

Factors affecting women's mental health in Nigeria in the past and present: A systematic review

Joy Johnson Agbo* and Samineh Esmaeilzadeh

Department of Psychiatric Mental Health Nursing, Faculty of Nursing, Near East University, Mersin 99138, Turkey

ABSTRACT

***Corresponding author:**
Joy Johnson Agbo
nurse_johnson@yahoo.com

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This study conducted a systematic review to explore the contemporary and historical determinants influencing women's mental health in Nigeria. Utilizing databases such as Web of Science, PubMed, Sage, Medline, and BioMed Central, a comprehensive search was performed to identify relevant literature. After carefully applying predefined inclusion and exclusion criteria, 39 published research papers were selected for the review. The study examines various factors impacting women's mental health in Nigeria, including socio-economic, health-related and cultural determinants. Specifically, socio-economic factors such as poverty were analyzed in 21 studies while health-related issues such as postpartum depression were addressed in 8 studies. In addition, cultural elements, including psychological traumas leading to conditions like psychosis, sadness, and stigma, were explored in 10 studies. The findings highlight the need to prioritize women's mental health in Nigeria, emphasizing the interconnectedness of societal well-being, which includes both physical and mental health. Based on these findings, it is essential for policymakers in Nigeria to implement comprehensive mental health initiatives that target the socio-economic, health-related and cultural factors highlighted in the research. The delivery of accessible and affordable mental health services customized to the specific needs of Nigerian women should be prioritized.

Keywords: mental health; women's mental health; Nigeria; systematic review

1. INTRODUCTION

Women are entitled to the best possible physical and mental health, as it is essential to their well-being, quality of life, and ability to participate fully in both public and private life (Ellis et al., 2020). The term "mental health" can refer to the absence of a mental disorder or a state of cognitive or emotional well-being (Wren-Lewis and Alexandrova, 2021). A report from Nigeria Health Watch described mental health as a "silent burden" for women. Mental disorders can affect any woman during pregnancy and the first year following childbirth, but in Nigeria, they are more prevalent among those who are impoverished, have migrated, experience high levels of stress, or are exposed to domestic, sexual or gender-based violence.

these issues are further exacerbated in emergency or conflict situations, natural disasters, or when women have little or no social support (Parkinson, 2022). Mental health disorders in mothers that lead to death, whether directly or indirectly, are often undocumented and not investigated. In Nigeria, women are more likely to suffer from depression than men, with depression and anxiety occurring at twice the rate among women (Adegoju and Abon, 2021). Conditions such as postpartum depression and eating disorders predominantly affect women, but awareness of these issues remains alarmingly low. Gender plays a pivotal role in determining health outcomes, significantly influencing individuals' autonomy over their well-being. Due to entrenched socio-economic disparities, women face greater barriers in accessing healthcare services and

exercising control over their health (Obadina, 2023). Postpartum depression, classified as a subtype of major depression in the DSM-5 diagnostic manual, typically manifests within four weeks after childbirth. Despite its prevalence, postpartum depression often goes undiagnosed, especially when compared to conditions like substance abuse and addiction, which have higher incidence rates among men. Among ambulatory patients attending outpatient clinics in South-eastern Nigeria, 64.4% of the female participants experienced depression compared to 35.6% of the male participants.

In the nineteenth century, Nigerian medical professionals believed that mental illnesses were rare and insignificant in women (Sadowsky, 2023). Presently, however, epidemiological studies have shown that mental disorders are a global issue (Steel et al., 2014; Solmi et al., 2022). While some studies have specifically investigated the mental health disorders of men (Burns et al., 2015; Sun et al., 2020), others have focused on the mental health disorders of women (Russo and Tartaro, 2008; Thapa et al., 2020), and some have examined the prevalence of mental health disorders in the general population (Nochaiwong et al., 2021; Nakua et al., 2023). In Nigeria, a country of approximately 200 million people, 20–30% were reported to suffer from mental diseases as of 2016 (Adejimi, 2021). Over the years, there has been a significant increase in mental health issues at the national level. Despite previous investigations into women's mental health, this systematic review aims to provide specific, collated and updated information on the factors that affect mental health of women in Nigeria, with the goal of contributing to the available research on both historical and contemporary influences.

2. MATERIALS AND METHODS

2.1 Procedure

In line with the PRISMA standards (Galletta et al., 2024), a systematic review of the literature was conducted for articles published between 2002 and 2023. The purpose of reviewing these sources was to identify relevant articles, validate the research idea, avoid duplicating existing work, and ensure a sufficient number of articles were available for analysis. The preliminary search included databases such as The Web of Science, (<https://www.webofscience.com>), PubMed, (<https://pubmed.ncbi.nlm.nih.gov>), Sage Journals, (<https://journals.sagepub.com>) Medline, (<https://www.medline.com>) Google Scholar (<https://scholar.google.com/>) and BioMed Central databases, (<https://www.biomedcentral.com>). The formulation of the research question guided the core search strategy. A total of 60 papers were initially identified as relevant. However, after applying the inclusion and exclusion criteria, 39 eligible studies were selected for the systematic review. Of these, 21 studies investigated the socio-economic factors such as poverty, 8 studies investigated health related factors such as postpartum depression, 10 studies explored cultural factors such as psychological traumas leading to depression, psychosis and stigmatization. Ethical committee approval was not required for this systematic review. The keywords used in the article selection process are detailed in the inclusion criteria below.

Inclusion criteria

- (i) Studies that examine women's mental health in Nigeria.
- (ii) Studies that include maternal mental health in Nigeria.
- (iii) Qualitative or quantitative studies investigating women's mental health in both historical and contemporary Nigeria.
- (iv) Studies that clearly address the factors affecting women's health in Nigeria, either in the past or present.

Exclusion criteria

- (i) Studies involving interventions that do not focus on maternal or women's mental wellbeing.
- (ii) Studies where the population is not Nigerian women.
- (iii) Studies that focus solely on child development or well-being outcomes.

2.2 Identification of studies via databases and registers

The flowchart in Figure 1 illustrates the breakdown of articles identified through various databases. After applying the inclusion and exclusion criteria, 32 articles were deemed eligible for review. Of these, 19 were related to socioeconomic factors, 5 focused on cultural issues, and 8 addressed health-related topics.

3. RESULTS AND DISCUSSION

3.1 Socio-economic factors

Socio-economic status (SES) refers to an individual's income, level of education, sense of financial security, and personal perception of their social class and status (Navarro-Carrillo et al., 2020). SES encompasses not only an individual's opportunities and advantages within society but also aspects of their quality of life. Poverty, in particular, is characterized by various physical and mental stressors rather than being a singular issue. SES consistently and reliably predicts a wide range of outcomes throughout a person's life, including their physical and mental health (Bridger and Daly, 2020). Studies show that SES significantly affects women's quality of life, which in turn impacts the well-being of their children and families (Company-Córdoba et al., 2020). Long-standing disparities in women's income and living standards persist both locally and globally.

Research indicates that women's SES significantly affects their overall well-being and quality of life (Hajj et al., 2020). Although women make up more than half of Nigeria's population, men are more likely to engage in business activities. For the few women involved in productive work, access to credit is often denied due to restrictive cultural norms, prejudicial attitudes and male-dominated power structures. Women who start businesses frequently rely on loans from financial institutions, which impose exorbitant interest rates, making it difficult for them to achieve financial success. This, in turn, negatively impacts their mental health. While it is widely recognized in economic literature that women's participation strengthens economic development, social, cultural and psychological factors continue to limit their access to resources, ultimately affecting their productive activities and contributions to Nigeria's economic growth and development (Andriamahery and Qamruzzaman, 2022).

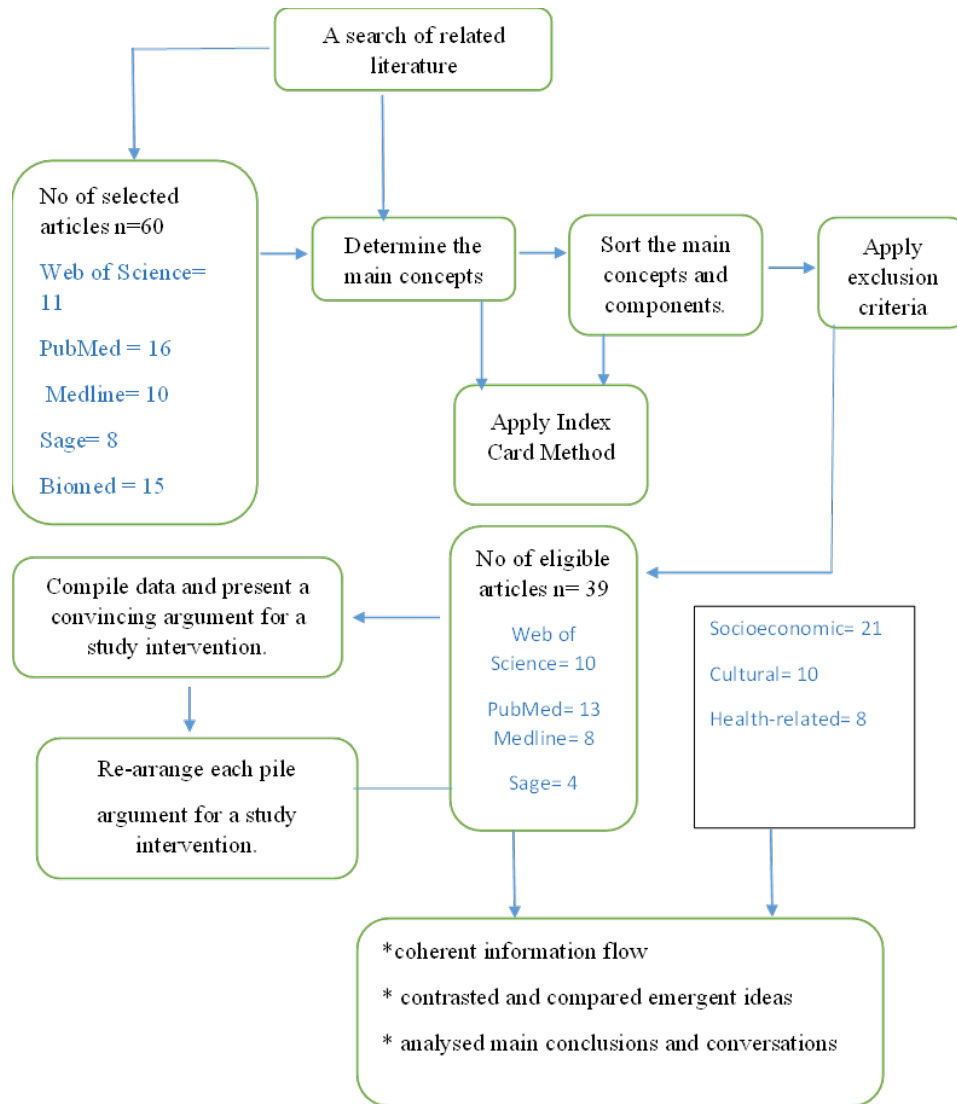


Figure 1. PRISMA flowchart showing the systematic review protocol

3.1.1 Poverty

In 2014, approximately 18.4 million women were living in poverty (Mukaila et al., 2022). In 2012, the poverty rate for women was 14.5%, compared to 11% for men (Timonera, 2024). Women are more likely to experience poverty across all racial and cultural groups. Adult women are consistently more likely than men to fall into poverty across various categories (Smith et al., 2003).

3.1.2 Early marriage

A previous study found that custodial fathers are twice as likely as custodial mothers to have low SES, and 8 out of 10 women have full custody of their children (Monostori et al., 2023). Early or child marriage, defined as marriage before the age of 18, is a harmful practice that affects individual globally and can negatively impact the development of girls and their offspring (Baysak et al., 2021). More than 650 million adult women alive today were married as children. Current estimates suggest that 1 in 5 girls is married before turning 18 (Efeybera and Bhabha, 2020). The regions with the highest rate of child marriage are South Asia and sub-Saharan Africa. Recent improvements in girls' education

and living standards have led to a decrease in child marriage in South Asia, where nearly 5% of girl are married before 18. Sub-Saharan Africa accounts for 18 of the top 20 countries with the highest rate of under-age marriage (Melesse et al., 2020).

A cycle of mental health disorders can frequently result from sexual and domestic abuse of women (Mazza et al., 2021). To achieve Sustainable Development Goal 5 (SDG 5) by 2030, all harmful gendered practices, including forced and early marriage, must end (Nanda et al., 2020). Successful initiatives will need to address related societal issues such as poverty, illiteracy and sexual and domestic abuse (Dawson, 2021). Discussion on the health effects of these practices have often focuses on their impact on sexual and reproductive health. For example, a 2019 global narrative analysis identified five major risk factors: family planning, physical and sexual assault, exposure to STDs and cervical cancer (Bengtson, 2023). In South Asia, marriage before the age of 19 has been linked to various issues, including maternal health services, contraception uptake, unplanned pregnancies and frequent births (Miller et al., 2023). A study of 97 countries found that child

marriage poses a significant risk for HIV, infant mortality and maternal health due to a higher percentage of unprotected sex among young wives, who may struggle to negotiate condom use with husbands who have multiple partners or refuse unwanted sex (Feyisetan and Oyediran, 2020).

In Sub-Saharan Africa, teenage marriage has been significantly associated with early childbearing, fewer years of education and lower rates of HIV testing and awareness, according to a recent review of adolescent pregnancy and HIV (Feyissa et al., 2023). There is evidence linking early childbearing and sexual health concerns like HIV to poor mental health (Duby et al., 2021). Numerous studies have connected obstetric fistulas—one of the major reproductive health issues faced by young married girls—to poor mental health (Apara et al., 2020). The global significance of education and social connections for adolescent—mental health and overall well-being is well recognized. This data highlights specific risk pathways for poor mental health that may be established by the broader context of child marriage, which is the focus of our current investigation.

3.2 Health related factors

3.2.1 Postpartum depression

It is estimated that between 20% and 30% of Nigeria's population of approximately 200 million suffers from mental illness (David et al., 2023). Research on mental health in Nigeria has primarily focused on the prevalence of mental disorders, their risk factors, and public attitudes and perceptions, especially regarding the stigma associated with these conditions (Tesfaw et al., 2020). Despite this, there has been notably little research on behaviour related to assessing mental health services in Nigeria and other regions (Odufuwa et al., 2022). The most common mental health issues encountered by women in the postpartum period include postpartum blues, depression, anxiety and psychosis. These mental health issues affect 10 to 20% of expectant and new mothers, with the most common being anxiety and/or depression during or after pregnancy (Cantwell, 2021). This prevalence is often higher in underdeveloped countries, where mental illnesses affect 15.6% of expectant women and 19.8% of new mothers. According to Asaye et al. (2020), the prevalence of postpartum depression (PPD) ranges from 1.9 to 82.1% globally, with rates in industrialised and developing nations varying between 2.2 and 74%.

Postpartum depression is one of the most prevalent mental health issues among mothers and has been recognized as a global public health concern, and contributing significantly to the disease burden among women of reproductive age (Wang et al., 2021). In Nigeria, the prevalent rates of PPD vary regionally: 14.6% in the South West, 22.9 and 34.6% in Enugu in South East, and 21.8% in Jos in the North Central region (Odufuwa et al., 2022). The high frequency of PPD in the country and its impact on both mothers and children raise concerns in neuropsychiatric healthcare facilities, highlighting the need for increased attention to this often invisible illness (Ayoub et al., 2020).

3.3 Cultural factors

The Nigerian people hold their culture in high regard, encompassing their customs, belief systems and ways of

life (Ajayi et al., 2022). Culture is a powerful force that affects every aspect of life. Despite the detrimental effects that some cultural practices and beliefs have on women's mental and physical health, many Nigerian societies continue to uphold them, often treating women as second-class citizens (Kalu and Umunna, 2022). Cultural norms frequently lead to severe psychological traumas for abused Nigerian women, which can result in conditions such as schizophrenia, depression, psychosis and other mental health issues (Iheanacho et al., 2021). Even if women manage to escape abusive situations, they may find themselves in spiritual homes where, ideally, they should be treated with kindness rather than neglect.

3.3.1 Stigmatization

Stigmatization is another cultural practise that disproportionately affects women in Nigeria (Adimula and Ijere, 2019). Such prejudice often leads to the devaluation or even hatred of the targeted women, resulting in a range of detrimental effects and unpleasant experiences, particularly for those who are already mentally ill. Victims of stigmatization frequently experience feelings of embarrassment, hopelessness and shame (Evans and Abrahamson, 2020). Traditional gender roles often confined women to household tasks, limiting their access to education and economic opportunities. Although gender roles persist today, there has been gradual progress towards gender equality, with increasing opportunities for women in education and the workforce (England et al., 2020). Despite this progress, men in Nigeria continue to earn more than women, even when their educational backgrounds and professions are similar (Adeosun and Owolabi, 2021).

Therefore, women are more likely to face economic disadvantages due to lower incomes, longer life expectancies, and greater child-rearing responsibilities. Although the pay gap has gradually narrowed over time, efforts to fully eradicate it have largely stalled in recent years. The earnings ratio increased slightly over the ten-year period from 2004 to 2014, rising from 78% in 2013 to 79% in 2014, while the pay gap remained at 21%. In 2015, women with a high school diploma earned 80% of what men earned. American Psychological Association (2014), reported that women with postgraduate degrees earned 74% of their male counterparts' earnings. Women often face less social support, more chronic stressors, unstable housing, adverse life events, and low-status professions with minimal decision-making authority. Depression is strongly associated with low employment status (Ganson et al., 2021). Additionally, anxiety and depression rates have surged among poor women in emerging countries (Bau et al., 2022).

3.3.2 Female genital mutilation

Adverse customs such as child marriage and female genital mutilation (FGM) have been prevalent and have had detrimental effect on women's health (Melese et al., 2020). Despite ongoing efforts to eradicate these practices through societal and legislative reforms, they still persist. According to the World Health Organisation (WHO), female genital mutilation or cutting (FGM/C) frequently causes psychological trauma, especially when physical complications are left untreated. Traditional beliefs often dictate that FGM/C is a necessary practice. Some researchers argue that it is considered a religious duty, and woman who refuses may be shunned by their

communities (Earp, 2020). Globally, it is estimated that between 100 and 140 million women have undergone FGM/C, with approximately 3 million procedures occurring annually in Africa alone (Kandala and Komba, 2018).

Table 1. Characteristics of studies on factors affecting of women’s mental health

s/n	Author	Affecting factor (women’s mental health)	Database	Research design	Key findings
1	Duby et al. (2021)	Socioeconomic	PubMed	Qualitative/ interviews/ focus groups	Findings show that adolescent girls and young women in South Africa face various mental health stressors and insufficient support, which intersect with sexual and reproductive health challenges, increasing their vulnerability.
2	Apara et al. (2020)	Socioeconomic	Web of Science	Desk-based research/ qualitative	The findings show that obstetric fistula, which results from early marriage and early childbirth, poses a serious threat to human right.
3	Navarro-Carrillo et al. (2020)	Socioeconomic	PubMed	Quantitative	the novel education and occupation ladders (excluding the income ladder) predict a significant portion of the variance in psychological well-being that is not accounted for by traditional objective metrics of SES (i.e., income, education, and occupation), or by the conventional MacArthur Scale of subjective SES.
4	Bridger and Daly (2020)	Socioeconomic	PubMed	Cohort study	An intergenerational increase in social mobility—measured by greater educational attainment, social status, and home size compared to one’s parents—was positively associated with life satisfaction at age 42 in both cohorts. Mediation analyses revealed that nearly half of this relationship was explained by better self-reported health and fewer perceived financial difficulties amongst those who experienced upward mobility.
5	Baysak et al. (2021)	Socioeconomic	PubMed	Qualitative/ interviews	All women experienced traditional and aggressive rituals on their wedding night, with husbands often being insensitive, and coercive, leading to a traumatic experience. Women were subjected to physical, sexual, psychological, and emotional violence; Many were socially isolated after marriage due to restrictions imposed by their spouses and their families, which limited communication with loved ones.
6	Andriamahery and Qamruzzaman (2022)	Socioeconomic	PubMed	Quantitative/ questionnaires	A statistically significant positive linkage was found between women’s entrepreneurship sustainability and women’s empowerment. Additionally, the mediating effects of women’s empowerment were established.
7	Monostori et al. (2023)	Socioeconomic	Medline	Quantitative	Children from non-intact families face a higher risk of developmental delays compared to those from intact biological families, even when controlling for basic socio-demographic characteristics of both the children and their mothers.
8	Mukaila et al. (2022)	Socioeconomic	Medline	Mixed	The result revealed that rural women were generally less educated, with an average age of 47 years. 85.8% were married, and their households averaged seven members. Most were engaged in agricultural activities, with an average income of N22,561 (USD 57.17) monthly.
9	Efevbera and Bhabha (2020)	Socioeconomic	BioMed Central	Qualitative	The understanding of girl child marriage has evolved in the published literature since the late 1800s. Over time, it has been recognized as a political, sociocultural, and value-laden concept that serves different purposes in various contexts and periods.

Table 1. (continued)

s/n	Author	Affecting factor (women's mental health)	Database	Research design	Key findings
10	Hajj et al. (2020)	Socioeconomic	PubMed	Quantitative/cross-sectional	Menopausal status, educational level, crowding and body mass index, marital status, smoking and alcohol intake were significantly associated with both the frequency and severity of menopause-related symptoms.
11	Feyissa et al. (2023)	Socioeconomic	PubMed	Mixed	A total of 30 articles were included in this review. The interventions reported were categorized into five general categories. Only few interventions consistently demonstrated effectiveness across the studies.
12	Feyisetan and Oyediran (2020)	Socioeconomic	Sage	Quantitative	Moderately high percentages of women in both countries reported being able to negotiate protective sex. A higher percentage of women indicated they could refuse sex compared to those who felt comfortable asking their partners to use a condom.
13	Bengtson (2023)	Socioeconomic	Web of Science	Quantitative	The severity of sexual violence was significantly associated with a reduced likelihood of participating in recommended cervical cancer screening.
14	Dawson (2021)	Socioeconomic	Sage	Qualitative	The results show that women who experience domestic abuse are more likely to suffer from anxiety, depression, and post-traumatic stress disorder.
15	Nanda et al. (2020)	Socioeconomic	Web of Science	Qualitative	
16	Sun et al. (2020)	Socioeconomic	Web of Science	Explanatory	Domestic violence significantly impact women's mental health and quality of life. Exposure to violence not only lead to increased use of medical services among these women but also negatively affects the long-term mental development of their children. Children who witness domestic violence are at risk of developing behavioural and emotional disturbances.
17	Company-Córdoba et al. (2020)	Socioeconomic	Sage	Quantitative	Exposure to violence significantly moderates the impact of sociodemographic and socioeconomic variables on depression, anxiety and health-related quality of life.
18	Smith et al. (2003)	Socioeconomic	PubMed	Quantitative	Overall, 8.6% of men and 15.1% of women reported experiencing same-sex attraction. Among men, 4.2% reported inconsistent sexual attraction and experience, while 8.2% of women reported similar inconsistencies.
19	David et al. (2023)	Health related	PubMed	Mixed	Recovery from depression is closely linked to the therapeutic qualities of the natural environment.
20	Tesfaw et al. (2020)	Health related	BioMed Central	Quantitative	Factors significantly associated with higher perceived stigma include female sex, age of onset of schizophrenia, multiple hospitalizations, and duration of illness.
21	Cantwell (2021)	Health related	BioMed Central	Experimental	Stigma associated with mental disorder can lead to a lack of engagement with maternity care. Some mental health conditions present specific challenges for anaesthetists in maternity settings, making it crucial for them to have knowledge of these disorders to provide sensitive and appropriate care.
22	Asaye et al. (2020)	Health related	PubMed	Quantitative/cross-sectional study	Early identification and treatment of depression during antenatal care and postpartum care can mitigate the impact of postpartum depression on the mother-baby day.
23	Wang et al. (2021)	Health related	Medline	Quantitative	One in five women experiences postpartum depression, which is linked to income and geographic development.

Table 1. (continued)

s/n	Author	Affecting factor (women's mental health)	Database	Research design	Key findings
24	Odufuwa et al. (2022)	Health related	Medline	Quantitative	Age, family history of postpartum depression, and having the desired gender of child are determinants of mental health-seeking behavior.
25	Ayoub et al. (2020)	Health related	PubMed	Review	The study discovered that these detrimental cultural practices are the primary cause of many women's human rights violations. Additionally, it was found that the foundation of these cultural traditions lies in the patriarchal structure of Nigerian culture. The research highlighted the challenges of ending some of these entrenched cultural customs.
26	Kalu and Umunna (2022)	Cultural	Medline	Qualitative	Women's experiences with sexual abuse and violence may have been influenced by male privilege, which is shaped by gendered roles and expectations, religious beliefs, rape myths, bride prices, and custom such as libation.
27	Iheanacho et al. (2021)	Cultural	Medline	Qualitative	Nigerian women are more susceptible than men, both in terms of causality of disease and the societal perceptions of those affected.
28	Evans and Abrahamson (2020)	Cultural	BioMed Central	Mixed	Despite notable progress towards gender equality in recent decades, advancements have slowed, and in some areas, progress has stalled or even reversed.
29	England et al. (2020)	Cultural	Web of Science	Qualitative	This began with the pre-colonial gender norms that continued into the colonial era, when women were pushed out of commercial farming and commerce and were relegated to less lucrative activities like food crop cultivation and small-scale trading. Today, the practice of keeping women in low-paying occupations and beneath glass ceilings results in widespread abuse, poor health, and poverty among Nigerian women, perpetuating the social status gap that exists between the sexes.
30	Ogunwale (2023)	Socioeconomic	Web of Science	Explanatory	The studies show that low income can affects adolescents' overall health, as their nutritional needs are particularly high during this stage. Due to insufficient diet, adolescents may suffer from various deficiency diseases, which can, in turn, reduce their overall performances.
31	Melesse et al. (2020)	Socioeconomic	PubMed	Qualitative	Due to the significant gender disparity and lack of evidence showing progress in closing the age gap between first marriage and sexual debut, women remain disproportionately vulnerable to negative consequences related to their sexual health.
32	Miller et al. (2023)	Socioeconomic	Medline	Qualitative	Individual factors such as education and empowerment are constrained by social structures and the quality of relationships both within and outside the family.

3.4 Women's mental health intervention in Nigeria

3.4.1 Implementation of the Nigerian Mental Health Act 2021

According to Ogunwale (2023), the Nigerian Mental Health Act 2021 is currently the primary legislation for mental health intervention in Nigeria. Mental health laws are intended to protect and promote the rights of individuals with mental illnesses in both residential and hospital settings while facilitating their access to care. Ogunwale (2023) also notes that Nigeria's initial mental health laws were enacted as a decree in 1916, but their lack of relevance and obsolescence have been well documented. In response, Parliament enacted a new Mental Health Act in 2020, which was signed into law by the president on

December 28, 2022, and published in the official gazette. Despite its broad applicability and modern framework, significant challenges remain in its practical implementation. Major barriers to providing mental health treatments in Nigerians include insufficient funding, stigma, and brain drain. Since government funding for mental health remains minimal across all levels, adequate financing is crucial for improving mental health care.

3.5 Future recommendations

This study revealed that there is limited knowledge about the interventions aimed at improving women's health. The results indicated a lack of evidence-based, long-lasting support for women. Jidong et al. (2021), suggest that strategies focusing on enhancing mothers' social networks

could help them cope with childbirth trauma. In addition, supportive measures should address any perceived or actual lack of spousal or family support (Jidong et al., 2021). In a low- and middle-income region like Nigeria, it is crucial to develop culturally relevant intervention models that consider context-specific risk factors, as this can lead to more targeted and effective interventions. Based on this systematic review, it is recommended that interventions with proven efficacy in other countries be adapted to the Nigerian context, evaluated, and revalidated through randomized controlled trials. Utilizing local resources and ensuring that intervention materials are culturally relevant are essential for successful adaptation.

3.6 Policy implications and practical implications

There is a need for comprehensive and well-coordinated mental health legislation and policies in Nigeria. Originally known as the Lunacy Ordinance, Nigeria's mental health laws were first passed in 1916 and later revised as the Lunacy Act of 1958. However, these laws have not yet been fully updated or signed into law by the government.

Reducing the prevalence of mental health issues among women would significantly lower the national burden of impairment caused by psychiatric diseases. It is necessary to implement new mental health policies and support research in this area. Additionally, educating the general population about the realities of mental illnesses versus common myths is crucial.

Government and non-governmental organizations should invest in research and development, as well as establish an information center to track current trends, areas of need and unmet demand for mental health care. This support will facilitate informed decision-making regarding policy orientations, the identification of relevant treatments, and the monitoring of progress. To guide policy direction and development, there should be an initiation of national surveys based on factual and evidence-based research.

Cooperation with the Federal Ministry of Health (FMOH) is essential for developing strategic communication and planning public education and awareness campaigns on mental health and mental illnesses, especially in rural, community and educational settings.

For Nigeria to effectively integrate mental health services into public health, it is necessary to reform the outdated legal framework and create new policies. Establishing a commission for mental health is necessary to protect and support Nigerians with mental health needs.

4. CONCLUSION

This review examines relevant literature on women's mental health in Nigeria. It reveals that socio-economic hardship, health related factors and cultural influences significantly impact of women's health in the country. Well-being, including both physical and mental health, should be a primary social priority. However, decades of cultural barriers and limited access to healthcare services have made it challenging for many Nigerian women to maintain good mental health. Efforts to address the health issues facing Nigerian women have often overlooked the need for socio-economic, political and health care policies

to work in concert. Most Nigerian women live and work in rural areas, where urban-based, curative-oriented health facilities cannot adequately meet their needs. Improving the health of Nigeria's female population requires enhancing women's ability to make their own decisions. For women to be truly empowered, they need socio-economic and political advancement, financial independence, better education and access to quality healthcare, including family planning (spacing) services. Enabling women to reach their full potential is important, as is recognizing and asserting their rights, both for themselves and their daughters, in environments where men predominate.

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