

EFFECTS OF MENTAL HYGIENE TREATMENT ON PSYCHOSOCIAL WELL-BEING OF FAMILY VIOLENCE VICTIMS IN OGUN STATE, NIGERIA

ADENUGA, EMMANUEL AKINYEMI Ph.D

Department of Human Kinetics and Health Education

Faculty of Education,

Olabisi Onabanjo University, Ago-Iwoye, Ogun State.

akinyemi.adenuga@oouagoiwoye.edu.ng

Abstract

Mental hygiene is a process of reawakening of individuals in order to perform their duties effectively in a changing world facing off crisis and violence. This study investigated the effects of mental hygiene treatment through mental hygiene education on social wellbeing of family violence victims. It equipped the family violence victims with mind processing skill in order to minimise the effects of family violence on the social well being of the victims. This study was a Quasi-experimental research of single-group before-after design type. The participants identified were pre-tested treated and post-tested after the completion of the treatment. The sample size for this study comprised 100 participants drawn through a multi-stage sampling procedure. The instruments used were HITS Instrument; alpha - 0.68, Mental Hygiene Implications Questionnaire (MeHIQ); alpha - 0.79 and treatment package named Mental Hygiene Education MEHED. One research question and four hypotheses formulated were tested with mean score and t-test at 0.05 level of significance respectively. Results revealed significant outcomes of mental hygiene education ($t = 63.96, p < 0.05$), consolation pattern ($t = 7.573, p < 0.05$), mind recreation processes ($t = 15.852, p < 0.05$) and senses of fulfillment ($t = 7.573, p < 0.05$). Based on the findings, it was recommended amongst that family violence safety security, health personnel and paramedics should be trained on the process of rehabilitating the victims through mental hygiene education.

Keywords: Mental Hygiene, Family Violence Victims, Treatment, psycho-social well-being, Nigeria

Introduction

Health is a desirable asset for everyone in order to enjoy life to the fullest. For an individual to be healthy, such must maintain equilibrium on physical, mental, and social dimensions of health, (Howard, & Linda, 2015; Isabu, 2013; Malchiodi, 2015; Mandel, 2017; Rossi, 2013). Physical health is directly proportional to mental health because it contributes to the development of a sound mental health which has strong influence on social health. Mental health is the relativity of individual condition to the capacities and social-environmental context of that person, (Hunt, 2013; Domestic Violence Victoria, 2015; Dowse, Soldatic, Spangaro, & van Toorn, 2016).

Mental hygiene is a process involving the changing of individuals in order to perform their duties effectively in a changing world. The domino effect of mental hygiene practice neglect is mental ill health as neglect of personal and environmental hygiene cause physical ill health, (Park, 2012, Cox, 2015; Dedeigbo, & Cocodia, 2016; Domestic Abuse Intervention Programs, 2017). Mental ill-health is the absence of the qualities of positive mental health in the individual, while mental illness is a broad term which includes all behaviour disorders caused by faulty perception, emotion, thinking, and attitude (Frohman, Dowse, & Didi, 2015; Hooker, Kaspiw, & Taft, 2016). The signs of mental ill health include poor adjustment with others in the society, irrational thinking, feeling, as well as irrational act within the norms of the society, (Bjørnholt, 2014; Campo, & Tayton, 2015; Olise, 2012). Its behavioural signs include display of negative feelings and attitudes about others, such as anger, hatred, fear, anxiety, selfishness, jealousy, lust, greed, avarice, and worry among others, (Frawley, Dyson, Robinson, & Dixon, 2015, Webstar, 2013; White Ribbon Australia, 2017).

Family crisis has been a major blow while victim **around the world are showing signs of psychological stress due to family violence**. There are recurrent attacks of anxiety and depression resulting from family crisis. Excellent mental hygiene enhances balance, health and well-being as well as improving day-to-day lives interaction. It enables individual to learn, reason, interact, and face difficulties. **Depression and anxiety cause great annual losses and pose** a vital social and economic problem, (Australian Human Rights Commission, 2017, Australia's National Research Organisation For Women's Safety, 2016; Bellis, Hughes, Perkins, & Bennett, 2013).

Violent behaviour among family members includes not only physical assaults but an array of power and control tactics used along a continuum in concert with one another, including direct or indirect threats. Violence occurs in families with a pattern of physical, psychological, economic and sexual coercion of any family member in the order that is punctuated by physical assault or threat of bodily harm, (Bartels, 2010; WHO, 2010; VicHealth, 2010; Jennifer & Racheal, 2014). It is an unjust, unwarranted or unlawful display of force tending to overawe or intimidate family members with a repeated use of violent, threat, coercive behaviour by an individual against family member(s). Family members such as spouses, parents, brothers, sisters, sons, daughters, grandparents, aunts, uncles, cousins, nephews, nieces and siblings-in-law are victims of family violence irrespective of Marital, Parental/Child and Collateral relationship existing between the victim and the perpetrator.

Expert affirms that grave mental health issues decrease life expectancy by 10 to 20 years. This study hinged on wellness-illness model proposed in 1993 by Jensen and Allen. The model describes the connection between health, disease, wellness and illness as a distinct component of a process involving the changing person in the changing world. It viewed health as an objective process characterized by stability, balance and integrity of functioning; wellness as being affected by interpersonal, intrapersonal, health disease related and extrapersonal factors. The implication of the model to this study is that the family violence victims should be educated to appreciate health and wellness in all its dimensions even in the face of family dysfunctionality, encourage them to practise the process of mental hygiene. Family violence in its varied dimensions like spouse, child, and elder ill-treatment has become a prevalent phrase in day-to-day language usage irrespective of the family status and type, in Ogun State.

Objective of the Study

It is observed that there is ill-treatment of spouse, children, parents, older adults as well as the other dependent member of the family, while most people are wild as well as poorly relate with others. The case also poses ill-health like victimhood thinking, low self esteem, and low self-efficacy to the victims. It is in this context, this study examined the effects of mental hygiene treatment on psychosocial wellbeing of family violence victims as well determining the consolation pattern, sense of fulfillment and mind recreation process of the victims of family violence in Ogun state, Nigeria.

Research Question

What is the perceived effect of mental hygiene treatment on the life stages of the victims?

Hypotheses

1. There is no significant difference in the pre and post-test score of the family violence victims mental hygiene in Ogun state
2. There is no significant difference in the pre and post-test score of the victims` consolation pattern
3. There is no significant difference in the pre and post-test score of the victims` mind recreation processes
4. There is no significant difference in the pre and post-test score of the victims` senses of fulfillment

Methodology

This study was carried out to examine the effects of mental hygiene treatment through mental hygiene education on the psychosocial wellbeing of family violence victims in Ogun state, Nigeria. The population of this study includes all adults who had experience family violence in Ogun State. A

quasi-experimental research of single-group before-after design type was used for the study. Hurt Insult Threat and Scream (HITS) instrument was used to identify the victims after which they were treated with a self designed mental hygiene kit named Mental Hygiene Education (MEHED). The participants were pre-tested treated and post-tested after the completion of eight (8) weeks treatment given to the participants. A self-structured likert scale type questionnaire titled” Mental Hygiene Implications Questionnaire (MeHIQ)” was used to collect data before and after the training. The instrument measured mental hygiene effects on psychosocial wellbeing of family violence victims in Ogun State, Nigeria. Cronbach alpha used to determine the reliability of the instrument used yielded 0.79. A multi-stage sampling procedure was used for the study. The state was stratified into four (4) groups using division as a criterion. Fish bowl method was used to select a division while typical purposive sampling technique type was used to select 100 adults victims for the study from the study location. The data obtained were analyzed using mean score and t-test at 0.05 alpha level.

Results

What is the perceived effect of Mental Hygiene Treatment on the life stages of the victims?

Table 1: Mean analysis of Mental Hygiene Treatment effects on the Victims life stages

| Life stages | N | Percent | Variables | | | | | |
|--------------|----|---------|---------------------|------|-----------------|------|-----------------------|------|
| | | | Consolation Pattern | | Mind Recreation | | Senses of Fulfillment | |
| | | | Means | SD | Means | SD | Means | SD |
| Young Adults | 63 | 63% | 30.85 | 3.55 | 36.48 | 1.12 | 32.84 | 3.55 |
| Older Adults | 37 | 37% | 14.92 | 1.38 | 36.48 | 1.12 | 16.24 | 2.87 |

The result in Table 1 shows the mean of the mental hygiene treatment effects on the victims life stages according based on life stages. From the result, the mean of the 63 young adults is 30.85 (S.D. = 3.55) for Consolation Pattern, 36.48 (S.D. = 1.12) for Mind Recreation, and 32.84 (S.D. = 3.55) for Senses of Fulfillment while that of the 37 old adults is 14.92 (S.D. = 1.38) for Consolation Pattern, 36.48 (S.D. = 1.12) for Mind Recreation, and 16.24 (S.D. = 2.87) for Senses of Fulfillment. The results indicated that the young adults recorded higher mean score in Consolation Pattern and Senses of Fulfillment than the older adults, while both have same mean in Mind Recreation. This is an indication that Mental Hygiene Treatment has effects on the young adults Consolation Pattern and Senses of Fulfillment as well as the Mind Recreation of both life stages.

Hypothesis 1: There is no significant difference in the pre and post-test score of the family violence victims mental hygiene in Ogun state

Table 2: t-test Analysis of pre and post-test score of the victims Mental Hygiene

| | N | Mean | S.D. | Df | R | t | Sig. of t |
|------------------|-----|-------|------|----|------|-------|-----------|
| Pre-test scores | 100 | 14.92 | 1.38 | 24 | 0.11 | 63.96 | .000* |
| Post-test scores | 100 | 36.48 | 1.12 | | | | |

* indicates significant t at $p < 0.05$

Table 2 shows the result of the paired-samples *t*-test of difference between the pre-test and post-test mean Mental Hygiene scores of the victims. The result shows a significant outcome ($t = 63.96$, $p < 0.05$). This outcome implies that there is significant difference between the victims pre and post-test Mental Hygiene scores. Table 2 shows that the mean post-test Mental Hygiene score of 36.48(S.D.= 1.12) recorded by the victims not just higher than the mean pre-test Mental Hygiene score of 14.92(S.D.= 1.38) recorded by the victims, the difference between the mean scores is statistically significant. As a result, the null hypothesis of no significant difference between the pre and post-test Mental Hygiene scores of the victims of family violence is rejected.

Hypothesis 2: There is no significant difference in the pre and post-test score of the victims Consolation pattern

Table 3: Difference between Victims Pre-test and Post-test of the victims Consolation pattern

| Treatment Groups | N | Mean | S.D. | df | <i>r</i> | <i>t</i> | Sig. of <i>t</i> |
|------------------|-----|-------|------|----|----------|----------|------------------|
| Pre-Test | 100 | 30.85 | 3.55 | 24 | 0.12 | 7.573 | .000* |
| Post-test | 100 | 36.48 | 1.12 | | | | |

* indicates significant *t* at $p < 0.05$

Table 3 shows the result of the paired-samples *t*-test of the difference between the pre-test and post-test mean consolation pattern scores of family violence victims. The result shows a significant outcome ($t = 7.573$, $p < 0.05$). This outcome implies that there is significant difference between the victims pre and post-test Consolation pattern scores. Table 3 shows that the mean post-test Consolation pattern score of 36.48 (S.D.= 1.12) recorded by the victims is not just higher than the mean pre-test consolation pattern score of 30.85 (S.D.= 3.55) recorded by the victims, the difference between the mean scores is statistically significant. As a result, the null hypothesis two (H_{02}) is rejected.

Hypothesis 3: There is no significant difference in the pre and post-test score of the victims Mind recreation processes

Table 4: The Difference between Victims Pre-test and Post-test of the victims Mind recreation processes

| Treatment Groups | N | Mean | S.D. | df | <i>R</i> | <i>T</i> | Sig. of <i>t</i> |
|------------------|-----|-------|------|----|----------|----------|------------------|
| Pre-test Scores | 100 | 16.25 | 2.89 | 24 | 0.11 | 15.852 | .000* |
| Post-test Scores | 100 | 30.85 | 3.55 | | | | |

* indicates significant *t* at $p < 0.05$

Table 4 shows the result of the paired-samples *t*-test of difference between the pre-test and post-test mean Mind recreation processes scores of family violence victims. The result shows a significant outcome ($t = 15.852$, $p < 0.05$). This outcome implies that there is significant difference between the victims pre and post-test Mind recreation processes scores of family violence victims. Table 4 shows that the mean post-test Mind recreation processes score of 30.85 (S.D.= 3.55) recorded by the victims not just higher than the mean pre-test score of 16.25 (S.D.= 2.89) recorded by the family violence victims. The difference between the mean scores is statistically significant. As a result, the null hypothesis three (H_{03}) is rejected.

Hypothesis 4: There is no significant difference in the pre and post-test score of the victims Senses of fulfillment

Table 5: Pre and Post-Test Score of the Victims Senses of fulfillment

| Treatment Groups | N | Mean | S.D. | df | <i>t</i> | Sig. of <i>t</i> |
|------------------|-----|-------|------|----|----------|------------------|
| pre-test | 100 | 36.48 | 1.12 | 49 | 7.573 | .000* |
| post-test | 100 | 30.85 | 3.55 | | | |

* indicates significant *t* at $p < 0.05$

Table 5 shows the result of the independent samples *t*-test of difference between the post-test mean senses of fulfillment scores of the victims. The result shows a significant outcome ($t = 7.573$, $p < 0.05$). This outcome implies that there is significant difference between the post-test senses of fulfillment scores of the victims. Table 5 shows that the mean post-test senses of fulfillment score, 36.48 (S.D.= 1.12) recorded by the victims is not just higher than the mean pre-test senses of fulfillment score, 30.85 (S.D.= 3.55), the difference between the mean scores is statistically significant. As a result, the null hypothesis four (H_{04}) is rejected.

Discussion

The results indicated that mental hygiene treatment effects the young adults` Consolation Pattern and Senses of Fulfillment than the older adults. This is supported by Bellis, Hughes, Perkins, & Bennett, (2013) and Malchiodi, (2015), position that rehabilitation of young adults makes them a better older adults with positive consolation pattern, Senses of Fulfillment due to their positive Mind Recreation. The results also indicated that the treatment affects both life stages Mind Recreation, as supported by Howard, & Linda, (2015), Isab u, (2013), and Mandel, (2017) that mental hygiene treatment effects the Mind Recreation of people irrespective of their life stages, status and age. This is an indication that Mental Hygiene Treatment has effects the young adults Consolation Pattern and Senses of Fulfillment as well as the Mind Recreation of both life stages.

The finding did not support hypothesis one. The result revealed that mental hygiene has effects on the family violence victims` social wellbeing and the effect was due to the mental hygiene treatment given to the victims. This result affirms that mental hygiene treatment made family violence victims to have positive disposition which in turns enhance their social wellbeing, (Queensland Government (2017) and Victorian Department of Human Services (2012). This was also in line with the findings of White Ribbon Australia, (2017) and Australia Institute of Social Relations, (2010) who established that mental hygiene treatment could be floated in the victims` safe abode in order to

enhance their ability to positively guide against violence episodes without infringing on their social wellbeing.

The findings of hypothesis two confirmed that there is significant difference in the family violence victims' Consolation pattern due to the mental hygiene treatment given to them. The result corroborates the assertion of Australian Centre for the Study of Sexual Assault [ACSSA] (2010) that mental hygiene treatment has equal effects on both victims' consolation pattern and their social wellbeing irrespective of family violence dimensions, victims age and gender. This affirms the claims of Barner & Carney (2011) and Bellis, Hughes, Perkins & Bennett (2013) that mental hygiene is not gender, age and marital specific. Therefore, the mental hygiene treatment has same effects on victims' consolation pattern and their social wellbeing irrespective of gender, age and marital status.

The findings of hypothesis three confirmed that there is significant difference in the family violence victims' Mind recreation processes due to the treatment given to them. The result is in line with the assertion of Bjørnholt (2014) that mental hygiene treatment has effects on mind recreation processes of violence victims. This is in line with the claim of Bartels (2010) that the treatment has effects on mind recreation processes which in turns social wellbeing. This is also supported with the claim of Cambell, Neil, Jaffe & Kelly (2010), Domestic Abuse Intervention Project (2010) and Phillips & Vandenbroek, (2014), that the mental hygiene treatment focuses on mind recreation processes and social wellbeing of the victims within and outside family settings.

The finding did not support hypothesis four. The result revealed that treatment has effects on the participants' sense of fulfillment. This result affirms that mental hygiene treatment boost sense of fulfillment as well as equipping the victims with skills needed to be self fulfilled in the face of violence, (Victorian Department of Human Services, 2012; Australian Bureau of Statistics [ABS] 2013 and Queensland Government, 2017). Also, the findings are in line with those of Bagshaw *et al* (2010), Australia Institute of Social Relations (2010) and White Ribbon Australia (2017) which established that a well planned mental hygiene treatment strongly reawaken victims' sense of fulfillment while preventing episodes of violence at home.

Conclusion

The study has provided meaningful insight into the effects of mental hygiene treatment on social wellbeing of family violence victims in Ogun State. The findings of the study clearly revealed that mental hygiene treatment was an effective tool to rehabilitate family violence victims irrespective of age, gender and family violence dimension. Based on life stages the treatment has effect on young adults' Consolation Pattern and Senses of Fulfillment than the older adults, while it has same effects of the Mind Recreation irrespective of life stage. Therefore, if deliberate and concerted efforts are made regularly to organize mental hygiene treatment on similar contents in communities, schools and through the media, it will equip the victims with sense of fulfillment; encourage positive mind processing and consolation process.

Recommendations

Based on the upshot of the study, the following recommendations are made:

- i. Family violence safety security should be trained on the process of rehabilitating the victims through mental hygiene. This should also be extended to all levels of education by infusing it in their curriculum.
- ii. Mental Hygiene for Family violence management should be included in the Health Education Curriculum at all levels of education.
- iii. There must be the provision of multidisciplinary services for victims, including access to counseling and Mental Hygiene services.
- iv. Mental Hygiene services should be floated in all institutions like the health, educational, religious institutions and communities in the state.
- v. Nongovernmental organisations should complement government effort in fostering victims mental health through mental hygiene via media and community mobilisation.

- vi. Government, in conjunction with voluntary groups, should always provide victims outreach with linkage to legal and mental hygiene services.
- vii. Paramedics like Health educators as well as teachers and religion leaders should be specially trained on mental hygiene application process so as to be able to impact patients/students with the knowledge to make them fully understand and appreciate what it takes to be emotionally and mentally healthy.

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