Original Article

A comparative analysis of perceived social support among divorced and married women in kano, northern Nigeria: implications for mental health and marital stability.

[1*]Sulaiman, B.A.,[2]Haddad, M.M.,[3]Shehu, A.,[4]Musami, U.B., [5]Ayuba, A.S.,[6]Alhassan, M.

[*1] Department of Psychiatry, Aminu Kano Teaching Hospital, Kano,
[2] Department of Nursing Sciences, Bayero University Kano.
[3]Department of Nursing Sciences, Faculty of Allied Health Sciences Abubakar Tafawa Balewa University Bauchi, Nigeria,
[4] Mental Health Department, University of Maiduguri, Borno,
[5]Department of Pharmaceutical Science, Sardar Patel University, India,
[6]Department of nursing Sciences, College of Health Sciences, Kampala International University, Western Campus, Uganda.

ABSTRACT

Background: Social support is essential for individual psychological well-being and marital stability. In the sociocultural milieu of Northern Nigeria, divorce markedly impacts women's access to social networks, thereby heightening susceptibility to mental health issues. The objective of this study was to conduct a comparative analysis of perceived social support between divorced and married women in Kano, Northern Nigeria, and to examine its consequences for mental health and marital stability. Methods: A comparative cross-sectional study was performed with 150 divorced women sourced from the Association of Divorced and Widows (Kano State) and 150 age-matched married women from Sayyida Khadija Islamiyya School. Data were gathered utilizing a standardized socio-demographic questionnaire and the Oslo Social Support Scale (OSS-3). The psychiatric morbidity of divorced women was evaluated and examined with their levels of social support. Statistical analyses were conducted utilizing SPSS version 23. Findings: A significant proportion of divorced women (74.0%) indicated inadequate social support, in contrast to their married counterparts who had superior support. Divorced participants with poor social support were significantly more likely to have a psychiatric diagnosis ($p < .001$), with an odds ratio of 8.7 (95% CI: 2.8–184.4), while those with moderate support had an odds ratio of 2.6 (95% CI: 1.1–6.1). Socio-demographic factors, including age at first marriage, educational attainment, and sexual satisfaction, were substantially correlated with marital status. Conclusion: The study indicates a substantial connection between poor perceived social support and psychiatric illness among divorced women in Kano. These findings underline the importance of enhancing social support systems as a protective factor for mental health and as a strategy to increase marital stability. Policy makers, mental health experts, and social workers should incorporate social support interventions in divorce prevention and post-divorce rehabilitation initiatives in Northern Nigeria.

Keywords: Social support, Divorce, Marriage, Mental health, Northern Nigeria, Marital stability

*Corresponding Author
Sulaiman B.A; Department of Psychiatry, Aminu Kano Teaching Hospital, Kano; abaguda@gmail.com, +2348069353369

Citing this article
Sulaiman,B.A.,Haddad,M.M.,Shehu,A.,Musami,U.B., Ayuba,A.S.,Alhassan,M.,A Comparative Analysis of Perceived Social Support among Divorced and Married Women in Kano, Northern Nigeria: Implications for Mental Health and Marital Stability, KIU J. Health Sci, 2026: 7(2);

Conflict of Interest: None to declare.

INTRODUCTION

Divorce is widely recognized as one of the most stressful life events, with long-lasting psychological, social, and economic implications, particularly for women in developing cultures (1-2). In Nigeria, and especially in Northern regions such as Kano, the breakup of marital partnerships is not merely a personal experience but one that is profoundly rooted in sociocultural expectations regarding gender roles, marriage, and family structure (3). Social support defined as the perception or experience of being cared for, having aid available, and being part of a supportive network is a major determinant of mental health and emotional well-being (4). The presence of supporting social networks has been found to attenuate the psychological impacts of marital disruption, buffering individuals from stress and reducing the risk of psychiatric illness (5-6). In contrast, the lack or weakening of social support, which commonly accompanies divorce, has been connected with higher prevalence of depression, anxiety, and emotional isolation, particularly among women (7).

Studies have repeatedly demonstrated that divorced persons are more likely to report lower levels of social support compared to their married counterparts, which correlates to increased psychological distress (8-9). This is particularly visible in patriarchal environments such as Northern Nigeria, where women's social and economic roles are typically related to their marital status. Following divorce, many women ten face a significant decline in social support, notably emotional and instrumental assistance, compared to their married counterparts (4). This social separation may be attributed to cultural stigma, lack of access to in-laws, or lower economic resources (9).

In Northern Nigeria, where Islamic and traditional norms profoundly affect family structures and gender roles, marriage is seen not merely as a personal bond but a socio-religious obligation (3). Divorce, albeit permitted in Islam, bears societal shame, especially for women, often resulting in exclusion from community support systems (8). The decreased post-divorce support mechanisms further increase the psychological load on experience diminished access to resources, reduced kinship support, and societal stigmatization, consequently aggravating their vulnerability (10). Moreover, new data underlines the bidirectional relationship between low social support and mental health, where poor support not only contributes to the start of mental health difficulties but also affects coping strategies needed for social reintegration (11-12). Understanding how social support differs between divorced and married women might influence targeted mental health interventions and strengthen measures to foster marital resilience. This study, therefore, attempts to comparatively investigate the perceived social support among divorced and married women in Kano, Northern Nigeria, and to examine its consequences for psychiatric morbidity and marital stability.

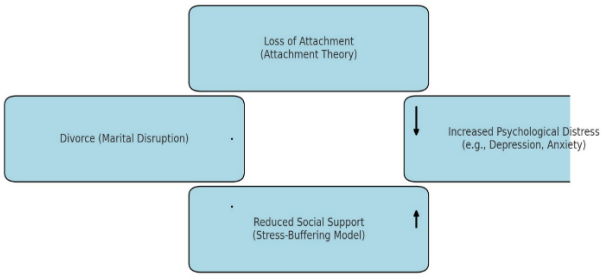
Social support is broadly characterized as the perception or experience that one is loved, cared for, and part of a supportive social network, which plays a significant role in psychological resilience and overall mental health (6). Adequate social support has been proven to buffer the detrimental impacts of stresses such as marriage breakdown, trauma, and economic difficulty (7). Conversely, inadequate or poor social support has been substantially connected with higher risk of depression, anxiety disorders, and even suicidality (5). Divorce typically leads in the breakdown of long-standing social networks, especially in patriarchal societies where women's social positions are firmly related to married status (10).

Research demonstrates that divorced women of impacted women. High levels of perceived social support particularly from spouses, family, and community are significantly connected with marriage satisfaction and stability (1). Married women who express good emotional and practical support tend to have higher psychological well-being and are less likely to ponder or proceed with divorce. Lack of support within marriage, on the other hand, has been identified as a risk factor for marital dissatisfaction and eventual breakup (11).

Recent research indicate a considerable link between inadequate social support and psychiatric illness among divorced women. For example, Kassa et al, reported that divorced women with weak support networks were three times more likely to suffer from

clinical depression than those with moderate or excellent support (7). Similarly, a study in Nigeria revealed that divorced women with limited social support had significantly greater levels of mental symptoms compared to married counterparts (4). Despite rising research on the role of social support in mental health, few studies have directly compared levels of reported social support between divorced and married women in Northern Nigeria. Existing research often focuses on metropolitan or general populations without accounting for regional cultural peculiarities. Moreover, there is insufficient investigation of how social support effects post-divorce psychological recovery and marital resilience in this unique sociocultural context.

This study is guided by the Stress-Buffering Model of Social Support and Attachment Theory. The Stress-Buffering Model suggests that social support mitigates the detrimental effects of life stressors such as divorce on mental health, by providing emotional and instrumental resources (6,13). Attachment Theory (Bowlby, 1980) discusses how the loss of close attachments, such a spouse, can undermine emotional security and exacerbate psychological discomfort. Together, these theories provide a framework for understanding how low perceived social support among divorced women contributes to higher psychiatric morbidity and reduced post-marital resilience in the cultural setting of Northern Nigeria (14).



Stress-Buffering Model of Social Support and **Attachment Theory**

Here is the conceptual diagram explaining the theoretical framework. It shows how divorce leads to both loss of attachment (Attachment Theory) and reduced social support (Stress-Buffering Model), which together contribute to higher psychological discomfort. Let me know if you'd prefer it tagged for thesis inclusion or saved as an image file.

MATERIALS AND METHODS

Study Design:

This study adopted a comparative cross-sectional methodology to analyze and compare perceived social support among divorced and married women residing in Kano, Northern Nigeria.

Study Area:

The investigation was conducted in Kano Metropolis, the capital of Kano State in Northwestern Nigeria. Kano is a heavily populated, ethnically diverse metropolis and a key economic hub in Northern Nigeria. The survey was carried out among members of the Association of Divorced and Widows (excluding widows) and students of Sayyida Khadija Islamiyya School, which serves as a center for married women receiving official and informal Islamic instruction.

Study Population:

The target population comprised of divorced and married women aged 15 to 60 years who were residents of Kano metropolis and nearby areas. Divorced women were selected from the database of the Association of Divorced and Widows of Kano State, while married ladies were drawn from Sayyida Khadija Islamiyya School.

Sample Size Determination:

A total of 300 respondents were included in the study, comprising 150 divorced women and 150 age-matched married women. The sample size was chosen using the Fleiss formula for comparative studies including proportions and correlations, ensuring enough statistical power for identifying differences between the two groups.

Sampling Technique:

A multistage sampling technique was adopted. For the divorced women, a simple random selection procedure was utilized to choose 150 participants from the Association's registration. Following this, 150 married women were recruited using systematic random sampling from a sampling frame built at Sayyida Khadija Islamiyya School. Each married

woman was matched by age to a corresponding divorced woman to control for age-related changes in perceived social support.

Inclusion and Exclusion Criteria:

• Inclusion: Women aged 15–60 years who were either legally divorced or currently married at the time of the study and provided informed consent.

• Exclusion: Widows and women with serious physical or cognitive impairments impeding participation.

Data Collection Instruments:

Two instruments were deployed for data collection:

1. Sociodemographic and Marital History Questionnaire: A structured tool meant to capture data such as age, education, employment, marital history, number of children, and income.
2. Oslo Social Support Scale (OSS-3): A validated 3-item measure measuring the level of perceived social support. The scale separates assistance into three categories: weak (3–8), moderate (9–11), and strong (12–14). For divorced participants, psychiatric morbidity was also measured using DSM-5-based clinical interviews to explore relationships between social support and mental health outcomes.

Data Collection Procedure

Data were collected by qualified research assistants bilingual in English and Hausa. The questionnaires were conducted in-person using a face-to-face interview method to reduce missing responses and assure comprehension. Ethical procedures were rigorously followed during the data collecting period.

Data Analysis:

Data were input and analyzed using Statistical Package for the Social Sciences (SPSS) version 16.0. Descriptive statistics such as frequencies, means, and standard deviations were employed to summarize the data. Inferential methods, including Chi-square testing and logistic regression, were employed to assess relationships between social support levels and psychiatric morbidity, with statistical significance defined at $p < 0.05$.

RESULTS

Table 1: Socio-Demographic Characteristics of the Participants (n = 300)

A total of 300 women participated in the study, comprising 150 divorced and 150 age-matched married women. The mean age of divorced individuals was 35.02 years (SD ±13.41), while that of married participants was 33.63 years (SD ±9.24). Most participants were of Hausa ethnicity (93%) and identified as Muslim (about 95%). Employment status did not differ substantially between the groups ($p = 0.08$), however a higher proportion of divorced women were employed compared to their married counterparts. Statistically significant variations were identified in educational attainment. Married women were more likely to have formal Western education compared to divorced women ($p = 0.004$). Similarly, a lesser level of Islamic knowledge was more prevalent among divorced women ($p < 0.001$). Age at first marriage was considerably different between the groups ($p < 0.001$), with a greater proportion of divorced women marrying before age 15. In terms of sexual satisfaction, married women reported considerably higher levels of satisfaction ($p < 0.001$), suggesting a probable link between marital harmony and relational well-being.

Table 2: Distribution of Participants by Level of Perceived Social Support (n = 150)

The perceived social support among participants was assessed using the Oslo Social Support Scale (OSS-3), a validated three-item instrument designed to capture the strength and adequacy of an individual's social support network. The OSS-3 categorizes social support into three levels: poor (scores 3–8), moderate (scores 9–11), and strong (scores 12–14). Among the divorced participants, the majority (n = 111; 74.0%) reported low social support, while 18.0% (n = 27) experienced moderate support, and just 8.0% (n = 12) reported strong support. A statistically significant correlation was established between perceived social support and psychiatric illness among the divorced women. Divorced participants with low social support were 8.7 times more likely to present with a mental diagnosis compared to those with high support (OR = 8.7; 95% CI: 2.8–184.4; $p < 0.001$). Those with moderate social support had an odds ratio of 2.6 (95% CI: 1.1–6.1) for psychiatric illness, showing a

protective gradient effect of increasing social support.

Table 3: Association between social support and psychiatric morbidity among divorced participants

Table 3 reveals a strong connection between levels of perceived social support and psychiatric illness among divorced women ($p < 0.001$). Participants with poor social support were considerably more likely to have psychiatric morbidity (67.6%), with an odds ratio (OR) of 8.7 (95% CI: 2.8–184.4) compared to those with strong support. Those with moderate support also had increased risk (OR = 2.6; 95% CI: 1.1–6.1). These findings reveal a clear gradient, where lower levels of social support are strongly associated with increased psychological fragility post-divorce.

Table 4: Selected Socio-Demographic Characteristics of Divorced and Married Women (n = 300)

Table 4 reveals significant socio-demographic differences between divorced and married women ($p < 0.001$ across all variables). A substantially larger number of divorced women (81.1%) married before age 15, confirming early marriage as a strong predictor of marital instability. Divorced women were also more likely to have partners with little formal education (61.0%) and to have married younger men (<30 years; 75.9%), both of which may contribute to marital breakup. Interestingly, more married women reported monthly incomes below ₦5,000, presumably reflecting economic reliance on spouses, whereas divorced women may be more involved in income-generating activities. Additionally, divorced women had fewer live children, which may imply reduce familial support and cohesion post-divorce.

Table 5: Multivariate Logistic Regression Analysis of Factors Associated with Psychiatric Morbidity among Divorced Women (n = 150).

Table 5 presents the multivariate logistic regression results identifying factors significantly associated with psychiatric morbidity among divorced women. Poor social support was the biggest predictor (AOR = 8.7; 95% CI: 2.8–184.4; $p < 0.001$), followed by moderate support (AOR = 2.6; $p = 0.030$), underlining the protective function of strong social networks. Low monthly income (<₦5,000) significantly enhanced the risks of psychiatric morbidity (AOR = 3.4; $p = 0.004$), as did lack of formal education (AOR = 2.1; $p = 0.049$) and early marriage before age 15 (AOR = 2.9; $p = 0.008$). These findings underscore the combined psychological risk encountered by socioeconomically disadvantaged and socially unsupported divorced women.

DISCUSSION

This study explored and compared the perceived social support among divorced and married women in Kano, Northern Nigeria, and examined its consequences for psychiatric morbidity and marital stability. The findings complement to accumulating empirical evidence that divorce, particularly in traditional and patriarchal settings, generally leads to lower social support and worse mental health consequences for women. Consistent with recent studies (4,7), this study indicated that a considerable majority (74.0%) of divorced women reported low social support. In contrast, the married group had relatively better social support, highlighting the protective role that spousal and marital networks provide. The collapse of these support structures post-divorce likely reflects cultural and relational disintegration, including the loss of in-law connections and community standing (10).

A particularly prominent finding was the substantial link between low perceived social support and psychiatric illness among divorced participants. Women with poor support were nearly nine times more likely to appear with psychiatric problems compared to those with high support. This link strengthens the buffering hypothesis, which claims that social support mitigates the psychological impact of stresses such as marriage breakup (5-6).

The discovery that even moderate levels of support lowered the likelihood of psychiatric morbidity further validates the usefulness of emotional and instrumental networks in post-divorce rehabilitation. Beyond social support, the study revealed various socio-demographic characteristics that may influence marital stability and psychological fragility. Early age

at first marriage, low educational attainment (especially Western education), low household income, and sexual unhappiness were much more likely among divorced women. These findings parallel those of Usman et al, who stressed the cumulative disadvantage encountered by women in traditional marriages, particularly when married at an early age or to less-educated spouses.

Importantly, the socio-economic status of divorced women in this study was markedly lower than that of their married contemporaries. A majority earned less than ₦5,000 monthly, restricting their access to basic needs, healthcare, and social involvement. Financial uncertainty, along with insufficient support networks, may increase the psychological hardship of divorce. As Bako et al. contend, economic empowerment and education are significant protective factors against both divorce and post-divorce vulnerability in Northern Nigeria (8).

Furthermore, the lower number of living children among divorced participants may suggest a lack of family-based emotional support and reduced social capital, both of which have been shown to influence perceived support and psychological resilience (1). Taken together, these findings underline the critical need for policy and community-based interventions targeted at building social support systems for divorced women in Nigeria. Faith-based organizations, mental health services, and women's associations should unite to build structured support programs that foster emotional, financial, and informational support.

Conclusion

This study demonstrates that divorced women in Kano, Northern Nigeria, receive significantly lower levels of perceived social support compared to their married counterparts (3). Poor social support was highly connected with greater psychiatric morbidity, indicating its crucial role in mental health and marital stability. Socio-demographic factors such as early marriage, low education, and financial difficulties further amplified these vulnerabilities. Strengthening social support systems and addressing underlying socio-economic difficulties are vital to enhancing the well-being of divorced women and encouraging more secure marriage relationships in the region.

Implications for Mental Health and Marital Stability

The findings of this study underline the essential role of perceived social support in determining both mental health outcomes and marital stability among women in Northern Nigeria. Divorced women with weak or moderate social support were considerably more likely to have psychiatric morbidity, underlining the buffering role of strong social networks in alleviating psychological distress. These results underline the need for focused mental health therapies that combine social support augmentation, especially for divorced women who confront compounded socio-economic and emotional vulnerabilities.

Moreover, socio-demographic characteristics such as early marriage, low educational attainment, and financial difficulty were connected to both marital breakup and bad mental health outcomes. This shows that boosting women's access to education and economic empowerment possibilities may not only increase marital stability but also function as protective factors against psychological illness. From a policy viewpoint, our findings suggest the inclusion of psychological support services within family welfare and mental health programs, complementing community-based initiatives that address cultural and structural constraints contributing to early and unstable marriages. Enhancing marital resilience and post-divorce healing involves a multidimensional approach that addresses both the social and psychological dimensions of women's well-being.

Ethical Considerations

Ethical approval for the study was acquired from the Aminu Kano Teaching Hospital Ethical Review Committee (Approval Number: AKTH/MAC/SUB/12A/P3/VI/1159) and revised by the Kano State Ministry of Health Research Ethics Committee (Approval Number: NHREC/17/03/2018; Dated: 25th November, 2024). Written informed permission was acquired from all individuals. Confidentiality and anonymity were assured, and participation was voluntary, with the option to quit at any time without penalty.

Contribution to the Body of Knowledge

This study contributes to the existing body of knowledge by giving empirical evidence on the gap in perceived social support between divorced and married women in a culturally conservative context like Northern Nigeria. It underlines the crucial impact of social support in lowering psychiatric morbidity post-divorce and reveals critical socio-demographic indicators of marital instability. By setting these findings within the local socio-cultural context, the study fills a gap in regional literature and offers a framework for implementing tailored psychosocial and policy interventions to support divorced women and promote marital resilience.

Limitations

Although the study reveals crucial insights, it has certain drawbacks. First, the cross-sectional design limits causal inference between social support and psychiatric morbidity. Second, the generalizability of findings may be confined to urban Kano and may not reflect rural or inter-regional experiences. Additionally, psychiatric diagnosis was only assessed among divorced women, making direct comparison with married women on mental health outcomes unfeasible.

Implications for Practice and Policy

This study shows the need of integrating social support mechanisms into mental health and family welfare initiatives. Interventions should prioritize the provision of psychosocial assistance for divorced women, encourage adult education, and allow access to vocational training and economic empowerment schemes. Policies targeted at postponing early marriage and boosting male involvement in gender-sensitive education may also contribute to reduce the rate and consequences of divorce in Northern Nigeria.

REFERENCE

1) Abe, T. M., Yusuf, A. R., & Ibrahim, N. M. (2022). Marital disruption and psychosocial outcomes among women in Northern Nigeria. Journal of African Social Science Studies, 19(1), 55–68.
2) World Health Organization. (2021). Mental health and psychosocial well-being in crisis settings. https://www.who.int/publications/i/item/9789240025955
3) Usman, A. M., & Bello, S. H. (2023). Gender, divorce, and cultural expectations in Northern Nigeria. Journal of African Cultural Studies, 31(4), 289–306.
4) Mohammed, N. S., Ibrahim, M. I., & Saleh, A. A. (2021). Psychiatric morbidity and social support among divorced women in Nigeria: A comparative study. Nigerian Journal of Psychiatry, 19(2), 87–94.
5) Oladipo, S. E., Daramola, A. O., & Ajayi, O. I. (2023). Perceived social support and mental health in marital contexts: Implications for counseling. International Journal of Psychology and Counseling, 15(2), 23–34.
6) Uchino, B. N. (2020). Social support and physical health: Understanding the health consequences of relationships. Yale University Press
7) Kassa, A. B., Teshome, M. K., & Jibat, M. Y. (2022). Social support and depression among divorced women: Evidence from Sub-Saharan Africa. African Journal of Psychological Research, 10(1), 12–25.
8) Bako, A. I., Lawal, H. G., & Dauda, M. (2021). Socio-economic factors influencing divorce among Muslim women in Northern Nigeria. African Journal of Gender and Society, 9(2), 103–119.
9) Obafemi, A. A., Lawal, M. O., & Adebayo, F. K. (2020). The impact of divorce on the mental health of Nigerian women. West African Journal of Public Health, 8(1), 51–60.
10) Garba, A. B., & Musa, A. Y. (2022). Divorce and women's mental health in Northern Nigeria: A qualitative study. Journal of Mental Health and Social Work, 7(3), 44–56.
11) Alhassan, A. M., & Adeyemi, S. B. (2024). Psychosocial implications of marital instability in patriarchal settings. Nigerian Journal of Mental Health, 14(1), 22–35.
12) World Health Organization. (2023). Social determinants of mental health. https://www.who.int/publications/i/item/9789240037781
13) Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310
14) Bowlby, J. (1980). Attachment and loss: Vol. 3. Loss, sadness and depression. Basic Books.

Tables

Table 1: Socio-Demographic Characteristics of the Participants (n = 300)

Variable	Divorced n (%)	Married n (%)	Total (%)	p-value
Age 15–20	**9 (47.4)**	**10 (52.6)**	**19 (6.3)**	**0.84**
Age 21–26	32 (52.5)	29 (47.5)	61 (20.3)	
Age 27–32	25 (45.5)	30 (54.5)	55 (18.3)	
Age 33–38	41 (52.6)	37 (47.4)	78 (26.0)	
Age 39–44	23 (51.1)	22 (48.9)	45 (15.0)	
Age >45	20 (47.6)	22 (52.4)	42 (14.0)	
Ethnicity: Hausa	**140 (50.2)**	**139 (49.8)**	**279 (93.0)**	**0.82**
Ethnicity: Others	10 (47.6)	11 (52.4)	21 (7.0)	
Employment: Employed	71 (55.9)	56 (44.1)	127 (42.0)	0.08
Employment: Unemployed	79 (45.7)	94 (54.3)	173 (58.0)	
Western Education: None	**67 (63.8)**	**38 (36.2)**	**105 (35.0)**	**0.004 ***
Western Education: Primary	37 (42.0)	51 (58.0)	88 (29.3)	
Western Education: Secondary	31 (39.7)	47 (60.3)	78 (26.0)	
Western Education: Tertiary	15 (51.7)	14 (48.3)	29 (9.7)	
Islamic Education: None	**3 (100.0)**	**0**	**3 (1.0)**	**<0.001 ***
Islamic Education: 1–3 years	49 (73.1)	18 (26.9)	67 (22.3)	
Islamic Education: 4–6 years	98 (45.4)	118 (54.6)	216 (72.0)	
Islamic Education: >6 years	0	14 (100.0)	14 (4.7)	
Age at First Marriage <15	**43 (81.1)**	**10 (18.9)**	**53 (17.7)**	**<0.001 ***
Age at First Marriage 15–21	77 (39.9)	116 (60.1)	193 (64.3)	
Age at First Marriage 22–27	24 (66.7)	12 (33.3)	36 (12.0)	
Age at First Marriage 28+	6 (33.3)	12 (66.7)	18 (6.0)	
Duration of Marriage <5 years	**42 (49.4)**	**43 (50.6)**	**85 (28.3)**	**0.68**
Duration of Marriage 5–10 years	33 (55.0)	27 (45.0)	60 (20.0)	
Duration of Marriage >10 years	75 (48.4)	80 (51.6)	155 (51.7)	
No. of Living Children: None	**42 (71.2)**	**17 (28.8)**	**59 (19.7)**	**<0.001 ***
No. of Living Children: 1–4	62 (49.2)	64 (50.8)	126 (42.0)	
No. of Living Children: >4	46 (40.0)	69 (60.0)	115 (38.3)	
Monthly Income <₦5,000	**71 (41.0)**	**102 (59.0)**	**173 (57.7)**	**<0.001 ***
₦5,000–₦9,000	51 (62.2)	31 (37.8)	82 (27.3)	
₦10,000–₦20,000	8 (40.0)	12 (60.0)	20 (6.7)	
>₦20,000	20 (80.0)	5 (20.0)	25 (8.3)	
Husband's Age <30	**22 (75.9)**	**7 (24.1)**	**29 (9.7)**	**<0.001 ***
Husband's Age 30–49	109 (54.2)	92 (45.8)	201 (67.0)	
Husband's Age 50+	19 (27.1)	51 (72.9)	70 (23.3)	
Husband's Ethnicity: Hausa	132 (49.1)	137 (50.9)	269 (89.7)	0.34
Husband's Ethnicity: Others	18 (58.1)	13 (41.9)	31 (10.3)	
Husband's Education: None	61 (61.0)	39 (39.0)	100 (33.3)	<0.001 *
Husband's Education: Primary	10 (47.6)	11 (52.4)	21 (7.0)	
Husband's Education: Secondary	37 (45.1)	45 (54.9)	82 (27.3)	
Husband's Education: Tertiary	42 (43.3)	55 (56.7)	97 (32.3)	
Sexual Satisfaction: Not Satisfied	**42 (73.7)**	**15 (26.3)**	**57 (19.0)**	**<0.001 ***
Sexual Satisfaction: Satisfied	108 (44.4)	135 (55.6)	243 (81.0)	

*Statistically significant at $p < 0.05$

test statistic †= X^2 for categorical variables and t test for continuous variables
* = Statistically Significant at p<0.05;
°= Others include 3 Igbo's, 4 Yoruba's and 4 minorities ethnic group;
**=Others include 5 Igbo's, 5 Yoruba's and 8 minorities ethnic group

Table 2: Distribution of Participants by Level of Perceived Social Support (n = 150)

Level of Social Support	Frequency (n)	Percentage (%)
Poor	111	74.0%
Moderate	27	18.0%
Strong	12	8.0%

Table 3: Association between social support and psychiatric morbidity in divorced participants

Level of social support	Psychiatric Morbidity		Total n (%)	p value	O.R (95% C.I)
	Yes n (%)	No n (%)			
Poor	75 (67.6)	36 (32.4)	111 (74.0)	<.001*	8.7 (2.8 - 184.4)
Moderate	12 (44.4)	15 (55.6)	27 (18.0)		2.6 (1.1 - 6.1)
Strong	1 (8.3)	11 (91.7)	12 (8.0)		Reference

O.R= odds ratio
*= statistically significant at p <.05

Table 4: Selected Socio-Demographic Characteristics of Divorced and Married Women (n = 300)

Variable	Divorced (%)	Married (%)	p-value
Age at First Marriage (<15 years)	81.1	18.9	< 0.001
Monthly Income (<₦5,000)	41.0	59.0	< 0.001
Spouse's Education (None)	61.0	39.0	< 0.001
Spouse's Age (<30 years)	75.9	24.1	< 0.001
Number of Living Children (None)	71.2	28.8	< 0.001

Table 5: Multivariate Logistic Regression Analysis of Factors Associated with Psychiatric Morbidity among Divorced Women (n = 150)

Variable	Adjusted Odds Ratio (AOR)	95% Confidence Interval	p-value
Poor Social Support (vs. Strong)	8.7	2.8 – 184.4	< 0.001
Moderate Social Support (vs. Strong)	2.6	1.1 – 6.1	0.030
Monthly Income <₦5,000 (vs. ≥₦5,000)	3.4	1.5 – 8.3	0.004
No Formal Education (vs. Any Education)	2.1	1.0 – 4.2	0.049
Age at First Marriage <15 (vs. ≥15 years)	2.9	1.4 – 6.7	0.008