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Divorce and Mental Health in Northern Nigeria: Exploring Post-Divorce Risk Factors

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Abstract

Background: Divorce rates have increased since the 1960s, with significant psychosocial implications, particularly in northern Nigeria's traditional societal context. The region's patriarchal norms and limited economic opportunities for women can intensify the psychological impact of divorce.
Aim: To examine post-divorce risk factors for psychiatric disorders among divorced women in northern Nigeria, exploring marital experiences, psychological history, health conditions, abuse history, family background, and socio-economic status.
Methods: A descriptive cross-sectional study was conducted among 150 divorced women from the Association of Divorced and Widows of Kano State. Participants were selected using simple random sampling technique. Data was collected using a sociodemographic and divorce related factors questionnaire, the General Health Questionnaire-12 (GHQ-12), and the Mini International Neuropsychiatric Interview (M.I.N.I) and analyzed with SPSS version 20.0.
Results: Significant factors associated with psychiatric disorders included: child custody arrangements (OR=3.5; CI=1.8 - 7.1,p=0.04), engaging in post-divorce sexual relationships (O.R=6.9; CI=.9 - 56.3,P=<0.001), pre-existing mental disorders (OR=19.1; CI=2.5 – 146.4,P=<0.001), divorce responsibility attribution,(aOR=5.4, CI=2.4, p=0.004) and unwillingness to remarry the ex-husband (OR=3.5; CI=1.8 - 7.1,p=0.04), Frequent headaches (OR=3.9; CI=1.3 – 12.0), sleep problems (OR=6.0; CI=2.2 - 16.2, p=0.004), previous abuse history (OR=3.4; CI=1.8 - 7.1,p=0.004) and parental divorce history (OR=3.5; CI=1.8 - 7.1,p=<0.001) were also linked to higher psychiatric morbidity. Poor social support (O.R=10, CI=6; 3.1 – 36.6,P=<0.001) emerged as a strong predictor of psychiatric disorders.
Conclusion: Post-divorce experiences significantly impact psychiatric health, highlighting the need for targeted mental health interventions and support systems for divorced women.

Keywords: Post-divorce mental health, divorced women, northern Nigeria

Introduction

There has been an increase in the incidence of divorce since 1960s with a corresponding increase in psychosocial problems.[1] Divorce is a significant life event that can have profound psychological and social consequences, particularly for women in traditional societies.[2,3] In northern Nigeria, cultural, religious, and socio-economic factors heavily shape gender roles and family dynamics, often amplifying the stigma and emotional burden associated with divorce.[4] Evidence suggests that divorce can predispose individuals to various psychiatric disorders, including depression, anxiety, and post-

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traumatic stress disorder (PTSD).[5] However, the specific factors contributing to these mental health challenges among divorced women in northern Nigeria remain underexplored.

Northern Nigeria's unique socio-cultural context, characterized by patriarchal norms, restricted economic opportunities for women, and strong communal ties, may intensify the psychological impact of divorce.[6] Divorced women in this region frequently encounter social isolation, economic hardship, and reduced prospects for remarriage, all of which can exacerbate mental health issues.[7] Furthermore, limited access to mental health services and prevailing stigma surrounding psychiatric disorders create additional barriers to seeking care.[8] Understanding the determinants of psychiatric disorders in this population is critical for developing targeted interventions and support systems.

This study aimed to examine the post-divorce and relevant risk factors for psychiatric disorders among divorced women in northern Nigeria. Specifically, the study explored factors related to marital experiences, psychological history, health conditions, history of abuse, family background, and socio-economic status. By investigating the interplay of these socio-demographic, cultural, and economic factors that emerges after divorce, this research seeks to provide insights into the mental health needs of this vulnerable group. The findings will contribute to the broader discourse on mental health in low-resource settings and inform policies and programs aimed at mitigating the psychological impact of divorce on women in similar contexts.

Materials and methods

Study Design and Study Location: This was a comparative cross-sectional study conducted among women in Kano, northern Nigeria. Divorced women were recruited from the facility of Association of Divorced and Widows in Kano (widows excluded), while the married women were recruited from Sayyida Khadija Islamiyya School. The Association of Divorced and Widows provides services to divorced women from Kano metropolis and the neighboring local government areas. The association has about 5247 registered members comprising divorced and widows mainly from Kano metropolis. Sayyida Khadija Islamiyya School has about 250 students who are married and have various educational levels ranging from informal education to those with formal education (primary, secondary, and tertiary). It offers formal Islamic education and doctrines to its students irrespective of their previous academic study.

Study Population: The study included women who were either divorced or married, and excluded those who were widowed.

Sample size determination, Sampling Technique and Study instrument: The sample size was calculated from formula for determining samples for grouped experiments? with proportions and correlations as measures of interest (Fleiss formula).[8] We recruited 150 divorced women and equal number of age-matched married women. Data was collected using Sociodemographic and divorce related factors questionnaire, GHQ-12, and Mini International Neuropsychiatric interview questionnaire. For the divorced women, a simple random sampling technique was used to select the participants that were interviewed. Having selected the participants from the divorced women, a list of married women at the comparator? study site was drawn and they were selected using sampling frame and matched to the divorced women earlier selected.

Data Analysis and Ethical Approval: Data analysis was done using the Statistical Package for Social Science version 16.0 (SPSS version 16). Ethical approval was obtained from the Ethical Committee of Aminu Kano Teaching Hospital before the commencement of the study (Approval number: AKTH/MAC/SUB/12A/P3/VI/1159; Date: 17th June, 2013). Updated ethical approval was obtained from Health Research Ethics Committee of the Kano state Ministry of Health (Approval Number: NHREC/17/03/2018; Date: 25th November, 2024). Informed consent was obtained from each participant. Participation was voluntary, and confidentiality and anonymity were ensured.

Study Procedure

The following instruments were used for data collection;

- Sociodemographic and divorce related factors questionnaire
- The General Health Questionnaire (GHQ-12)
- The Mini International Neuropsychiatric Interview (M.I.N.I)

Following obtaining informed consen from participantst, the sociodemographic and divorce related factors questionnaire was used to collect relevant data related to marital experiences (e.g., child custody, infidelity, engagement in new relationships), psychological history (e.g., pre-existing mental disorders, number of divorces, responsibility for divorce, willingness to remarry), health conditions (e.g., medical symptoms such as malaria, respiratory infections, diarrhea, body pains, sleep problems, and headaches), history of abuse (e.g., past abuse and its types), family background (e.g., parental divorce history and parental age at divorce), and socio-economic status (e.g., current living arrangement).

Subsequently, the short version of the General Health Questionnaire-12 (GHQ-12) developed by David Goldberg for use in general medical practice was administered to the participants.[9] The GHQ-12 has been validated for use in Nigeria.[10] We scored the questionnaire on a bi-modal scale, (0, 0, 1, 1) with cut-off point of 3 (≤ 3 - no psychological morbidity; ≥ 4 - psychological/psychiatric morbidity).

All participants who scored ≥4 on GHQ-12, and all the GHQ-negatives were administered MINI, a brief structured clinical interview which enables researchers to make diagnosis of psychiatric disorders.[11] The MINI has been validated for use in Nigeria.[12]

Data Analysis

The data obtained was entered into excel spread sheet. The Statistical Package for Social Science version 16.0 (SPSS version 16) was used for analysis. The results were presented as simple descriptive statistics- means, frequencies, and cross-tabulations.

The relationship between psychiatric morbidity, socio-demographic variables, and post-divorce risk factors was tested using Chi-square test or student t-test as appropriate. Sociodemographic variables of the two participating groups and their associations with psychiatric morbidity were compared. Regression analysis was used to determine independent factors associated with psychiatric morbidity. Significance was set at P ≤0.05.

Factors associated with psychiatric illnesses were determined using chi square. Simultaneous multivariate analysis of variables predicting MINI diagnostic outcome was then carried out. Level of significance was set at <0.05.

Results

Table 1 shows the socio-demographic distribution of the participants. The mean ages of the divorced and married participants were 35.02 years

Table 1: Socio-demographic characteristics of the participants (n=300)

Variables	Marital Status		Total (%)	test	P
	Divorced n (%)	Married n (%)		statistics	
Age (years)					
15-20	9 (47.4)	10 (52.6)	19 (6.3)	.20	.84
21-26	32 (52.5)	29 (47.5)	61 (20.3)		
27-32	25 (45.5)	30 (54.5)	55 (18.3)		
33-38	41 (52.6)	37 (47.4)	78 (26.0)		
39-44	23 (51.1)	22 (48.9)	45 (15.0)		
>45	20 (47.6)	22 (52.4)	42 (14.0)		
Ethnicity					
Hausa	140 (50.2)	139 (49.8)	279 (93)	0.05	.82
Others°	10 (47.6)	11 (52.4)	21 (7)		
Employment status					
Employed	71 (55.9)	56 (44.1)	127 (42)	3.07	.08
Unemployed	79 (45.7)	94 (54.3)	173 (58)		
Educational status					
Western					
None	67 (63.8)	38(36.2)	105 (35.0)	13.55	.004*
Primary	37 (42.0)	51 (58.0)	88 (29.3)		
Secondary	31 (39.7)	47 (60.3)	78 (26.0)		
Tertiary	15 (51.7)	14 (48.3)	29 (9.7)		
Islamic (Years)					
NONE	3 (100.0)	0	3 (1.0)	33.20	<.001*
1-3	49 (73.1)	18 (26.9)	67 (22.3)		
4-6	98 (45.4)	118 (54.6)	216 (72.0)		
>6	0	14 (100)	14 (4.7)		
Age at first marriage (Years)					
<15	43 (81.1)	10 (18.9)	53 (17.7)	34.43	<.001*
15-21	77 (39.9)	116 (60.1)	193 (64.3)		
22-27	24 (66.7)	12 (33.3)	36 (12.0)		
28+	6 (33.3)	12 (66.7)	18 (6.0)		
Duration of Marriage (years)					
<5 years	42 (49.4)	43 (50.6)	85 (28.3)	.77	.68
5-10 years	33 (55.0)	27 (45.0)	60 (20)		
>10 years	75 (48.4)	80 (51.6)	55 (51.7)		
No of living Children					
NONE	42 (71.2)	17 (28.8)	59 (19.7)	15.23	<.001*
1-4	62 (49.2)	64 (50.8)	126 (42.0)		
>4	46 (40.0)	69 (60.0)	115 (38.3)		
Average monthly income (naira)					
<5000	71 (41.0)	102 (59.0)	173 (57.7)	20.23	<.001*
5000-9000	51 (62.2)	31 (37.8)	82 (27.3)		
10000-20000	8 (40.0)	12 (60.0)	20 (6.7)		
>20000	20 (80.0)	5 (20.0)	25 (8.3)		
Age of Husband (years)					
<30	22 (75.9)	7 (24.1)	29 (9.7)	23.83	<.001*
30-49	109 (54.2)	92 (45.8)	201 (67.0)		
50+	19 (27.1)	51 (72.9)	70 (23.3)		
Husband's Ethnicity					
Hausas	132 (49.1)	137 (50.9)	269 (89.7)	0.90	.34
Others**	18 (58.1)	13 (41.9)	31 (10.3)		
Husband's Education					
None	61 (61.0)	39 (39.0)	100 (33.3)	7.41	<.001*
Primary	10 (47.6)	11 (52.4)	21 (7.0)		
Secondary	37 (45.1)	45 (54.9)	82 (27.3)		
Tertiary	42 (43.3)	55 (56.7)	97 (32.3)		
Sexual satisfaction with Husband					
Not satisfied	42 (73.7)	15 (26.3)	57 (19.0)	15.79	<.001*
Satisfied	108 (44.4)	135 (55.6)	243 (81.0)		

test statistic †= X2 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: Factors Associated with Psychiatric Disorders Among Divorced Women in Northern Nigeria: Child Custody, Marital History, and Post-Divorce Experiences

Variables	Psychiatric Diagnosis n= 88 (%)	Nil Psychiatric Diagnosis n= 62 (%)	χ2-value	p-value
Child custody				
With ex-husband	24 (46.2)	28 (53.8)	13.37	0.004*
With ex-husband family	12 (42.9)	16 (57.1)		
With subjects	45 (75.0)	15 (25.0)		
With family of subjects	7 (70.0)	3 (30.0)		
Ex-husband engaging in extra-marital affairs before divorce				
No	65 (55.1)	53 (44.9)	2.93	0.09
Yes	23 (71.9)	9 (28.1)		
Engaging in sexual relationship after being divorced				
No	79 (56.4)	61 (43.6)	4.34	0.04*
Yes	9 (90.0)	1 (10.0)		
Mental disorder in divorcee before divorce				
No	67 (52.3)	61 (47.7)	14.39	<0.001*
Yes	21 (95.5)	1 (4.5)		
Number of times of being divorced				
Once	45 (54.9)	37 (45.1)	1.49	0.48
Twice	24 (60.0)	16 (40.0)		
Thrice	19 (67.9)	9 (32.1)		
Who is thought to be responsible for family breakup				
Myself	7 (35.0)	13 (65.0)	10.27	0.006*
Ex husband	63 (68.5)	29 (31.5)		
Others**	18 (47.4)	20 (52.6)		
Will choose ex husband if the participant are to marry again				
No	77 (64.2)	43 (35.8)	7.49	0.006*
Yes	11 (36.7)	19 (63.3)		

* statistically significant at p< .05
**Others= Co-wife (10 had psychiatric diagnosis/ 12 did not have psychiatric diagnosis), ex-husband's family (5/5), and participant's family (3/3)
* = statistically significant at p< .05

Table 3: Relationship Between Physical Symptoms and Psychiatric Disorders Among Divorced Women in Northern Nigeria

Variables	Psychiatric Diagnosis (88/%)	Nil Psychiatric Diagnosis (62/%)	Test Statistics	p-value
Malaria symptoms				
Less often	41 (54.7)	34 (45.3)	χ2-value = 0.99	0.32
More often	47 (62.7)	28(37.3)		
Cold and catarrh symptoms				
Less often	12 (46.2)	14(53.8)	χ2-value = 2.03	0.15
More often	76 (61.3)	48 (38.7)		
Diarrhea symptoms				
Less often	77 (59.2)	53(40.8)	χ2-value = 0.13	0.72
More often	11 (55.0)	9 (45.0)		
Body pains symptoms				
Less often	66 (58.4)	47(41.6)	χ2-value = 0.01	0.91
More often	22 (59.5)	15 (40.5)		
Sleep problems				
Less often	6 (24.0)	19 (76.0)	χ2-value = 14.87	<0.001*
More often	82 (65.6)	43 (34.4)		
Headache symptoms				
Less often	6 (24.0)	19 (76.0)	χ2-value = 14.87	<0.001*
More often	82 (65.6)	43 (34.4)		
Accidents				
Less often	54 (56.8)	41 (43.2)	χ2-value = 0.36	0.55
More often	34 (61.8)	21 (38.2)		

* = statistically significant at p< .05

(SD±13.41) and 33.63 years (SD±9.24) respectively, while the age range of the participants was 15 to 60 years. The predominant religious affiliation of the participants was Islam, and about 9 out of every 10 participants belonged to the Hausa ethnic group. There were more employed divorced participants compared to the married in a ratio of 1 to 0.8 but employment status was not statistically significantly different? (p= .08). Overall, participants who were still in marriage were statistically better educated in Western education (p=0.04), and married to more men with Western education (p <.001). Participants with lower level of Islamic education were more likely to be divorced compared to those with higher level of Islamic education (p=<.001). Majority of the married participants experienced sexual satisfaction with their husbands compared to the divorced participants (p=<.001).

Table 2 shows the relationship between having child custody, ex-husband engaged in extra marital affairs, engaging in sexual relationship after divorce, mental disorder before divorce, number of times being divorced, who is responsible for divorce, and will choose ex-husband for marriage again and psychiatric diagnosis[p<0.05). Conditions associated with higher rate of psychiatric disorders were: children placed in the custody of the divorced participant or with her family (p= .004); engaging in sexual relationship after being divorced (p= .04), mental disorder in divorced participants before the divorce (p <.001); ex-husband identified as the factor leading to the divorce (p= .006); and divorced participants not choosing ex-husband to marry-again if given the opportunity (p= .006).

Table 3 shows the relationship between having malaria, cold and catarrh, diarrhea, body pains, sleep problems, headache and psychiatric diagnosis.Having frequent headache (p< .001) and sleep problems (p <.001) were commoner among the participants with psychiatric diagnosis. Participants who were divorced more than once were more likely to have psychiatric diagnosis. However, this relationship was not significant.

Table 4 shows the relationship between previous history of abuse, types of abuse, father ever divorced, father's age when divorce, mother ever divorced, & mother's age when divorced, and psychiatric diagnosis. Participants with previous history of abuse (p= .02); and those with either one

Table 4: Previous history of abuse, types of abuse, father ever divorced, father's age when divorce, mother ever divorced, & mother's age when divorced, and their relationships with psychiatric disorders among divorced women in Northern Nigeria

Variables	Psychiatric Diagnosis (88/%)	Nil Psychiatric Diagnosis (62/%)	Test Statistics	p-value
Previous history of abuse				
No	31 (47.7)	34 (52.3)	χ2-value = 5.70	0.02*
Yes	57 (67.1)	28 (32.9)		
Types of previous abuse				
Physical assaults	33 (64.7)	18 (35.3)	χ2-value = 5.99	0.05
Denying participants rights	24 (70.6)	10 (29.4)		
Parents ever divorced				
No	50 (52.6)	45 (47.4)	χ2-value = 3.89	0.049*
Yes	38 (69.1)	17 (30.9)		
Father's age when divorced (years)				
30-39	10 (71.4)	4 (28.6)	χ2-value = 4.99	0.17
40-49	22 (64.7)	12 (35.3)		
>49	6 (85.7)	1 (14.3)		
Father not divorced before	50 (52.6)	45 (47.4)		
Mother's age when divorced (years)				
<30	10 (83.3)	2 (16.7)	χ2-value 5.19	0.16
30-39	20 (64.5)	11 (35.5)		
>39	8 (66.7)	4 (33.3)		
Mother not divorced before	50 (52.6)	45 (47.4)		

* = statistically significant at p< .05

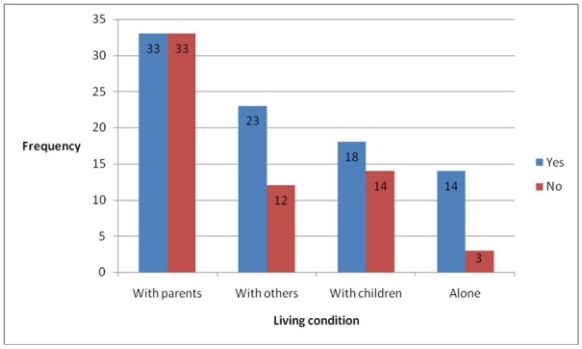

Fig.I: Relationship between current living arrangement of the divorced women and psychiatric morbidity

Table 5: Simultaneous Multivariate Analysis 0f Variables Predicting MINI Diagnostic Outcome in Divorced participants

	Odds ratio		p
Variable	Crude (95% C.I)	Adjusted (95% C.I)	
Child Custody (with participants or her family)	3.5 (1.8-7.1)	3.3 (1.5 - 7.5)	0.004*
Engaging in sexual relationship after being divorced	6.9 (.9-56.3)	5.7 (.5 - 69.6)	0.18
Presence of mental disorder before divorce	19.1 (2.5 - 146.4)	24.5 (2.9 - 209.7)	0.004*
Who is responsible for family breakup (Ex-husband or others)	3.1 (1.1-8.2)	2.6 (.7 - 9.1)	0.15
Will not choose ex-husband again	3.0 (1.3 - 7.1)	2.1 (.7 - 6.6)	0.19
Having sleep problems	6.0 (2.2- 16.2)	3.9 (1.3 - 12.0)	0.02*
Having headaches	6.0 (2.2- 16.2)	3.9 (1.3 - 12.0)	0.02*
Previous history of abuse	2.2 (1.2 - 4.3)	2.00 (.8 - 5.1)	0.13
Father ever divorced	2.0 (1.0 - 4.0)	1.7 (.7 - 3.9)	0.25
Mother ever divorced	2.0 (1.0 - 4.0)	1.7 (.7 - 3.9)	0.25
Poor social support	8.7 (2.8 - 184.4)	10.6 (3.1 – 36.6)	<.001*

C.I= Confidence interval *= statistically significant (p <.05)

or both parents ever divorced (p= .049) were more likely to have psychiatric diagnosis. When father's age at divorce was greater than 49 years and mother's age less than 30 years, the divorced participants experienced more psychopathology. However, this observation was not statistically significant.

Figure I shows the relationship between living arrangements of the divorced participants and psychiatric diagnosis. Those who lived alone or with others were more likely to have psychiatric diagnosis compared to those who lived with their parents.

Table 5 shows simultaneous multivariate analysis using the following; child custody, engaging in sexual relationship after being divorced, presence of mental disorder before divorce, responsibility for family break-up, will not choose ex-husband again, having sleep problems, having headaches, previous history of abuse, father ever divorced, mother ever divorced and poor social support. In univariate analysis, having child custody with participant or her family (OR=3.5;CI= 1.8 - 7.1, P=<0.001), engaging in sexual relationship after being divorced (O.R=6.9; CI=.9 - 56.3, p=0.004), presence of mental disorder before divorce (OR=19.1; CI=2.5 – 146.4), blaming husband or others for family breakup (O.R 3.1; 1.1 – 8.2), participants who would not choose their ex-husbands for marriage again (O.R 3.0; 1.3 – 7.1) having sleep problems (OR=6.0; 2.2 - 16.2), and having headaches (OR=3.9; 1.3 - 12.0), having a father (O.R 2.0; 1.0 – 4.0) or mother (O.R 2.0; 1.0 – 4.0) that was once divorced were all statistically significantly associated with MINI diagnostic outcome. When adjusted for other variables, having child custody with participant or her family (OR=3.3; 1.5 - 7.5), presence of mental disorder before divorce (OR=24.5; 2.9 – 209.7), having sleep problems (OR=3.9; 1.3 – 12.0), having headaches (OR=3.9; 1.3 – 12.0), and poor social support (O.R 10.6; 3.1 – 36.6) were positively associated with psychiatric morbidity among the divorced participants.

Discussion

The most predominant ethnic group of the study is Hausa. This finding is not surprising considering that the study took place in Kano, the most populous city in Northern Nigeria. The presence of other Nigerian ethnic groups in the study is an indication of the cosmopolitan nature of Kano.[13] This may not be unconnected with Kano being one of the major centers of commerce in Nigeria. The larger proportion of Muslims in this study is in keeping with a previous study.[14]

The findings of this study highlight several factors associated with psychiatric disorders among divorced women in northern Nigeria. The results underscore the significant burden of psychiatric morbidity among divorced women, particularly those facing specific stressors such as child custody, pre-existing mental health conditions, and poor social support. One of the key findings was the strong association between child custody and psychiatric disorders. Women who had custody of their children or whose children were placed with their families were significantly more likely to experience psychiatric morbidity. This aligns with recent studies that have identified the added emotional and financial strain of single parenthood as a risk factor for mental health challenges.[13,14] The responsibility of raising children without adequate support may exacerbate stress and contribute to the development of psychiatric disorders.

The study also found that engaging in sexual relationships after divorce was associated with higher rates of psychiatric disorders. This finding may reflect the societal stigma and emotional turmoil often experienced by divorced women who enter new relationships in conservative settings like northern Nigeria.[15] The cultural disapproval of such relationships may lead to social isolation and psychological distress, further compounding mental health issues.

Pre-existing mental disorders before divorce emerged as a significant predictor of psychiatric morbidity among the divorced women. This finding is consistent with recent literature suggesting that individuals with a history of mental health conditions are more vulnerable to the stressors associated with divorce.[16] The dissolution of a marriage may act as a triggering event, exacerbating pre-existing conditions or leading to the onset of new psychiatric disorders.

The role of social support was another critical factor. Poor social support was strongly associated with psychiatric morbidity, highlighting the protective role of social networks in mitigating the psychological impact of divorce.[17] In northern Nigeria, where communal ties are traditionally strong, the lack of social support may leave divorced women particularly vulnerable to mental health challenges.

Sleep problems and frequent headaches were also significantly associated with psychiatric disorders, both in univariate and multivariate analyses. These somatic symptoms may reflect the physiological manifestations of psychological distress, underscoring the need for integrated mental and physical health interventions.[18]

Interestingly, participants who blamed their ex-husbands or others for the divorce were more likely to have psychiatric disorders. This finding suggests that perceived lack of control over the divorce process may contribute to feelings of helplessness and depression. Similarly, women who indicated they would not choose their ex-husbands again if given the opportunity were more likely to have psychiatric diagnoses, possibly reflecting unresolved emotional trauma or dissatisfaction with the marriage.

The study also revealed that a history of abuse and having parents who were divorced were associated with higher rates of psychiatric disorders. These findings align with recent research indicating that adverse childhood experiences and family instability can have long-term psychological consequences.[19] However, the lack of statistical significance for the relationship between the number of times divorced and psychiatric morbidity suggests that the cumulative impact of multiple divorces may be less critical than other factors such as pre-existing mental health conditions or social support.

Conclusion

This study highlights the multifaceted nature of psychiatric morbidity among divorced women in northern Nigeria. The findings emphasize the need for targeted mental health interventions that address the unique challenges faced by this population, including access to social support, child care

assistance, and culturally sensitive counseling services. Future research should explore longitudinal patterns of mental health outcomes among divorced women and evaluate the effectiveness of interventions aimed at reducing psychiatric morbidity in this vulnerable group.

NB: No competing interest

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