

FAMILY SYSTEMS AND MENTAL HEALTH OF UNMARRIED WOMEN OF MARRIAGEABLE AGE IN AKWA IBOM STATE, NIGERIA

^a**EDEM**, Usenobong Donald, ^b**JOSEPH**, Daragold Victor & ^c**ARCHIBONG**, Edidiong Benjamin

Department of Guidance and Counselling

University of Uyo, Uyo, Nigeria

Correspondence: usenobongedem@uniuyo.edu.ng

08037898279

Abstract

This study examined how family-system dimensions relate to the mental health of unmarried women of marriageable age in Akwa Ibom State. The family system dimensions under study included family interaction, family support, family affluence and family flexibility from which corresponding research questions and hypotheses were formulated. The study adopted a descriptive survey research design. 150 respondents were sampled from a population of unmarried women of marriageable age in Etinan Local Government Area of Akwa Ibom State (designated as 29 – 40 years). The instrument for data collected was a researcher-developed instrument titled “Family System and Mental Health of Unmarried Women of Marriageable Age” The reliability coefficient (Cronbach’s alpha) for the instrument was 0.82. Independent-samples t-tests compared mental-health scores between respondents categorized as “high” versus “low” on four family variables. All hypotheses were tested at the 0.05 alpha level. Results indicated that family interaction had a significant influence on mental health ($t = 16.782, p < 0.05$), perceived family support had a significant influence on mental health ($t = 6.753, p < 0.05$), family affluence had a significant influence on mental health ($t = 7.256, p < 0.05$), and family flexibility had a significant influence on mental health ($t = 18.244, p < 0.05$). The study recommended among others that short family-system workshops should be established that teach active listening, non-blaming disclosure, and collaborative problem solving in order to strengthen constructive family interaction.

Key words: Family Systems, Mental Health, Unmarried Women, Marriageable age

Introduction

The family is fundamentally a group of individuals connected by blood, marriage, or other significant ties and may or may not share a household. Each family operates within a unique set of rules, regulations, and principles shaped by various socioeconomic and environmental factors. These guiding principles influence how families respond to critical life situations, such as marriage. While some families prioritize education and career development over marriage as a measure of success, others, particularly in Africa, view marriage as an essential milestone that defines a woman’s social identity. In such a later family, the absence of marriage by a certain age (typically considered to be between 18 and 29 years) is met with societal disapproval. Such disapproval often manifests through stigmatization, gossip, and exclusion, creating significant environmental pressures that can adversely affect the mental health of unmarried women.

Marriage is a foundational institution in Nigeria, often associated with social status, parenthood, and societal acceptance. Women are generally expected to marry between the ages of 18 and 29; those who remain unmarried beyond this age face stigma, reduced social acceptance, and family pressure (Ntoimo & Isiugo-Abanihe, 2014). However, the proportion of never-married women is increasing, influenced by factors such as education, economic independence, modern lifestyles, and shifting cultural values (National Population Commission, 2009; Chizomam & Abanihe, 2014). Family systems, defined as structured patterns of interactions, emotional bonds, communication styles, and power dynamics within the family, play a critical role in shaping individual behaviour and societal norms (Sutphin et al., 2013; Walsh, 2017).

These systems significantly influence women's decisions around marriage and their mental health outcomes throughout life.

The World Health Organization (2024) defines mental health as a state of well-being where individuals realize their abilities, cope with stress, work productively, and contribute to their community. Mental health issues are prevalent worldwide, with women often more adversely affected by disorders such as anxiety and depression (Madhani *et al.*, 2017). Unmarried women in marriage-centric societies face unique pressures, including social stigmatization and emotional distress, which can significantly impact their mental health. Talukder *et al.* (2020) noted that societal pressure on unmarried women leads to loneliness, emotional regulation challenges, and reduced social support, exacerbating mental health challenges.

In Southern Nigeria, marriage remains a key indicator of a woman's social integration and success. Families often view marriage as essential for societal acceptance, and failure to marry within the expected age range can lead to social exclusion and familial disappointment. Some of the key variables in the family system which may influence mental health of unmarried women of marriageable age include family interaction, family support, family affluence, and family flexibility.

Family interaction primarily refers to the frequency, quality, and nature of communication, bonding, and emotional connection among family members. It encompasses verbal and non-verbal exchanges that shape interpersonal relationships within the family unit. It is characterized by the quality and frequency of communication, bonding, and emotional connections among family members (Wachitha and Devi, 2015). Positive family interactions strengthen emotional bonds and promote healthy family relationships, whereas negative interactions can lead to conflict. Open and honest interaction within a family allows members to express their needs, wants, and concerns, which helps avoid conflict and maintain good relations. Family interaction is a protective factor that is significantly and negatively correlated with health risks (Wu *et al.*, 2022).

Family support, including emotional, social, and financial assistance, plays a crucial role in the mental health of unmarried women of marriageable age. Emotional support from family, such as encouragement and validation, helps foster self-confidence and resilience, which are protective against anxiety and depression. Social support, through involvement in family decision-making and events, ensures a sense of belonging and connectedness. Financial support relieves economic stress, which is particularly significant in societies where economic stability is closely tied to well-being (McDonnell and Gracia, 2024). Unmarried women of marital age often face unique mental health challenges due to the absence or insufficiency of these support systems. Studies (Mayo Clinic, 2008; Dharani and Balamurugan, 2024) indicate that unmarried women, especially those in rural settings, report lower self-rated health and higher rates of depression compared to their married counterparts. This is partly attributed to a lack of social and emotional support, which can lead to social isolation and increased vulnerability to mental health issues such as anxiety and depression (Kamaryati, and Malathum, 2020).-

Family affluence can be defined as the financial and economic stability of a family. It determines access to resources such as quality healthcare, education, and a comfortable living environment, all of which contribute to mental well-being. Economic well-being significantly influences mental health. Women from financially stable families generally have better access to healthcare, career opportunities, and recreational activities that enhance their well-being. Financial security can reduce stress related to economic hardships and provide greater autonomy in life choices. However, excessive affluence without emotional support can lead to pressure, loneliness, or strained family relationships. Conversely, women from less affluent families may experience heightened stress due to financial instability, which can limit opportunities and create

anxiety about future security. The impact of family affluence on mental health varies based on the family's ability to provide both financial stability and emotional reassurance (Lenzi *et al.*, 2012).

Family flexibility is the ability of a family system to adapt to changes in roles, responsibilities, and social expectations without creating undue stress or conflict among its members. Flexible families encourage open-mindedness and adaptability, allowing individuals to pursue personal and professional aspirations while maintaining family cohesion. For unmarried women of marriageable age, a flexible family structure provides the autonomy to make life choices without rigid cultural or societal constraints. Such an environment can lower stress levels and enhance psychological well-being. In contrast, rigid family structures that impose strict expectations, such as pressure to marry at a certain age for economic gains, which will further contribute to anxiety, emotional distress, and diminished self-worth. Family flexibility is thus a key factor in promoting mental resilience, fostering a sense of self-determination, and reducing the negative impact of societal expectations (Vogel & Pfefferbaum, 2017)

Despite the increasing percentage of unmarried women in Nigeria, there is limited research exploring the intersection of family systems and mental health among this demographic. This study addresses the gap by examining the relationship between family systems and the mental health of unmarried women of marriageable age in Etinan Local Government Area. The findings will provide valuable insights into how family system key variables influence mental health outcomes for unmarried women, thereby informing interventions to support this vulnerable group.

Statement of Problem

Unmarried women of marriageable age in Nigeria's South-South region, particularly in the Etinan Local Government Area of Akwa Ibom State, face intense social pressure and stigma to marry early. This pressure, stemming from family, religious leaders, and the wider community, often leads to significant mental health challenges. These women experience feelings of inadequacy, low self-worth, emotional distress, and symptoms of depression, frequently leading to social withdrawal and disengagement. Despite the profound impact of these pressures, there is a critical research gap concerning the influence of family systems on the mental health of unmarried women in this specific region. This lack of data hinders the development of effective, culturally-sensitive counselling and mental health interventions. This study aims to address this gap by exploring how family systems affect the mental well-being of unmarried women of marriageable age in Etinan Local Government Area, Akwa Ibom State.

Research Questions

The following questions were raised for this study;

1. How does family interaction influence the mental health of unmarried women of marriageable age?
2. What is the influence of family support on the mental health of unmarried women of marriageable age?
3. How does family affluence affect the mental health of unmarried women of marriageable age?
4. In what ways does family flexibility influence the mental health of unmarried women of marriageable age?

Research Hypotheses

Based on the research objectives and questions, the study will test the following hypotheses:

1. Family interaction has no significant influence on the mental health of unmarried women of marriageable age.

2. Family support has no significant relationship effects the mental health of unmarried women of marriageable age.
3. Family affluence has no significant influence on the mental health of unmarried women of marriageable age.
4. Family flexibility has no significant influence on the mental health of unmarried women of marriageable age.

Methodology

The study adopted a descriptive survey research design. This research design is suitable as the researcher sought to investigate the influence of family systems on the mental health of unmarried women of marriageable age. The population consisted of unmarried women of marriageable age, defined here between 29 and 40 years, residing within Etinan L.G.A excluding women who remained unmarried due to religious celibacy or physical/ mental disabilities. A sample size of 150 respondents was adopted using a purposive sampling technique to select unmarried women of marriageable age (29-40 years) residing in Etinan Local Government Area.

A structured questionnaire entitled “Family System and Mental Health of Unmarried Women of Marriageable Age Questionnaire” (FSMHUWMAQ) with different sections of the instrument arranged to the research variables was used for the study. The questionnaire was divided into two sections: Section A: Family System Variables: assessed domains such as family communication, emotional support, parental pressure and family expectations while Section B: Mental Health Questionnaire: measured psychological well-being. The questionnaire was a Likert-scale type comprising four sections of Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). All statistical analyses were performed using IBM SPSS Statistics Version 25, with a significance level set at $p < 0.05$.

Presentation of Results

Research Question 1: How does family interaction influence the mental health of unmarried women of marriageable age?

Table 1: Mean (\bar{x}) and Standard Deviation Scores of Mental Health of Unmarried Women of Marriageable Age classified by (n = 150)

Family Interaction	n	\bar{x}	SD	Mean Difference
Low	58	18.60	3.65	9.08
High	92	27.68	2.93	

From Table 1, it is revealed that the mean score of mental health of unmarried women of marriageable age for women with low family interaction was 18.60 with a standard deviation of 3.65 while those with high family interaction had mean score of 27.68 with a standard deviation of 2.93. This is an indication that unmarried women of marriageable age with high family interaction have better or improved mental health compared to those with low family interaction. The notable mean differences of 9.08 suggest that family interaction plays a crucial role in supporting the mental health of unmarried women of marriageable age and that mental health increases as family interaction increases.

Research Question 2: What is the influence of family support on the mental health of unmarried women of marriageable age?

Table 2: Mean (\bar{x}) and Standard Deviation Scores of Mental health of Unmarried Women of Marriageable Age Classified by Family Support (n = 150)

Family Support	n	\bar{x}	SD	Mean Difference
Low	37	19.54	4.30	
High	113	25.69	4.96	6.15

From Table 2, it is revealed that the mean score of mental health of unmarried women of marriageable age for women with low family support was 19.54 with a standard deviation of 4.30 while those with high family support had mean score of 25.69 with a standard deviation of 4.96. This implies that unmarried women of marriageable age with high family support have better or improved mental health compared to those with low family support. That is, an increase in family support tends to be accompanied by increased mental health.

Research Question 3: How does family affluence affect the mental health of unmarried women of marriageable age?

Table 3: Mean (\bar{x}) and Standard Deviation of Mental Health of Unmarried Women of Marriageable Age Classified by Family Affluence (n = 150)**Table 3: Mean (\bar{x}) and Standard Deviation of Mental Health of Unmarried Women of Marriageable Age Classified by Family Affluence (n = 150)**

Family Affluence	n	\bar{x}	SD	Mean Difference
Low	36	19.19	3.81	
High	114	25.75	4.97	6.55

From Table 3, it is revealed that the mean score of mental health of unmarried women of marriageable age for women with low family affluence was 19.19 with a standard deviation of 3.81 while those with high family affluence had mean score of 25.75 with a standard deviation of 4.97. This indicates that mental health increases with increased family affluence thereby suggesting that unmarried women with greater family affluence tend to have better mental health.

Research Question 4: In what ways does family flexibility influence the mental health of unmarried women of marriageable age?

Table 4: Mean (\bar{x}) and Standard Deviation Scores of Mental Health of Unmarried**Women of Marriageable Age Classified by Family Flexibility (n = 150)**

Family Flexibility	n	\bar{x}	SD	Mean Difference
Low	57	18.37	3.21	
High	93	27.73	2.95	9.36

Table 4 shows that the mean score of mental health of unmarried women of marriageable age for women with low family flexibility was 18.37 with a standard deviation of 3.21 while those with high family flexibility had a mean score of 27.73 with a standard deviation of 2.95. This is an indication that unmarried

women of marriageable age with high family flexibility have better or improved mental health compared to those with low family flexibility. The substantial mean difference between groups and notable increase is an indication that family flexibility plays a crucial role in the mental health of unmarried women of marriageable age.

Hypothesis 1

Table 5: Summary of Independent Sample T-test Analysis of the Influence of Family Interaction on Mental health of Unmarried Women of Marriageable Age

Family Interaction	n	\bar{x}	SD	t	p-value	Decision
Low	58	18.60	3.65			
16.782 0.000 Reject Ho1					p<0.05	
High	92	27.68	2.93			

Significant at 0.05 alpha level, df = 148

From the result in Table 5, it is revealed that the t-value = 16.782 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 148 degrees of freedom. Based on this result, the formulated null hypothesis one is rejected. Therefore, family interaction has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area.

Hypothesis Two (Ho2)

Table 6: Summary of Independent Sample T-test Analysis of the Influence of Family Support on Mental health of Unmarried Women of Marriageable Age

Family Support	n	\bar{x}	SD	t	p-value	Decision
Low	37	19.54	4.30			
6.753 0.000 Reject Ho1					p<0.05	
High	113	25.69	4.96			

Significant at 0.05 alpha level, df = 148

From the result in Table 6 it is revealed that the t-value = 6.753 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 148 degrees of freedom. Based on this result, the formulated null hypothesis two was rejected. Therefore, family support has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area.

Hypothesis Three (Ho3)

Table 7: Summary of Independent Sample T-test Analysis of the Influence of Family Affluence on Mental health of Unmarried Women of Marriageable Age

Family Affluence	n	\bar{x}	SD	t	p-value	Decision
Low	36	19.19	3.81	7.256	0.000	Reject Ho1 p<0.05
High	114	25.75	4.97			

From the result in Table 7, it is revealed that the t-value = 7.256 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 148 degrees of freedom. Based on this result, the formulated null hypothesis three was rejected. Therefore, family affluence has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area.

Hypothesis Four (Ho4)

Table 8: Summary of Independent Sample T-test Analysis of the Influence of Family

Flexibility on Mental health of Unmarried Women of Marriageable Age

Family Interaction	n	\bar{x}	SD	t	p-value	Decision
Low	57	18.37	3.21			
18.244	0.000	Reject Ho1			p<0.05	
High	93	27.73	2.95			

From the result in Table 8, it is revealed that the t = 18.244 and the p-value of 0.000 is less than the 0.05 alpha level of significance at the 148 degrees of freedom. Based on this result, the formulated null hypothesis four was rejected. Therefore, family flexibility has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area.

Discussion of Findings

The following were the discovery at the end of the study and analysis of the data gotten from the respondents on each hypothesis.

For hypothesis one, the results as shown in Table 5 revealed that family interaction has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area. Unmarried women of marriageable age who report higher levels of family interaction have meaningfully better mental health than those reporting lower interaction. The magnitude of the t-value indicates that the difference is not trivial within this sample, which suggests family interaction is a salient correlate of psychological wellbeing in this population. This aligns with the findings of Cohen et al. (2011) which argued that resilience is a collective family characteristic shaped by factors such as communication, emotional support, and collaborative problem solving rather than merely an individual trait. Thomas et al. (2017) also found that married individuals, particularly those in high-quality marital relationships, were found to experience better overall mental health outcomes.

The findings based on Hypothesis two revealed that family support has a significant influence on the mental health of unmarried women of marriageable age in Etinan Local Government Area. Indicate that perceived family support distinguishes mental-health outcomes as unmarried women who perceive high family support score better on mental-health measures than those perceiving low support. The statistical significance confirms that perceived support is an important, measurable correlate of wellbeing in this sample. This corroborates with the findings of Igbolo et al. (2017) which showed that individuals reporting high levels of family and social support experienced significantly lower stress and enhanced psychological well-being. Similarly, Olabisi et al. (2023) from their findings highlighted the crucial protective role that robust social and family networks play in mitigating mental health risks among aging populations.

For hypothesis 3, analysis showed that family affluence had a significant influence on mental health of unmarried women of marriageable age in Etinan Local Government Area. As family affluence increases, so do mental-health scores among unmarried women in Etinan. The significance and direction of the effect indicate that economic resources in the family context materially influence psychological wellbeing for this group. Two earlier works reviewed reflect similar patterns; Agbo and Esmaeilzadeh (2024) found that women in lower socioeconomic groups were disproportionately affected by depression, anxiety, and post-traumatic stress disorder. Reiss *et al.* (2021) concluded that limited access to mental health services due to financial constraints further exacerbated these conditions, particularly in rural areas with inadequate healthcare infrastructure.

For hypothesis four, results revealed that family flexibility had a significant influence on mental health of unmarried women of marriageable age in Etinan Local Government Area. The result showed a very large t-value which indicates that family flexibility is a strong differentiator of mental health: unmarried women in families that are able to adapt roles and expectations report substantially better mental health than those in rigid family systems. The size of the effect points to flexibility as a potent resilience factor in this population. This is in consonance with the works of Mahmutovic et al. (2021) which revealed that participants from supportive, cohesive families demonstrated a 40% reduction in stress related symptoms and experienced higher psychological well-being. Also, Thomas et al. (2017) noted that married individuals, particularly those in high-quality marital relationships, were found to experience better overall mental health outcomes.

Conclusion

This study found clear, statistically significant associations between multiple family system dimensions and the mental health of unmarried women of marriageable age in Etinan Local Government Area. Specifically, higher family interactions, greater perceived family support, higher family affluence and greater family flexibility were each associated with better mental health scores. Taken together, the results indicate that relational quality, available support, material resources and adaptive family processes each play direct distinct and observable roles in shaping psychological wellbeing for this population.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Short family-system workshops should be established that teach active listening, non-blaming disclosure and collaborative problem solving in order to strengthen constructive family interaction.
2. A community-based family support registry or coordination system that helps families provide instrumental and emotional support quickly and reliably for members in distress should be developed especially in rural areas such as Etinan.

3. Integrate psychological screening into existing primary-care and reproductive health services to identify unmarried women at risk and fast-track family-inclusive referrals.
4. Train local counsellors in brief systemic interventions and flexibility building techniques (role experiments, shared decision protocols) and provide supervisory support for implementation.
5. Create peer led safe spaces for unmarried women where mutual support, information sharing and coping skills training can be exchanged without stigma.

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