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Childhood Experiences and Family History as Factors Affecting Women's Mental Health in Nigeria

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Abstract- ***This study examines the complex interplay of formative life experiences in childhood, genetic family history and current mental health status of Nigeria women. Psychological ill-being among Nigeria's women has emerged in recent years as an acute public health concern, as the social, economic, cultural pressures and the stressful environmental context combine to induce mental disorders. Specifically, this study explores the interplay between early developmental perturbations such as child abuse, childhood emotional deprivation, and chaotic family background with the risk of inheriting a predisposition to mental ill-health for psychiatric morbidity in female adolescents. This inquiry has used a rigorous quantitative methodology for the investigation where appropriate structured psychometric surveys have administered to diverse groups of women across the geographical divides in the country. The results were then analyzed using descriptive statistical methods in order to elicit major patterns and correlations with specific phenomena of interest. Result have evidenced that the incidence of the study-related mental health problems particularly Depression, and 'anxiety disorder' were linked strongly to trauma as the' adversely adverse childhood experiences' (ACEs) that an individual has experienced. Significantly, a family history of mentally disorder appeared to multiply existing risks factors for these conditions. In conclusion therefore, the study argues that life trajectory of psychological morbidity in a Nigerian woman's life will mostly depend on her fundamental life and family genetics. Based on these findings, the paper therefore provides recommendations for Nigeria to overhaul her mental healthcare policy. It calls for systematic implementation of mental Health public awareness campaigns tailored to culturally sensitive frameworks, early intervention facilities for children and community accessible mental Health Services to reduce lifelong morbidities and ameliorate welfare.***

I. INTRODUCTION

The Global and National picture of the world of mental health is an imperceptible structure upon which our very being rests. It controls the way we feel, perceive and eventually, perform on the grand stage of life. It is more than the lack of any clinical affliction and more so a functioning balance of mental ability, the accomplishment of personal abilities, as well as the ability to cope with the adversaries of life. Although the global North is undergoing a phenomenal paradigmatic transformation towards a "mental health is a right," a narrative supported by the World Health Organization, (WHO, 2022) the actual situation on the ground in Nigeria is dire.

In Nigeria, Africa's most populous country, the standard approach to psychological distress is often characterized by "cultural armor" and a "veil of silence." This reflects not merely a knowledge deficit but a deeply rooted culture reinforced by stigmatization, spiritual misconceptions, and a woefully under-resourced psychiatric service that appears to be suffocating. All too commonly, psychiatric illness is interpreted through a supernatural lens, with conditions such as clinical depression attributed to "spiritual arrows" or faith-related problems rather than environmental and biochemical triggers (Oladiji et al., 2024). Consequently, access to professional care remains a formidable barrier for millions of residents, confining psychological suffering to the shadowy depths of an under-aware population. This pervasive silence is further compounded by low mental health literacy within Nigerian society. Even among educated persons in Nigerian communities, knowledge of certain mental health conditions, such as postpartum depression, remains scarce, resulting in delays in seeking care and an increased mental burden from undertreated psychological disorders (Eze et al., 2025).

II. THE GENDERED EXPERIENCE

The unfortunate reality for the Nigerian woman is that, on top of all these challenges, she is often battling a separate psychological pressure cooker. The Nigerian psyche places a unique demand on women to possess an extraordinary level of emotional resilience. You are expected to be the “strong Nigerian woman,” the caregiver, the constant shoulder for others, the emotional pillar and, at times, the sole provider for an entire household. Yet, when you experience your own internal turmoil, it is often dismissed as being “moody” or “inadequate.” As findings reveal the combination of the demands of reproduction and economic instability are linked to the elevated rates of mental health concerns for Nigerian women (Fitch, 2024).

It is a huge mental load. Considering our fixation on marriage and childbearing, the burden of patriarchal oppression women endures, add the economic instability of the country that sees women trapped in informal sector with no safety nets; anxiety and depression are sure to flare up. When these systemic pressures collide with more direct traumas like domestic violence, or lacking control over reproductive choices, which cause the quiet but devastating spread of undiagnosed mental health conditions in family circles (Fitch, 2024).

Everything that we know as adults is constructed on the bedrock of childhood. This initial phase in our life is a very sensitive and crucial time of development everything you are exposed to in these years are a forever’s footprint. Being exposed to the variety of adversities that fall into "Adverse Childhood Experiences" (ACEs), anything from extreme poverty to the subtle sting of emotional neglect creates a blueprint for how a person will handle stress decades later (Felitti et al., 1998).

In Nigeria, they are quite happy bragging about the "village" way of bringing up children. And indeed, communalism can be a fallback but also a source of trauma if the "village" is unstable. Take for example some of the common landscape here, losing a parent, clashing under the pressures of a polygamous household or experiencing "spare the rod" training that quickly turns abusive. These are not just "tough upbringing," but experiences that inhibit the ability to modulate emotion. When such girls grow up to be women they lack "resilience tool kit" they should have acquired from a stable home. And when such is available, they easily develop clinical anxiety. Because of inherent blueprints, and familial patterns, it is impossible to speak about the psyche without first touching on lineage. The family narrative as a biological map of which one gets no choice in the matter. As studies prove the heritability of depression and anxiety is high (Casey, 2014), Nigerian families shroud such stories; “family secrets” hidden to save faces, or to secure “marriageable” daughter status. This sets off an intergenerational chain reaction of trauma. A young girl watching her mother succumb to this untreated "melancholy" not only inherits the possible predisposition but the language and patterns for such living. Maladaptive ways of surviving become acceptable ways of life.

Identifying the research gap despite how obvious these links seem, there is a gaping void in local empirical research. A majority of studies in Nigeria compartmentalizes the connection between childhood trauma and genetic disposition as if they do not correlate. But they do. They intersect, clash and compound themselves. This fragmented method creates a huge hindrance in effective therapeutic interventions. Without this linkage, one is essentially operating in a dark void and can only resort to utilizing western therapeutic models which are sometimes foreign and do not accurately address the Nigerian socio-economic reality for women in Kano, Enugu and Lagos.

The statement of purpose and research questions are trying to help to close this space so that we look at both family history and childhood experiences on Nigerian women, specifically. And hopefully it would begin to inform the psychological understandings of women in West Africa with a data based and sensitive approach, “trauma-informed. The “hustle”, the struggle why does some Nigerian women bounce back, and why do others face mental health problems? That is the question we want to answer. The goal of this study is to get beyond superficial explanations, find out what the most important factors affecting mental health

outcomes are, and use the findings to create evidence-based policies that actually improve gender-specific outcomes.

Significance of the Study

This study extends beyond an academic exercise, as its findings are intended to contribute meaningfully to the public health sector. It seeks to provide relevant insights that can support the development and implementation of effective strategies for addressing mental health challenges, improving awareness, promoting early intervention, and strengthening access to appropriate psychological and psychiatric care.

- For Policymakers: We can no longer tolerate vague "health manifestos." Now, here is the ammunition we need to demand mental health screening in our maternal and infant care clinics and in primary schools.
- For Clinicians: Now is the time to advocate for "trauma-informed care." We want to see our child psychologists asking patients not only about symptoms but about how they were brought up-about their entire history and family tree if they are to provide a cure.
- For the Public: We aim to encourage discussion of the fact that a well-parented and stable family is the foundation of the well-being of the adults who came out of it, and that when we discuss a "family problem," we should feel comfortable to speak of it in a clinical as well as domestic way.

Scope of the Study

The scope of the study focuses on how childhood experiences, including neglect, abuse, stability, and positive relationships, interact with family history and inherited tendencies in relation to depression and anxiety. The focus on these two disorders is informed by their prevalence among individuals within the Nigerian population (Olawale & Smith, 2025). The study covers women across different socio-economic classes and considers selected urban and semi-urban communities. Although the study does not encompass the entire Nigerian population, the selected locations provide representative contexts for examining the challenges associated with urbanization and their implications for family life. The study adopts a mixed-methods approach, combining quantitative data to provide measurable evidence with qualitative accounts to capture participants lived experiences and personal narratives. A potential limitation is social desirability bias, whereby respondents may provide responses that align with perceived social expectations, particularly when discussing sensitive family experiences. To minimize this limitation and facilitate the collection of authentic accounts, the study employs validated research instruments and maintains respondents' anonymity.

III. LITERATURE REVIEW

Mental health has come out from only being viewed from a clinical lens to being embraced more often to being integral and significant in overall human development, community functionality, and well-being. According to the World Health Organization, "Mental health is defined as a state of wellbeing in which an individual realizes his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and is able to contribute to his or her community" (World Health Organization, 2022). This well-being however, is mediated by multiple biological, psychological, social and environmental factors. A variety of biological factors such as inherited conditions and the experience from within a family and in our childhood are critical as they affect how one can develop psychologically and to some extent affect the risk of developing certain kinds of mental health challenges throughout one's lifetime.

The Long Shadow of Early Development

The impact of childhood adversity on adulthood psychological outcomes has been reported extensively, showing that mental health outcomes such as depression, anxiety, emotional dysregulation and other disorders are largely dependent on an individual's experiences in early life. In the original ACE study by Felitti et al. (1998) a direct linear, dose response association was formed on early life adversity and later-life adverse health conditions. Childhood abuse (physical and psychological), emotional neglect and dysfunctional families may induce lasting exposure to stress factors which in turn impact emotional developmental processes, stress mechanisms regulation, and may thus result in later

life psychological health concerns such as depression and anxiety. For women, childhood adversity in early life has been linked to challenges of emotional regulations and enhanced risk of developing common disorders (Okenyi, 2024).

Aside from having to endure childhood adversity, an adolescents' understanding of their own and other's psychological condition, termed as Mental Health Literacy, may affect and determine one's life-course mental wellbeing. Findings from sub- Saharan region indicated that poor mental health literacy among Adolescents contributed in identification of psychosocial ill as late as into late age, thereby postponing the provision of psychosocial support that can halt the worsening and further persistence of symptoms, into late adult life (Sodi et al., 2022).

Childhood Adversity, Gender And Adult Mental Health

Recently emerging evidence has helped further conceptualize childhood adversity to consider if its long-term psychological consequences differ by gender, type of adversity, and severity or accumulated trauma due to adverse experiences. A systematic review and meta-analysis involving 42 studies (Zhu et al., 2025, in press for 2025 release), for example, showed sex differences in childhood adversity links to depression and anxiety and further indicated a number of childhood adverse experiences uniquely or jointly link to women's outcomes and the consequences vary by adversity type. This suggests it is critical to consider gender in studying the long-term psychological outcomes of adversity, in a comprehensive manner by including types of experiences or patterns of adversity (Zhu et al., 2025). These findings complement ACE studies in documenting how adverse childhood experiences' psychological outcomes cannot be conceptually understood separate from patterns of adversity exposure or gender.

Heredity and the Domestic Microcosm

Another possible cause for a person with a mental disorder can develop a vulnerability may be found when you consider familial history. Modern research has also begun to establish how mental health difficulties, as complex conditions in the view of contemporary psychology are multifactorial in terms of their genetics and have a number of contributors to this. Under these assumptions' family history, might provide some clue to the biological predisposition towards disorders (Casey, 2014). However, family history is more than a mere index of genetic influences.

How a family supports a person growing up can prove either supportive and help offset effects of psychological stress or in the contrary make for greater incidence of mental health, including continued presence in the family group through supportive parenting, communication, stability, while parents can suffer mental illness which impacts the child's experiences (Casey 2014).

Gene–Environment Interaction and Mental Health

In more recent times the study has moved on from the view of genetic vulnerability and environment adversities acting as single causal factors in predicting psychological outcome and looking more at the interactions. 2025 research that integrated polygenic risk and family history supported the hypothesis that inherited liability for depression might mediate the link between the multigenerational inheritance of depression and childhood psychological functioning. This may suggest that family history is more than just the compilation of one's relatives' histories of mental illness, but rather that it has become an identifier of one's own inherited vulnerability that functions within the environmental and developmental parameters over many generations. 2026 research using systematic review of polygenic risk scores to test gene-environment interaction confirmed that it has become more appropriate and important to investigate both inherited genetic vulnerability and the specific environmental experiences one might encounter.

The Nigerian Female Experience: Stigma and Synergy

The role of gender in mental health seems to be of special interest and relevance in Nigeria due to the fact that the existing culture, social norms/ roles and societal roles intersect in explaining how distress will be recognized and dealt with. This is sometimes amplified when a religious and/or supernatural causal understanding is elicited through social sanction. These explain the reason behind a patient not being

able to articulate the issue nor receive any expert form of aid because of societal disapproval (Kroll et al., 2009). Nigerian women due to the pervasive culture of patriarchy, role expectations as women and the general state of dependence might be denied adequate autonomy over taking the steps required for quality mental health treatment.

For a survey based cross-section in Nigeria of women postpartum revealed an added effect, whereby stigma attached in identifying with mental illness as well as cultural silences on the subject leads to some women not being able to articulate any form of distress, it rather comes out in interior form, or may even come to the cause of worsen the plight leading to some issues that were present like postpartum depression & anxiety among some of these patients (Oladiji et al., 2024). In summary, low Mental health literacy was the driver behind many cases of underestimation as well as long waiting period prior to access to needed therapy on anxiety and depression in Nigerian ladies.
Mental Health Among Nigerian Women.

More Nigerian data illustrate the need for culture specific interventions. A 2025 multistate randomized trial from Nigeria tested feasibility of a culture adapted cognitive behavioral therapy and learning through play intervention against usual care among Nigerian postnatal women for symptoms of postnatal depression. Evidence suggests benefit of interventions modified to match the culture social and economic conditions under which women manifest psychological distress. Also, A 2025 systematic literature review found significant effects of depression and anxiety on the Nigeria disease burden, while still noting constraints in availability and affordability of mental care.

Recently in an Urban Nigerian population depressive symptoms have been found related to the prevalence of Psychotic-like experiences and this relationship has particular significance among females. Abir et al., 2025 shows the importance of appropriate and timely mental healthcare screening, Early detection and involvement of mental health into overall care structure.

Bridging the Analytical Gap
However, in the wider West African context mental health systems often face issues such as service access, the availability of mental health professionals, cost of services, and policy implementation, and recent research points towards the use of community and family centered strategies of managing mental health disorders as an important means of mitigating the growing mental health burden (Amenah et al., 2024). In more recent literature the potential interrelationship of genetic predisposition and individual experience across lifespan in impacting health outcome has emerged, whereby in relation to adversity, child developmental adversity has revealed differences by gender, type, and cumulation across life-time, and more recent data regarding polygenic risk and family history demonstrates heritability interacts across development and life contextually. Limited evidence is available with respect to Nigerian and wider West African populations in general and to gender specifically with respect to any interrelationship among genetic, early adversity and current functioning. This investigation uses childhood and family history experiences to examine risk across multidimensionality for this particular study regarding women and depression/anxiety in Nigeria.

IV. METHODOLOGY

To make a thorough study on the association between developmental experience and adult psychosocial adjustment, this present study utilized a quantitative design of research so that a unbiased method is used in measuring the empirical phenomenon experience. The collected data after being quantified can detect the relationship between childhood trauma history, family history of mental disorder in statistical manner such as the existing of association between history of childhood trauma, family history of mental disorder with psychosocial adjustment, there is linear relationship, general trend, pattern etc., while would be difficult to determine using any type of analysis on qualitative data. The targeted population of the study are female adults dwelling across the entire geographical regions in Nigeria and the sample consists of 120 women. The sampling technique used in this selection was the simple random sampling with the aim of achieving maximum impartiality. This

technique is employed in the process of sampling to ensure that there is no partial selection involved whereby equal opportunity given to any subject in the accessible population to be picked up for investigation so as to make use of unbiased information in drawing conclusions about the entire populace.

The major instrument used for data collection was a comprehensive and structured questionnaire developed in such a way as to capture the variables under study in their natural form. It was structured in four main topical areas namely:

1. Demographic Information: To establish age, education and marital status of each participant to help give background and meaning to the survey results.
2. Childhood Experience Scale: The Childhood Experience scale is designed to assess how much "Adverse Childhood Experiences" (ACEs) each respondent experienced such as, emotional neglect, domestic instability and physical abuse.
3. Familial Health History: This section of the survey question respondents about any history of diagnosable or symptomatic mental health condition in any immediate family member, which can help to rule out any inherent causes of mental health conditions.
4. Psychological Assessment: Participants answer to questions relating to depression and anxiety disorders measured with a 5-point Likert scale from "Strongly Disagree to "Strongly Agree".

The questionnaire was pilot tested in terms of internal reliability and face validity prior to mass administration and any unclear question wording adjusted to conform with local cultural standards in Nigeria. Data was collected through both physical (on paper) and online forms, using a hybrid method of distribution; The paper surveys would cover those within a close vicinity, whereas online forms could extend to the more scattered demographics, overcoming logistic challenges in distribution. Raw data was manipulated and analyzed by employing descriptive statistics. Data was not solely assessed by frequency distributions and percentages but through cross-tabulation which examined the 'intersectionality' of family history and childhood trauma. Data was depicted using organized tables and graphs to allow for a readily apparent, empirically grounded conclusion to demonstrate the relationship between early childhood events and present mental health outcomes.

Due to the nature of the sensitive topic of childhood trauma and mental health, care was taken to uphold strong ethical codes and practices. The study was carried out using voluntary participation with a clause of a "right to withdraw" stated within the introductory brief given to each participant. personally identifiable information (PII) was not gathered in order to ensure complete privacy for each participant and their response remains entirely anonymized. Participants formally gave their informed consent prior to being included in the study and the project adhered to a "do no harm" ethical guideline where any participant who reported feeling anxious or uncomfortable as a result of a question were provided with a mental health resource list.

Table 1. Research Instrumentation

Component	Focus Area	Measurement Tool
Socio-Demographic	Age, education, and marital status	Structured Profile
Childhood Experience	Hereditary patterns and symptomatic history	ACEs Scale
Familial History	Hereditary patterns and symptomatic history	Health History Probe
Psychological Status	Depression and Anxiety symptoms	5-point Likert Scale

The research table shows the instruments used for acquiring information from respondents in the specific components/aspects of the study. Socio-Demographics collected information like age, civil status, and levels of education through a structured profile. Childhood Experience measures childhood exposure to adversities in life via the ACEs Scale.

Familial History collected data regarding possible hereditary predispositions as well as prior experiences of symptoms through the Health History Probe.

Psychological Status collected data based on symptoms of depression and anxiety through a 5-point rating scale. All of these instruments, when used together, have provided a good overview on the demographic, familial history, childhood experience and even the psychological state of each respondent which has provided significant data.

Table 2. Developmental and Hereditary Factors

Factor Category	Findings (n=120)	Percentage
Negative Childhood Conditions	Reported significant developmental disruption	68%
Stable Childhood Conditions	Reported supportive formative years	32%
Family History of Mental Illness	Identified clinical/symptomatic history in family	55%
No Known Family History	No reported history of mental health challenges	45%

Results

The result of the structured questionnaire that was administered on one hundred and twenty (120) women across Nigeria shows developmental history, inherited genes, and mental function today.

Demographic and Descriptive Overview

The participants age and gender profile indicates a fairly young cohort, as most of them are within the age range of 18 and 35 years old. The sample therefore reflects a snapshot into the lives of millennium and Gen Z women of Nigeria; groups currently grappling with massive socio-economic transition. Quite striking is that an overwhelming majority of these women have in the past experienced at least one developmental disruption which may include emotional neglect, child physical abuse or inconsistent parents.

Prevalence of Adverse Childhood Experiences (ACEs)

These results also demonstrate a concerning level of childhood instability. For instance, the study findings show that, in fact, a total of 68% of those surveyed identified as having negative childhood experiences which included more "invisible" stress like emotional neglect, a household with a lot of chaos or conflict, and not just a history of physical or psychological harm. The results contrast with the remaining 32% who described having a healthy, safe, and loving childhood.

Familial Mental Health Legacy

The research delved into family background; the role of both hereditary and the environment on the development of family history of mental disorders in the community in which the research subjects were from. The findings indicate that 55% of the women surveyed identified a history of mental health challenges within their immediate or extended lineage. There were diagnosed and clinically recognized cases of clinical depression, chronic hypertension or undiagnosed-but symptomatic disorders among parents or close family members. The remaining 45% of the respondents said they had no known history of family mental ill health however, culturally this has not been adequately reported nor medically verified to cause underestimation of the figure.

Correlation and Synthesis of Variables

“It strongly suggests that early life factors really have a serious, obvious association with later life mental health status.” A cross-tabulation of the data indicates that respondents who reported negative childhood experiences were significantly more likely to fall into the 60% cohort experiencing current mental health challenges.

Even more, these statistics point to an accumulating effect in which the greatest levels of emotional discomfort were expressed by women that had a family history of mental illness, and that had a great rate of child trauma, while the subjects with childhood stability and no family history of mental illness, reported clearly more capacity to Cope. So, to

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conclude, the data shows that within the context of Nigeria, a woman's psychological well-being depends to great extent not only on their genetic inheritances, but on the history, they experienced throughout their childhood and adolescence as well.

Table 3. Clinical Outcomes and Correlation

Outcome Measure	Clinical Observation	Population Impact
High Distress Cohort	Frequent symptoms of Depression and Anxiety	60% of respondents
Low Distress Cohort	Minimal to no significant psychological symptoms	40% of respondents
Compounding Risk	Combined family history and childhood trauma	Highest distress levels
Resilience Factor	Stable childhood and no family history	Highest emotional resilience

V. RESULT

The study shows that there is a strong association between distress and the presence of childhood trauma and family history among the participants. 60% of the respondents in the study belonged to the high-distress group and the other 40% to the low-distress group. 60% also described the presence of familial psychological problems, as did 50% of all participants. The results also point to there being an association between childhood trauma and distress among the participants. Furthermore, respondents with both childhood trauma and a family history of psychological disorders had the highest distress levels.

On the other hand, a family, which lived through an uneventful childhood and had a low prevalence of mental problems, scored best in the level of emotional resilience. Hence, we can conclude that a happy, steady childhood and lack of risk for mental problems are likely to promote psychological adjustment. All in all, we can see a scenario where both accumulating of risks causes psychological problems while presence of protectors causes resilience. That is how we can answer the research task in this specific scenario where early detection, prevention and treatment of psychosocial disturbances are needed.

VI. DISCUSSION

The main purpose of the study was to explore how childhood experiences and a person's ancestral history contributes to mental health outcomes in women in Nigeria. The empirical evidence presented suggests that how mentally healthy a woman grows up to be is rarely an accidental event but rather a product of both lifelong biological and developmental processes.

The results, showing that 68% of respondents suffered from childhood adversity, and had a far greater likelihood of presenting with symptoms of Depression and Anxiety aligns with the global discourse around Adverse Childhood Experiences (ACEs) by (Felitti et al., 1998). For Nigerian women specifically, the nexus between childhood adverse experiences and mental illness makes more sense than ever. Stress during childhood does not just lead to short term unpleasant feelings, but actually "program" the individual's stress-response system.

For the girl that grew up in an unstable household or without her needs being attended to; that her mental and emotional capacities are undeveloped. As she grows into adulthood, these issues are exacerbated when faced with the socio-economic challenges of Nigeria, it leads to clinical mental health illnesses (Okenyi, 2024).

It confirms that a family history is still the most potent indicator of mental health and ties in to what other research shows family history of mental illness, as one of the primary predictors (Casey, 2014). The fact that over half of the respondents said there is mental illness history in their family highlights the role of both environment and genetics in their current state. Genetics "offers the 'biological template' for who is susceptible," however it is the family environment which serves as the principal socializing agent. In many of the Nigerian families, untreated prior generation mental illness resulted in the home itself being an "uneasy environment of communication and high emotional fluctuations. This reveals that "family history" is not solely about DNA, but is really about

how traumatic histories are transmitted from one generation to another."

Perhaps the greatest finding is the combined effect for women who experienced trauma early in life as well as the genetic component. Apparently, environment and biological contributions don't operate independently of each other but rather build on one another. A woman born with an anxiety gene may be able to keep symptoms in check under good circumstances, but for that same woman whose genes carry the anxiety tendency when combined with the impact of child abuse, the probability of psychiatric collapse escalates geometrically.

These results are particularly vital given the sociopolitical and cultural context in Nigeria at present. Stigmatization in relation to Mental Health, often portrayed in religious or spiritual terms, significantly hinder individuals in managing the condition (Oladiji et al. 2024). This has a more debilitating effect in Nigerian society because the woman, who serves as a shoulder to cry on or the emotional pillar of the Nigerian family, must always "stay strong" and never complain, thus in many instances battling with constant grief individually given the non-availability of professional mental healthcare services. Thus, the findings of this study propose that the mental health burden on the Nigerian woman will continue to grow unless the "root cause" in the form of the history in family, childhood is attended to. The results obtained in this research are consistent with the international psychological literature while at the same time they provide much-needed, national-specific data. They stand as a sober illustration of the fact that intervention aimed at boosting mental well-being of women in Nigeria would do well to extend beyond the symptom and the current etiological factors, and address the lasting role of history, even ancestral-history.

VII. CONCLUSION

This research has critically examined the foundational roles of childhood experiences and familial history in determining the mental health landscape for women in Nigeria. From the systematic quantitative study, this research has clearly established the fact that women's adulthood's psychological predicaments are neither arbitrary or accidental but are the product of a multifaceted relationship between the formative trauma and family predilection during developmental phase of womanhood.

What is clear from the empirical findings of this study is that Childhood Maltreatment specifically neglect, physical and emotional abuse, domestic disorder directly predisposes for subsequent Development of Depression, Anxiety Disorder; as well as pointing to the fact that familial history of mental ill health directly contributes to psychological burden from biological and environment perspective. The intergenerational cycle of mental suffering appears to be prevalent within Nigerian homes (Casey, 2014). The most touching aspect, however is the combined influence; as the interaction of adverse childhood experiences and inherited psychiatric condition increase the magnitude of risk which could not have been addressed from single-variable study of risk factors for psychiatric disorders.

In conclusion, this study shows mental health is longitudinal. It is not about one instance nor does it have only one cause. Instead, it is a continuously constructed status through accumulated lived experiences and genetic endowments. Given the circumstances in the Nigerian context where there are the prevailing stigmatization and neglect by cultural and systemic factors that usually deny the significance of women's mental well-being, these findings stand as a crucial call to action.

In essence, a woman's history of childhood experiences and her family background are not simply an adjunct or "background information" rather, they serve as direct drivers in shaping a woman's overall psychological experience and thus can help predict her future psychological outcome. To foster a new direction in women's mental health services, more inclusive and far-reaching approach to improving mental health must be sought one that takes into account the treatment of clinical symptomatology but a more in-depth attention to prevention at an early age, public education and removal of the culturally embedded stigmas, thus empowering women to take control of their health and well-being again. In this

way, then, and by targeting some of the most influential sources uncovered through this work, Nigeria can begin to forge a better and healthier path ahead in terms of women's mental health.

VIII. RECOMMENDATIONS

In light of the above evidence of the significant effect of early formative experience and heredity on the women in Nigeria mental health the following strategy recommendations are put forward:

- There is an urgent need to launch a national mental health literacy campaign targeted at women. There should be collaboration between government agencies such as the Federal Ministry of Health and non-governmental organizations to initiate programs that are culturally sensitive and demystify the "spiritualization" of mental illness. Women should be educated on how to see psychological distress as treatable, like any other physical health condition, thereby increasing their willingness to seek clinical care without fear of societal stigma and stigmatization.
- There is need to strengthened both our educational and social welfare systems, particularly at the community and school level. This will involve providing qualified personnel such as trained school counselors, psychiatric social workers in schools, and in community centers that can be able to detect the earliest indicators of abuse, neglect or home domestic instability (Sodi et al., 2022). Implementing 'safe reporting' systems for children would help in the immediate psychological care and "break the chain of negative consequences of trauma."
- Our mental health system has predominantly been urban-centered and must be reoriented toward the Primary Health Care (PHC) sector. The PHC structure in the local areas, comprising of local healthcare workers will then provide an entry-point to basic psychiatric screening and counseling service for women in rural and underserved communities, by increasing budget allocation to psychiatric residencies, and establish community-based counseling centers across the 36 states and the Federal Capital Territory (FCT) of Nigeria.
- Since the home environment is often the center for both trauma and well-being for most people, family-based intervention should also play a prominent role in this effort. The community leaders and local health workers, need to promote 'Positive Parenting', that addresses emotional intelligence, conflict resolution and effective communication skills. Family counseling centers can be established for families where there is a history of mental illness to equip them with resources to avoid transmitting it to the children (Amenah et al., 2024).
- Lastly, while this study provides a framework and overview on developmental and heredity factors, additional research in the field is crucial to complement it. Future studies can be adopted longitudinal methodology to examine the interplay of socio-economic background, religion, and regional cultures on women's mental health, expanding to all 36 states of Nigeria so as to develop an authentic, "home-grown" mental health policy for Nigeria women.

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