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Influence of Family Stress on Psychological Health among Women in Obio/Akpor Local Government Area of Rivers State, Nigeria

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Abstract

The influence of family stress on women's psychological health is rarely examined in the Nigerian context. This study examined the influence of family stress on psychological health among women in Obio/Akpor Local Government Area of Rivers State, Nigeria, considering the moderating effects of income, age, and living arrangements. Using a correlational survey design, data were collected from 119 women through the Hawaii Family Stress Rating Scale and the Warwick-Edinburgh Mental Well-being Scale. Results showed that higher family stress was significantly associated with lower psychological health (Mean = 30.12, SD = 6.53) compared to women with lower stress levels (Mean = 38.25, SD = 5.39), $t(117) = 7.43$, $p < 0.05$. Further analyses revealed that income, age, and living arrangements significantly influenced psychological health ($p < 0.05$), with middle-aged women (41–50 years) and those living with a partner or spouse reporting the highest well-being. Findings highlight the need for interventions addressing family stress and strengthening socioeconomic and relational support to enhance women's mental health.

Keywords: Family stress, psychological health, Nigerian women, Income, Age, Living arrangement

Introduction

Women face diverse biological, cognitive, emotional, and psychosocial challenges in their families and communities, and many of these are directly linked to family stress. Family stress is often conceptualized as a disturbance in the family system caused by internal or external stressors such as unemployment, marital conflict, chronic illness, divorce, or the death of a family member (Folkman, 2018). The way individuals experience and respond to these stressors is shaped by the resources available to them, including financial stability, social support networks, and coping skills. When such resources are inadequate, stress

levels tend to rise, leading to negative outcomes for both individuals and family relationships. For women, who are frequently positioned as the primary caregivers and emotional anchors within households, family stress tends to be more intense and enduring. In many societies, and particularly in low- and middle-income contexts such as Nigeria, women are disproportionately affected by the dual burden of paid labor and unpaid domestic work. Studies have shown that women in low-income households often navigate chaotic environments with fewer structural supports and routines, which in turn negatively affect both their own well-being and the social and emotional development of their children (Evans, Brown, Timmins, & Nicholl, 2017). This intersection of financial hardship, cultural expectations, and household responsibilities places women at a heightened risk of stress-related challenges. Family stress, therefore, is not just an individual experience but a systemic issue that shapes the quality of family life, marital stability, and intergenerational well-being.

Stress itself is a complex phenomenon with no single universally accepted definition. Broadly, it can be described as the psychological and physical strain that occurs when perceived demands exceed available personal and social resources (Biggs et al., 2017; Koolhaas et al., 2011). It may manifest as emotional tension, irritability, self-doubt, or strained social relations, and over time, unrelieved stress can escalate into more serious health problems. In family contexts, stress often emerges when the normal balance of family functioning is disrupted, requiring adaptation to new demands or circumstances (McCubbin et al., 2014). Holmes and Rahe (2017) highlighted that even seemingly positive life changes, such as the transition to parenthood, can generate stress, as they require significant adjustment. For women, household stress typically encompasses responsibilities such as child care, meal preparation, managing relationships within and beyond the family, and maintaining social ties. When these roles accumulate without adequate support, women's capacity to cope becomes strained, resulting in psychological and emotional difficulties.

Psychological health refers to the state of well-being in which individuals can manage life's normal stresses, work productively, and contribute meaningfully to their communities (Lazarus, 2020). It includes emotional, cognitive, and social dimensions of functioning. Individuals with good psychological health are more resilient, better able to bounce back from adversity, and more capable of sustaining meaningful relationships. Conversely, poor psychological health may manifest as anxiety, depression, burnout, or social withdrawal. Women exposed to high levels of family stress are more vulnerable to psychological health challenges, as the accumulation of caregiving responsibilities and emotional labor may erode self-esteem, increase feelings of guilt or inadequacy, and cause emotional exhaustion. In more severe cases, chronic family stress linked to conflict, domestic violence, or substance abuse can result in long-term conditions such as post-traumatic stress disorder (PTSD).

In the Nigerian context, family stressors are particularly pronounced due to widespread economic instability, high unemployment, and deeply entrenched gender roles that place a heavy burden of household responsibilities on women. In Rivers State, for instance, women are often expected to manage domestic labor while also contributing economically to the household. This dual expectation creates a unique vulnerability to stress-related psychological difficulties. Furthermore, cultural norms often discourage open discussion of emotional struggles, leading many women to suffer in silence without access to adequate psychosocial support. These realities underscore the importance of investigating family stress within local contexts, as the challenges women face are shaped not only by universal factors but also by cultural and socioeconomic environments.

While existing research has demonstrated that family stress is associated with adverse mental health outcomes, significant gaps remain. Much of the literature has focused on stress in Western contexts, with less attention paid to how cultural expectations, economic hardship, and community dynamics influence women's psychological health in African societies. Moreover, there is a limited understanding of the specific mechanisms by which family stress impacts women's mental well-being in Nigeria. Factors such as income level, age, and living arrangements may moderate or exacerbate the effects of family stress, yet these relationships remain underexplored. Another gap lies in the intersectionality of women's experiences: how gender norms, socio-economic background, and coping strategies interact to shape vulnerability or resilience in the face of family stress.

This study therefore, seeks to address these gaps by examining the influence of family stress on the psychological health of women in Obio/Akpor Local Government Area of Rivers State, Nigeria. Specifically, the study aims to: (i) determine whether women experiencing high levels of family stress report reduced psychological health, (ii) investigate the relationship between income levels and women's psychological well-being, (iii) examine the influence of age on psychological health outcomes, and (iv) assess the impact of living arrangements on women's psychological health. By exploring these dimensions, this study contributes to the scholarly literature and offers practical insights for policymakers, healthcare providers, and community organizations seeking to promote mental health equity and gender justice. The findings are expected to inform strategies to support women's resilience, design targeted interventions, and foster healthier family environments in Nigeria and beyond.

LITERATURE REVIEW

Family Stress and Women's Psychological Health

Family stress is a multidimensional construct that captures the emotional, financial, and relational strains that individuals experience within the family unit. It reflects the pressures arising from daily responsibilities, interpersonal conflicts, economic instability, child-rearing difficulties, marital discord, illness, or external demands on the household (Boss, 2002; McCubbin & Patterson, 1983). In many cases, women bear the disproportionate share of these burdens because of cultural expectations, gender roles, and their dual responsibilities in both the private and public spheres. Consequently, family stress has become a significant determinant of women's psychological well-being, influencing levels of depression, anxiety, emotional exhaustion, and overall mental health (Pearlin et al., 1990; Lazarus & Folkman, 1984).

From a conceptual standpoint, family stress can be understood as the imbalance between the demands faced by the family and the resources available to manage those demands (Hill, 1949; McCubbin & Patterson, 1983). This imbalance often manifests in chronic tension, role strain, and feelings of inadequacy, particularly among women who are expected to function simultaneously as caregivers, wage earners, and emotional anchors of the family. The chronicity of stress exposure is critical; while short-term stressors may be adaptive, persistent stress within the family context is linked with maladaptive outcomes such as depressive symptoms, low self-esteem, irritability, and even somatic health problems. The relevance of Family Systems Theory is crucial in explaining these dynamics. The theory posits that families function as interconnected systems where stress in one domain inevitably spills over into other domains, affecting every member of the family (Bowen, 1978; Papero, 1990). For example, economic difficulties not only create financial strain but may also lead to marital conflict, which then influences parenting practices and

emotional support within the household. Women, as central figures in most family systems, are particularly sensitive to these spillover effects. A strained marital relationship, for instance, may heighten emotional distress, while poor parent–child interactions caused by stress can intensify feelings of guilt and inadequacy. Thus, family stress is not an isolated experience but part of a complex web of interactions that ultimately shape women's psychological health. In addition, the Stress and Coping Theory developed by Lazarus and Folkman provides a complementary perspective on family stress. The theory emphasizes that stress is not solely determined by external pressures but by the individual's appraisal of those pressures and their perceived ability to cope (Lazarus & Folkman, 1984). Women who perceive family demands as overwhelming and lack adequate coping resources are more likely to experience psychological distress (Folkman & Lazarus, 1986). Conversely, women with access to social support, adaptive coping strategies, and internal resilience may navigate family stress more effectively, reducing its negative psychological impact. This theoretical lens underscores the importance of subjective appraisal, highlighting why women in similar family circumstances may report very different mental health outcomes.
Empirical evidence strongly supports the association between family stress and adverse psychological outcomes in women (Conger et al., 1994; Pearlin et al., 1990; Kessler & McLeod, 1984). Numerous studies have documented that women exposed to high levels of family conflict, financial strain, or caregiving burdens report significantly higher levels of depression and anxiety than those with lower stress exposure. For instance, research has shown that mothers juggling childcare responsibilities and occupational demands often experience role overload, which correlates with emotional exhaustion and psychological distress. Studies in African contexts (Oladipo & Balogun, 2010; Adebayo, 2012), including Nigeria, reveal similar patterns, where cultural expectations around motherhood and caregiving amplify women's vulnerability to stress-related disorders. Financial strain, in particular, has been identified as one of the most pervasive predictors of psychological ill-health among women, as it not only limits access to healthcare and social opportunities but also undermines women's sense of agency within the household.

International research provides further insight into these patterns. For example, longitudinal studies in the United States and Europe have demonstrated that persistent family stress predicts long-term psychological consequences such as chronic depression, sleep disturbances, and even cardiovascular risks among women (Umberson et al., 2006; Matthews & Gallo, 2011). Similar findings have been reported in Asia (Chen, 2016; Li & Fung, 2013), where women experiencing intergenerational family stress, such as pressures from in-laws or cultural obligations, reported higher levels of anxiety and lower life satisfaction. These cross-cultural studies reinforce the universality of the link between family stress and women's psychological health, while also emphasizing how cultural norms shape the intensity and expression of stress experiences.

Nevertheless, some studies (Rutter, 1987; Masten, 2001; Walsh, 2003) suggest that not all women exposed to family stress experience psychological decline. Protective factors such as resilience, high self-efficacy, and supportive spousal or community relationships have been shown to buffer the adverse effects of stress. For instance, women with strong extended family support networks report lower levels of psychological distress despite facing significant financial or caregiving challenges. This finding highlights the importance of context and resources in shaping women's responses to stress, supporting the Stress and Coping Theory's emphasis on appraisal and resources.

Family Stress, Psychological Health, and the Nigerian Context (Obio/Akpor LGA)

Understanding the influence of family stress on women's psychological health requires situating the phenomenon within the Nigerian context, particularly within communities such as Obio/Akpor Local Government Area (LGA) of Rivers State. Family stress in Nigeria is shaped not only by individual or household circumstances but also by wider socio-cultural, economic, and institutional factors that determine how stress is experienced and managed. In Obio/Akpor LGA, like in many parts of Nigeria, women often assume central roles as caregivers, nurturers, and financial contributors, a situation that heightens their vulnerability to psychological distress when family demands outweigh available resources.

The cultural expectations placed on women in this context intensify the stress burden. Nigerian women are often expected to uphold family stability, manage domestic responsibilities, and provide emotional support, even when they also contribute to household income through paid employment (Isiugo-Abanihe, 1994; Amadiume, 1987). In Obio/Akpor, where urbanization, population density, and socio-economic pressures are prominent, these expectations may become overwhelming. The clash between traditional gender roles and modern economic realities creates role conflict, leaving many women in a cycle of persistent stress. This imbalance frequently manifests in psychological health outcomes such as anxiety, depression, irritability, and feelings of inadequacy.

Economic stressors further compound these challenges. Families in Obio/Akpor face rising living costs, unstable income sources, and limited access to healthcare and social welfare systems. Such conditions often place additional responsibilities on women, who may be expected to supplement family income while still maintaining their traditional caregiving functions. Financial strain has been consistently linked with negative psychological outcomes, including depressive symptoms and emotional exhaustion (Conger et al., 1994; Pearlin et al., 1990). For women in low- and middle-income households, the struggle to meet daily needs can lead to chronic worry, frustration, and a sense of helplessness. Social dynamics within families also influence the way stress affects women's psychological health in this region. In polygamous households or extended family settings, women may encounter conflicts related to competition for resources, decision-making authority, or caregiving expectations. Similarly, marital discord, intimate partner violence, and poor spousal support, problems documented in parts of Rivers State, have been shown to worsen psychological health among women by amplifying stress and reducing emotional safety within the family unit.

Empirical studies in Nigeria support these observations (Adebayo, 2012; Okonkwo, 2015; Nwoke, 2016). Research has found that women facing high family stress in urban LGAs report elevated levels of depression and emotional distress compared to those in rural areas, largely due to financial pressures and reduced social cohesion. Within Rivers State, reports indicate that women who experience persistent family conflict or economic strain are at higher risk of mental health challenges, including depressive symptoms and low life satisfaction. These findings suggest that family stress is not only a private issue but also a social and public health concern with specific contextual dimensions in Obio/Akpor.

Hypotheses

Based on the review of literature, family stress has been identified as a significant determinant of women's psychological health, while demographic factors such as income level, age, and living arrangement may influence this relationship. The following hypotheses will therefore be tested in this study:

H_1: Family stress will significantly predict reduced psychological health among women in Obio/Akpor Local Government Area of Rivers State.

H_2: Income level will significantly influence women's psychological health in the Obio/Akpor Local Government Area of Rivers State.
H_3: Age will significantly influence the psychological health of women in Obio/Akpor Local Government Area of Rivers State.
H_4: Living arrangement will significantly influence the psychological health of women in Obio/Akpor Local Government Area of Rivers State.

Materials and Methods

Sampling and Data Collection Procedure

The study adopted a correlational survey design to examine the influence of family stress on the psychological health of women in Obio/Akpor Local Government Area, Rivers State. The population consisted of 2,634 registered married women in the area, from which a sample of 120 women was selected using convenience sampling. Prospective participants were approached and those who consented were given structured questionnaires to complete. Participants were assured of confidentiality, anonymity, and their right to withdraw at any point without consequences. A total of 400 questionnaires were distributed.

Measures

Demographic Data: Information on age, marital status, education, employment, income level, number of children, and living arrangements was collected to describe participants' background.

Family Stress: The Hawaii Family Stress Rating Scale (10-item FAS) was used to assess family stress over recent weeks. Each item was rated on a 5-point scale (1 = No stress, 5 = Extreme stress), with total scores representing overall family stress levels. The scale has demonstrated good reliability (Cronbach's alpha = 0.85–0.89) in previous studies.

Psychological Health: The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was employed to measure psychological health. This 14-item scale emphasizes positive mental well-being, including psychological functioning and social relationships. Each item is rated from 1 (None of the time) to 5 (All of the time), and total scores reflect overall mental health. Reliability of the scale is high (Cronbach's alpha = 0.932), with subscales showing moderate to high internal consistency (0.61–0.78).

Validity and Reliability of Instruments: Face and content validity were ensured by the supervisor and two department experts. Test-retest and internal consistency reliability assessments indicated the instruments were stable and consistent over time.

Data Analysis: Data were analyzed using SPSS version 20 to test the hypotheses and examine the relationship between family stress and psychological health.

RESULTS

This section entails the analysis, which involves the use of descriptive and inferential statistics.

The descriptive statistics were used to analyzed respondents' socio-demographic data, while the inferential statistics were used to test the hypotheses in the study.

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Presentation of data

Table: Respondents' Socio-demographics (N = 119)

Category	Level	N(%)
Age	18-30 years	68(57.1)
	31-40 years	18(15.1)
	41-50 years	21(17.6)
	51-60 years	6(5.0)
	61-70 years	6(5.0)
Marital status	Single	42(35.3)
	Married	59(49.6)
	Divorced	5(4.2)
	Widowed	13(10.9)
Education	No formal education	10(8.4)
	Primary	1(0.8)
	Secondary	23(19.3)
	College/University	74(62.2)
	Postgraduate	11(9.2)
Employment status	Employed full-time	50(42.0)
	Employed part-time	21(17.6)
	Unemployed	7(5.9)
	Student	17(14.3)
	Retired	24(20.2)
Income level	Below 20,000	8(6.7)
	20,000 - 50,000	16(13.4)
	50,000 - 100,000	26(21.8)
	Above 100,000	32(26.9)
	Prefer not to say	37(31.1)
Living arrangement	Alone	18(15.1)
	With partner/spouse	68(57.1)
	With children	17(14.3)
	With parents	7(5.9)
	With friends/roommates	9(7.6)
Number of children	None	53(44.5)
	1	7(5.9)
	2	13(10.9)
	3	20(16.8)
	4 or more	26(21.8)

The socio-demographics of the participants are presented in Table 4.1. In terms of age (57.1%) were 18-30 years of age, (15.1%) were 31-40 years of age, (17.6%) were 41-50 years of age, (5.0%) were 51-60 years of age while (5.0%) were 61-70 years of age. It could be observed that 42(35.3%) were single, 59(49.6%) were married, 5(4.2%) were divorced while 13(10.9%) were widowed. Based on education, 10(8.4%) had no formal education, 1(0.8%) had primary education, 23(19.3%) had secondary education, 74(62.2%) acquired

a college/university degree, while 11(9.2%) possess a postgraduate degree. Based on employment status, (50(42.0%) were employed full-time, 21(17.6%) were employed part-time, 7(5.9%) were unemployed, 17(14.3%) were student while 24(20.2%) were retired. Based on income level, 8(6.7%) receive below 20,000, 16(13.4%) receive 20,000 – 50,000, 26(21.8%) receive 50,000 – 100,000, 32(26.9%) receive above 100,000 while 37(31.1%) prefer not to say. It could be observed that 18(15.1%) stay alone, 68(57.1%) stay with their partner/spouse, 17(14.3%) stay with their children, 7(5.9%) stay with their parents while 9(7.6%) stay with their friends/roommates. Based on number of children, 53(44.5%) had no children, 7(5.9%) had a child, 13(10.9%) had two children, 20(16.8%) had 3 children while 26(21.8%) had 4 or more children.

Hypotheses Testing

Hypothesis I: Women high in family stress tend to have reduced psychological health. The hypothesis was tested using a t-test for independent measures, and the result is presented in the table:

Table: Summary of Independent Sample t-test of family stress on psychological health

DV	Family stress	N	Mean	Std	df	*t*	*P*
Psychological health	Low	68	38.25	5.39	117	7.43	<.05
	High	51	30.12	6.53			

The Table above revealed that there was a significant influence of family stress on psychological health $t(117) = 7.43$ $p<.05$). Women high in family stress (Mean = 30.12; SD = 6.53) reported reduced psychological health compared with women low on family stress (Mean = 38.25; SD = 5.39) who reported higher psychological health. This implies that women with low family stress reported higher psychological health. The hypothesis was therefore accepted.

Hypothesis II: There will be a significant influence of income level on psychological health. The hypothesis was tested using one-way ANOVA and the result is presented in the table:

Table: Summary of one-way ANOVA showing the influence of income level on psychological health

		Sum of Squares	df	Mean Square	F	p
Psychological health	Between Groups	657.191	4	164.298	3.50	.010
	Within Groups	5352.220	114	46.949		
	Total	6009.412	118			

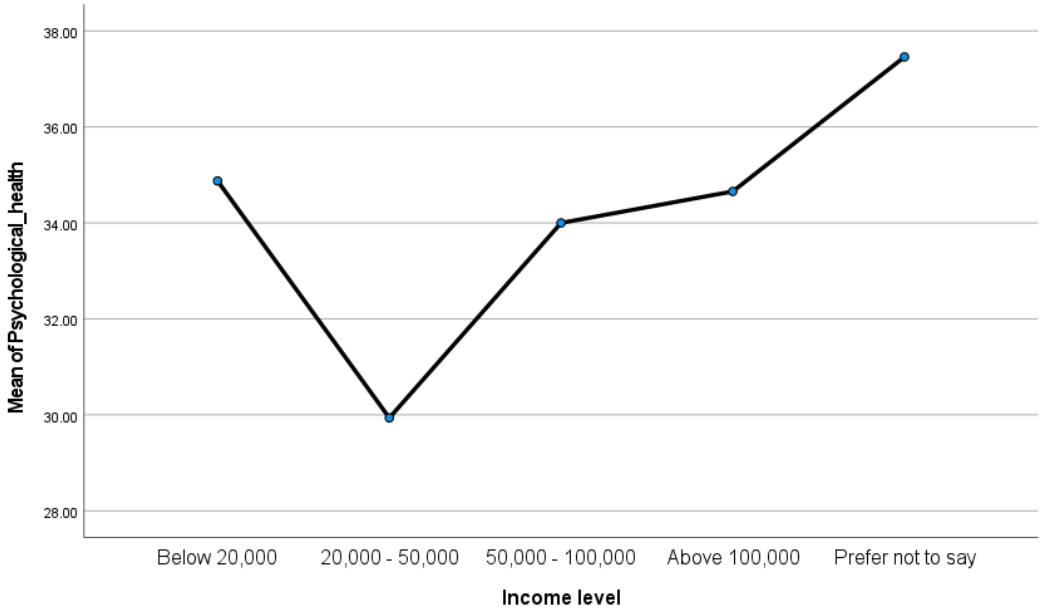
The analysis in the table revealed that there is a significant influence of income level on psychological health ($F_{4,114} = 3.50$, $p = <.05$). The hypothesis, which stated that there will be significance influence of income level on the psychological health of women in Obio/Akpor, LGA was accepted. Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the particular group's mean differences in psychological health. The analysis is presented in Table:

Table: Tukey's-Kramer HSD for unequal Groups showing multiple comparison of income on psychological health

Income	N	Mean	SD	1	2	3	4	5
1.Below 20,000	8	34.87	7.73	1				
2.20,000-50,000	16	29.93	5.87	4.93	1			
3.50,000-100,00	26	34.00	7.53	-4.06	.87	1		
4.Above 100,000	32	34.65	6.90	2.39	.21	.65	1	
5.Prefer not to say	37	37.45	6.49	2.80	-2.57	-3.45	-2.80	1
Total	119	34.76	7.13					

Note: *. The mean difference is significant at the 0.05 level.

The results of the post hoc Tukey's-Kramer HSD test indicated that people who prefer not to disclose their income (M= 37.45, S.D =6.49) reported higher psychological health, compared to people who get below 20,000 (M= 34.87, S.D =7.73), 20,00-50,000 (M= 29.93, S.D =5.87) 50,00-100,00(M= 34.65, S.D =6.90) and above 100,000 (M= 34.65, S.D =6.90) . The stated hypothesis is therefore accepted. This was also graphically presented in Figure 1



Hypothesis III: There will be significance influence of age on psychological health. The hypothesis was tested using one-way ANOVA and the result presented in Table:

Table: Summary of one-way ANOVA showing the influence of age on psychological health

		Sum of Squares	Df	Mean Square	F	p
Psychological health	Between Groups	676.574	4	169.143	3.62	.008
	Within Groups	5332.838	114	46.779		
	Total	6009.412	118			

The analysis on Table revealed that there is significant influence of age on psychological health ($F_{4,114} = 3.62$, $p = <.05$). The hypothesis which stated that there will be significance influence of age on psychological health of women in Obio/Akpor, LGA was accepted.

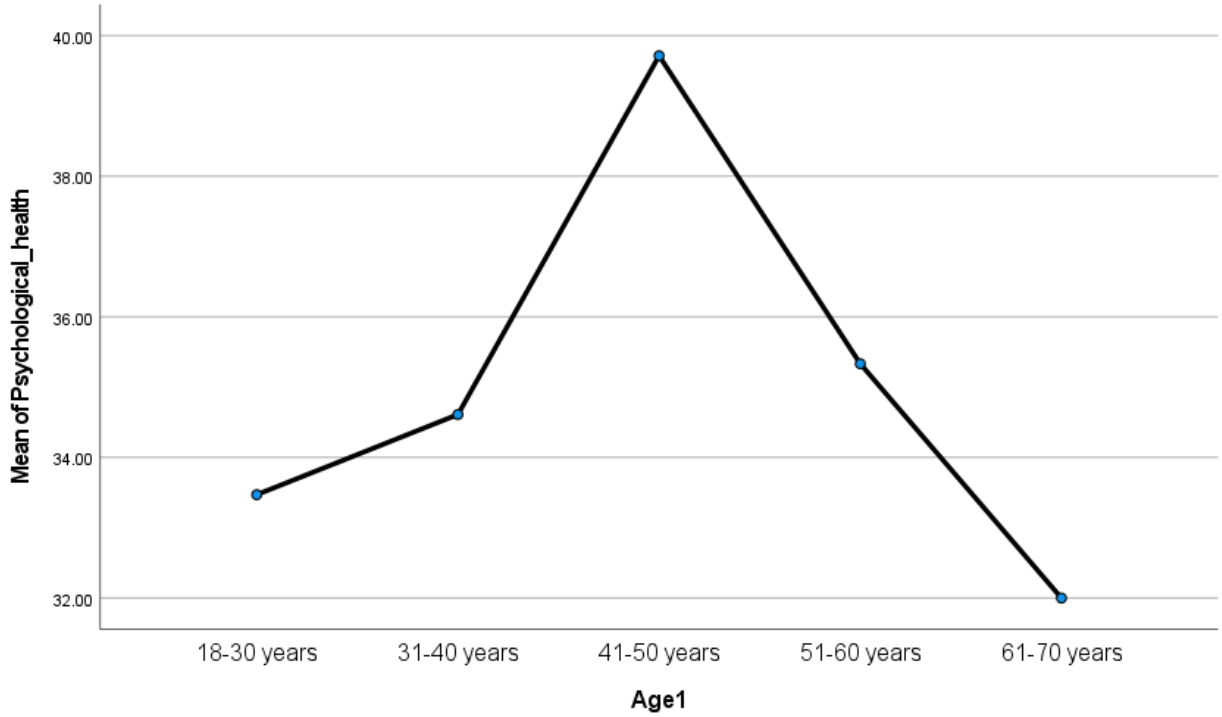
Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the particular group's mean differences in psychological health. The analysis is presented in Table:

Table: Tukey's-Kramer HSD for unequal Groups showing multiple comparison of age on psychological health

Age	N	Mean	SD	1	2	3	4	5
18-30 years	68	33.47	7.21	1				
31-40 years	18	34.61	5.40	-1.14	1			
41-50 years	21	39.71	5.45	6.24*	5.10	1		
51-60 years	6	35.33	7.39	-1.86	-.72	4.38	1	
61-70 years	6	32.00	9.79	1.47	2.61	7.71	3.33	1
Total	119	34.76	7.13					

Note: *. The mean difference is significant at the 0.05 level.

The results of the post hoc Tukey's-Kramer HSD test indicated that people who are between the ages of 41-50years (M= 39.71, S.D =5.45) reported higher psychological health, compared to people who are age 18-30years (M= 33.47, S.D =7.21), 31-40years (M= 34.61, S.D =5.40) 51-60years(M= 35.33, S.D = 7.39) 61-70year (M= 32.00, S.D =9.79). The stated hypothesis is therefore accepted. This was also graphically presented in Figure 2



Hypothesis IV: There will be significance influence of living arrangement on psychological health. The hypothesis was tested using one-way ANOVA and the result presented in Table:

Table: Summary of one-way ANOVA showing the influence of living arrangement on psychological health

		Sum of Squares	df	Mean Square	F	p
Psychological health	Between Groups	544.499	4	136.125	2.84	.027
	Within Groups	5464.913	114	47.938		
	Total	6009.412	118			

The analysis on the Table revealed that there is significant influence of living arrangement on psychological health ($F_{4,114} = 2.84$, $p = <.05$). The hypothesis which stated that there will be significance influence of living arrangement on psychological health of women in Obio/Akpor, LGA was accepted.

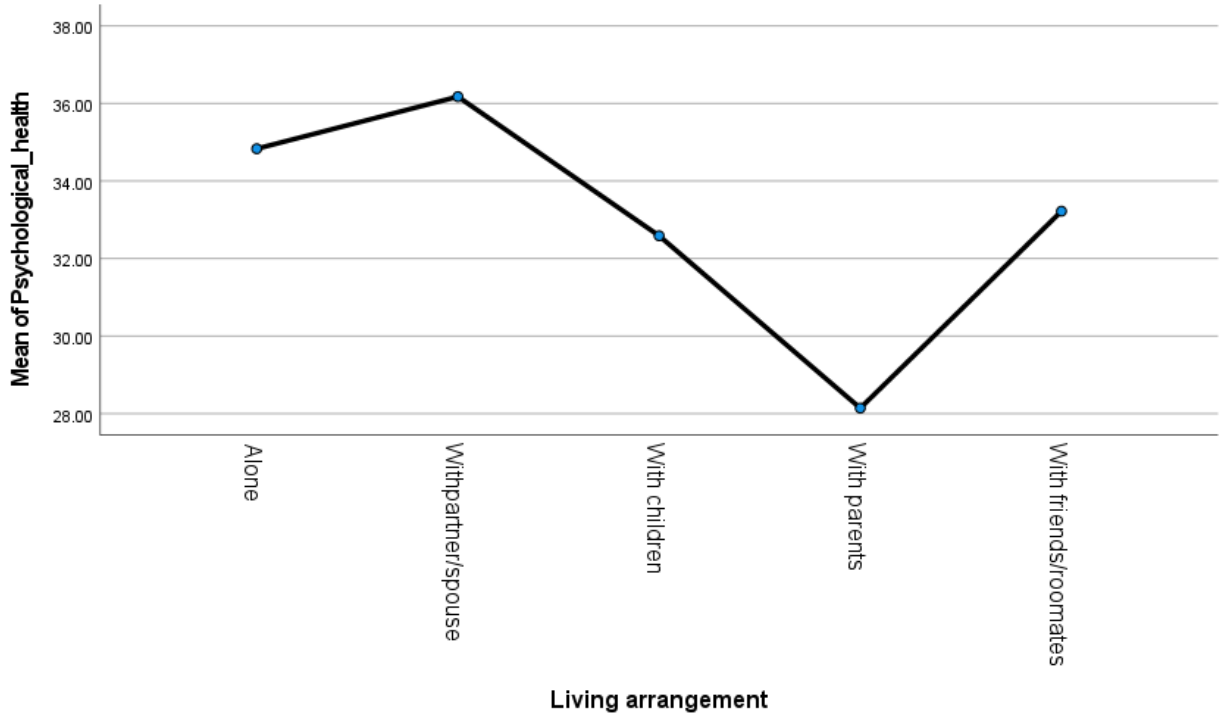
Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the particular group's mean differences in psychological health. The analysis is presented in Table:

Table: Tukey's-Kramer HSD for unequal Groups showing multiple comparison of age on psychological health

Living arrangement	N	Mean	SD	1	2	3	4	5
Alone	18	34.8333	8.24	1				
Withpartner/spouse	68	36.1765	6.64	-1.34	1			
With children	17	32.5882	8.07	2.24	3.58	1		
With parents	7	28.1429	4.37	6.69	8.03*	4.44	1	
With friends/roomates	9	33.2222	4.84	1.61	2.95	-.63	-5.07	1
Total	119	34.7647	7.13					

Note: *. The mean difference is significant at the 0.05 level.

The results of the post hoc Tukey's-Kramer HSD test indicated that people who are with partner/spouse (M= 36.17, S.D =6.64) reported higher psychological health, compared to people who are alone (M= 34.83, S.D =8.24), with children (M= 32.58, S.D =8.07), with parents (M= 28.14, S.D = 4.37), with friends/roommates (M= 33.22, S.D =4.84). The stated hypothesis is therefore accepted. This was also graphically presented in Figure 3



Discussion of Findings

The study hypothesized that family stress influences the psychological health of women in Obio/Akpor Local Government Area. Findings indicated that women experiencing high levels of family stress reported significantly lower psychological health. This is consistent

with transactional models of stress and coping (Lazarus & Folkman, 1984), which posit that psychological health is affected by both the appraisal of stressors and the availability of coping resources. Women facing multiple family demands, such as marital conflict, child-rearing responsibilities, and caregiving for aging parents, appear particularly vulnerable to adverse psychological outcomes. Income level was found to significantly influence psychological health, with women in lower income brackets experiencing poorer well-being. This aligns with research highlighting the role of socioeconomic status as a determinant of mental health (Lorant et al., 2003). Perceived financial control may buffer the negative impact of low income, as suggested by the better psychological health observed among women who opted not to disclose their income. Age differences emerged, with women aged 41–50 reporting the highest psychological health. This finding reflects literature indicating that middle adulthood is often associated with greater emotional stability, life experience, and established social support networks (Mirowsky & Ross, 1992). Conversely, younger women (18–30 years) face identity, career, and family planning stressors, while older women (51–70 years) may experience health-related challenges and social isolation, both of which can reduce psychological well-being. Living arrangements were also influential. Women cohabiting with a partner or spouse reported better psychological health compared to those living alone, with children, or with parents. This aligns with research showing that supportive marital relationships provide emotional and practical resources that buffer stress (Kiecolt-Glaser & Newton, 2001). In contrast, living alone, with children, or in intergenerational households can exacerbate stress and reduce well-being due to isolation, caregiving demands, or intergenerational conflict (Ward & Spitze, 1996; Nomaguchi & Milkie, 2003).

Conclusion

The study highlights the significant influence of family stress, income level, age, and living arrangements on the psychological health of women in Obio/Akpor Local Government Area of Rivers State. Women experiencing high levels of family stress reported lower psychological well-being, emphasizing the impact of household and relational dynamics on mental health. Similarly, women in lower income brackets exhibited poorer psychological health, reinforcing the link between financial stability and emotional well-being. Age also emerged as a determinant, with middle-aged women (41–50 years) reporting the highest psychological health, likely due to greater life stability, while younger and older women face stressors that reduce mental health. Living arrangements further affected outcomes, with women living with a partner or spouse experiencing better psychological health than those living alone, with children, or with parents. These findings underscore the importance of interventions that target family stress, provide financial support, and promote healthy living arrangements to enhance women's psychological well-being across diverse socio-economic and demographic contexts.

Limitations of the Study

Several limitations are acknowledged. First, the study faced time constraints, as the researcher was engaged in concurrent academic responsibilities, limiting the time available for thorough data collection and analysis. Second, inadequate materials hindered access to certain literature and resources that could have enriched the study. Third, financial constraints restricted the ability to source materials, conduct interviews, and fully support data collection efforts. Finally, delayed responses from participants affected the pace of data collection, as respondents often had competing work or personal commitments. These limitations may have influenced the comprehensiveness of the findings, and future research

should seek to mitigate these challenges through longer study periods, better resource allocation, and broader participant engagement.

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