in women; while many of them strongly opined that regular smoking of tobacco can engender mental disorder in women.

These results corroborate with the report of National Institute for Health (NIH) (1994). The report disclosed the fact that women who abuse substance suffer serious health problems, sexually transmitted infection and mental problems of affective type. According to them, women involves in drug abuse due to early victimization, genetic predisposition and parental exposure.

Record of female mental cases and female mental illness

Results of the study revealed that about 70.6% of the participants were of the view that it is common for females from family with mental history to have mental illness; the same percentage of participant opined strongly that it is very possible for mental illness to reoccur in a female with previous mental illness; many of them also said in strong affirmation that mental illness is easily transmissible to female offspring from parents with psychiatric traits; while a higher proportion believed strongly that a member of their family had been hospitalized for mental disorder; and most of them were of strong opinion that it is possible to have mental illness even when there has not been any in the family line.

These findings agree with Thorpe (2015) who empirically reported that women are more genetically predisposed to mental illness especially depression illness. Accordingly, Kindler (2001) is of the opinion that the possibility of female inheritance of mental illness is predominant in cases where people lives as they like, but controlled where people are restricted to norms and disorders of

the society. Also, Be here & Tiwari (2011) pointed out that women faces serious stress and it's worse if there is trace of mental illness in her lineage.

Early life experience and female mental illness

The study findings revealed that most of the participants strongly agreed that females who are tended by both parents are prone to mental illness; most of them agreed strongly that females who observe their parents quarrelling and fighting are prone to mental illness later in their life; about 53.7% strongly believed that rejected and disowned females are vulnerable to mental illness; while a good number of the participants said in strong affirmation that females reared by irritable parents may develop mental illness in their course of life; and many of them strongly opined that over pampered female children are susceptible to mental illness.

These findings are in consonance with Polymer et al (2010) who stated that trauma in childhood, separation in families and bereavement of parent can result in female impulsive and poor emotional control which could lead to mental instability. Also, Gupta (1999) supported the opinion that over pampered children due to the inability of parents to enforce appropriate age-limit treatment, preventing them from facing difficulties, unnecessary provision of material gifts even when she does not deserve and poor parental modelling could induce mental illness in female later in their lives. Accordingly, Smith and Jaffe (2017) found that women raised and nurtured by untreated depressed mother are bound to have problem in their social relations, emotional liabilities and poor cognitive development.

Result of hypothesis

The study hypothesis was stated in the null form and seeks to establish the contribution of the studied variables to the observed frequency of female mental illness in the study area. A confirmatory factor analysis was conducted in order to extract the variables which contribute meaningfully to the frequency of female mental illness. Results based on the mean score of each variable revealed that substance abuse contributed mostly to the frequency of female mental illness. However, this observation was not significant as family pressure was the only variable extracted (based on Kaiser's criterion) with a loading of 4.442 which is greater than the cut-off value of 0.32. Hence, it was concluded that family pressure have a significant contribution to the frequency of female mental illness in Federal Psychiatric Hospital Calibre, Cross River State.

This result corroborate with the opinion of Smith and Jaffe (2017) who asserts that women's respond to family and social stress results in lots of mental illness found in depression. According to them, woman in attempt to relieve herself would ruminate in the form of crying and reporting to friends. They further stressed that marital or courting issues, managing challenges for smooth life at home and career pursuits, care for spouse, aging parents and children, persistent money lack, death of loved ones and loneliness can all hasten a woman's mental destabilization.

Conclusion

Based on findings of the study, it is concluded that among the five variables used for the study, only family issues and pressures had significant contribution to the frequency of female mental illness in Federal Psychiatric Hospital, Caliber. This arise from pressures in aspect of childbirth, pressures from in-laws, family and societal beliefs, inability for a woman to give birth to different sex of children, inability of the spouse to provide adequate support to the family, cancellation of marital engagement and refusal by husband's family to accept a lady as their daughter in-law.

Recommendations

Based on the findings stated above, the researcher recommends that:

1. There should be full acceptance of women by in-laws into every matrimonial homes
2. Women should be treated with values, supported and tolerated in their various matrimonial homes
3. The Government, Community Leaders and Family Heads should enact laws to protect, forestall women's rights and care in their matrimonial homes

Implication to nursing

Findings from the study revealed that family issues and pressures had greater significance to the frequency of female mental illness. This implies that nurses should recognize their role as mother surrogate at psychiatric outpatient clinic, general hospitals, psychiatric wards/hospitals, State Prison Service, Community Health Clinics and Health Centers. Here they should act as expert providers of crisis intervention (APNA, 2017), by assessing and interviewing patients and relatives to detect history, symptoms, illness and daily living habits. She works as a team leader to advocate and direct managing team toward patient's problems, develop and ensure administration of planned care, counsel patients and family members and follow-up through home visit when she's on trial leave, and counsel family against discrimination and stigmatization to prevent relapsed. This she could succeed by exempting baize, politics, scandalizing, discriminating and criticizing patient and his symptoms; but in-cooperates acceptance, love, empathy and sympathy, passion in service, dedication and interest for the patient. This is best summarized in creation of effective and positive nurse/patient relationship to enhance disclosure for individual counseling of the patient and family over understanding of patient's condition and managements.

Suggestions for further studies

1. The researcher suggests that same study should be carried out in other psychiatric institutions in Nigeria to serve as a comparative study.
2. Societal contribution to incidence of puerperal psychosis in health care institutions
3. Beliefs about stroke amongst people of Caliber, Cross River State, Nigeria

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Reliability

Case processing summary

	N	%
Valid	38	95.0
Cases Excluded ^a	2	5.0
Total	40	100.0

a. Listwise deletion based on all variables in the procedure.

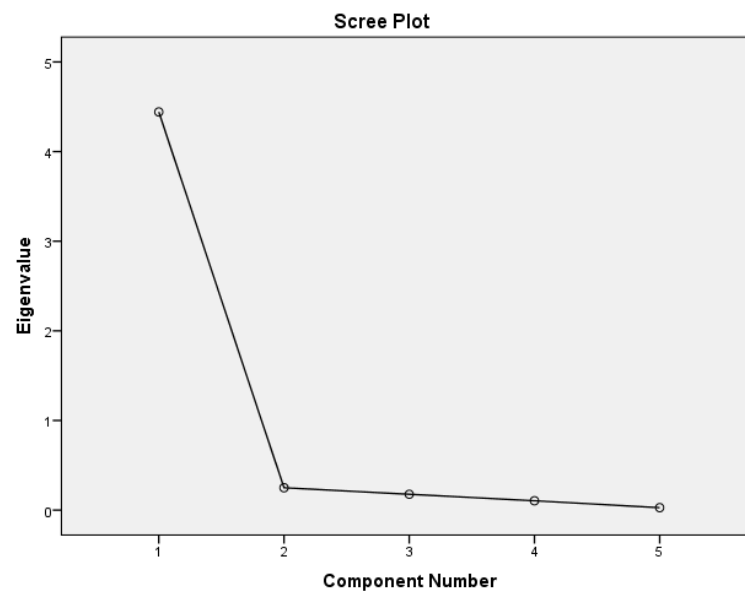
Reliability statistics

Cronbach's Alpha	N of Items
.853	28

Item statistics

	Mean	Std. Deviation	N
VAR00001	3.6579	.70811	38
VAR00002	3.6316	.63335	38
VAR00003	3.5526	.79517	38
VAR00004	3.4211	.85840	38
VAR00005	3.6053	.71809	38
VAR00006	3.5526	.72400	38
VAR00007	3.6579	.58246	38
VAR00008	3.6579	.74530	38

VAR00009	3.6579	.53405	38
VAR00010	3.6579	.58246	38
VAR00011	3.6579	.53405	38
VAR00012	3.7895	.41315	38
VAR00013	3.6053	.63839	38
VAR00014	3.7105	.65380	38
VAR00015	3.7368	.60109	38
VAR00016	3.7105	.61106	38
VAR00017	3.8158	.45650	38
VAR00018	3.6316	.54132	38
VAR00019	3.7368	.44626	38
VAR00020	3.6053	.71809	38
VAR00021	3.3947	.82329	38
VAR00022	3.2895	1.01096	38
VAR00023	1.3421	.70811	38
VAR00024	3.6316	.71361	38
VAR00025	3.0526	1.03838	38
VAR00026	3.3947	.78978	38
VAR00027	3.2105	.87481	38
VAR00028	2.0526	.92845	38



Component Matrix^a

	Component
	1
Variable5	.967
Variable1	.967
Variable2	.958
Variable4	.919
Variable3	.900

Extraction method: Principal component analysis

a. 1 components extracted.

Reproduced correlations

	Variable1	Variable2	Variable3	Variable4	Variable5
Reproduced Correlation	Variable1	.935 ^a	.926	.870	.889
	Variable2	.926	.917 ^a	.862	.880
	Variable3	.870	.862	.810 ^a	.827
	Variable4	.889	.880	.827	.845 ^a
	Variable5	.935	.926	.871	.889
Residual ^b	Variable1		-.027	-.047	-.033
	Variable2	-.027		-.012	-.026
	Variable3	-.047	-.012		-.064
	Variable4	-.033	-.026	-.064	
	Variable5	.037	-.019	-.057	-.030

Extraction method: Principal component analysis.

- Reproduced communalities
- Residuals are computed between observed and reproduced correlations. There are 2 (20.0%) non-redundant residuals with absolute values greater than 0.05.