

Perceived Predictors and Health Effects of Divorce among Residents of Ilorin West Local Government Area, Kwara State, Nigeria

Muslimat Folashade Salami

Accident and Emergency Nursing Programme,
College of Nursing Sciences,
University of Ilorin Teaching Hospital, Ilorin, Nigeria

Simeon Kayode Olubiyi

Department of Nursing Sciences,
Faculty of Clinical Sciences,
University of Ilorin, Ilorin, Nigeria

Ahmed Orelope Ibrahim

Main Operating Theatre,
Department of Nursing Sciences,
University of Ilorin Teaching Hospital, Ilorin, Nigeria

Maryam Abimbola Abdul-Baki

University of Ilorin Health Services, Ilorin, Nigeria

Elizabeth Olufunke Aboire

Department of Nursing Sciences,
University of Ilorin Teaching Hospital, Ilorin, Nigeria

Oluwatope Adewemimo Obe

LAUTECH Teaching Hospital, Ogbomoso, Nigeria

Oyenike Itohan Adewara

Department of Nursing Sciences,
University of Ilorin Teaching Hospital, Ilorin, Nigeria

Shuadat Oluwakemi Danzaki

Department of Nursing,
Kwara State College of Nursing Sciences, Ilorin, Nigeria

Emmanuel Oluwasegun Aina

National Association of Nigeria Nurses and Midwives,
National Headquarters, Abuja, Nigeria

Citation: Salami M.F., Olubiyi S.K., Ibrahim A.O., Abdul-Baki M.A., Abore E.O., Obe O.A., Adewara O.I., Danzaki S.O., Aina E.O. (2026) Perceived Predictors and Health Effects of Divorce among Residents of Ilorin West Local Government Area, Kwara State, Nigeria, *International Journal of African Society, Cultures and Traditions*, 14 (2),57-65

Abstract: *Divorce is increasingly common in Nigeria and is associated internationally with poorer mental and physical health. Evidence on how Nigerian communities perceive the causes and health consequences of divorce remains limited. To assess residents' perceptions of the predictors of divorce and of its mental and physical health effects in Ilorin West Local Government Area (LGA), Kwara State. A cross-sectional survey was conducted among 425 married and divorced adults selected by multistage sampling from Adewole, Oko-Erin and Wara-Osin wards. A structured, researcher-developed questionnaire on a four-point agreement scale was used, and data were analysed descriptively with SPSS version 27. Infidelity was the most frequently endorsed predictor of divorce (53.4%), followed by domestic violence (51.3%), substance abuse (50.8%) and poor communication (50.1%); cultural or religious differences were endorsed least (47.1%). The most endorsed mental health effects were depression (54.6%) and low self-esteem (53.6%), and the most endorsed physical effects were increased blood pressure (54.8%) and stress (52.9%). Heart disease was the least endorsed physical effect (47.5%). For every item, endorsement lay between 47% and 55%, indicating divided opinion. Residents most often attribute divorce to infidelity, domestic violence and substance abuse, and associate it with depression, low self-esteem and raised blood pressure, although views are sharply divided. Premarital and marital counselling, integration of mental health services into primary care, and post-divorce health screening are recommended.*

Keywords: divorce, marital dissolution, mental health, physical health, infidelity, domestic violence, Nigeria

INTRODUCTION

Marriage in many African societies is regarded not only as a union between two individuals but also as an alliance between families, anchored in cultural and religious tradition (Nwabude, 2022). Marital dissolution has therefore long carried heavy social meaning. Although national registration of marriages and divorces is incomplete across sub-Saharan Africa, demographic analyses show that a substantial share of first unions in the region end in divorce or separation (Clark & Brauner-Otto, 2015). In Nigeria, divorce is becoming more visible, especially in urban and semi-urban settings where modern influences interact with traditional family values (Okolie et al., 2020).

Divorce is a multidimensional outcome shaped by individual, relational, cultural and economic factors. Commonly reported causes include infidelity, incompatibility, poor communication, substance use and abuse (Amato & Previti, 2003; Scott et al., 2013). Longitudinal research shows that negative interaction patterns in early marriage predict later dissolution (Gottman & Levenson, 2000), and that infidelity is both a cause and a consequence of poor marital quality (Previti & Amato, 2004). In sub-Saharan Africa, intimate partner violence independently predicts marital disruption (Wagman et al.,

2016). Nigerian studies have identified infidelity, infertility, poor communication, interference by in-laws, poverty and domestic violence as major perceived causes (Adejoh et al., 2023; Okolie et al., 2020).

Divorce also has important health implications. Divorced and separated adults experience more psychological distress, depressive symptoms and health problems than married adults (Amato, 2000, 2010). A meta-analysis of more than six million people found that marital separation and divorce were associated with a significantly elevated risk of early death (Sbarra et al., 2011). Marital loss has been linked to more chronic conditions and mobility limitations in mid-life (Hughes & Waite, 2009), and to higher risks of cardiovascular disease and acute myocardial infarction (Dupre et al., 2015; Zhang & Hayward, 2006). Women's health may continue to deteriorate for a decade after divorce (Lorenz et al., 2006). These effects are thought to operate through chronic stress and associated behavioural and physiological pathways (Kiecolt-Glaser & Newton, 2001; Sbarra, 2015).

In Ilorin West LGA, where Islamic and Yoruba norms strongly shape family life, the rising visibility of marital breakdown calls for local evidence. Most Nigerian divorce studies are sociological and give little attention to health, and few have examined how community members perceive both the causes of divorce and its health consequences. Such perceptions matter because they shape help-seeking, stigma and the acceptability of counselling and health services. This study therefore assessed (i) the perceived predictors of divorce, (ii) the perceived mental health effects of divorce and (iii) the perceived physical health effects of divorce among residents of Ilorin West LGA.

MATERIALS AND METHODS

Study design and setting

A cross-sectional survey design was used. The study was conducted in Ilorin West LGA of Ilorin, the capital of Kwara State, North-Central Nigeria. Ilorin has a predominantly Muslim Yoruba population, with Christian and other ethnic minorities, and combines traditional and modern ways of life. Three wards of Ilorin West LGA were studied: Adewole, Oko-Erin and Wara-Osin. These are mixed residential, commercial and traditional communities.

Population and sample size

The study population comprised an estimated 9,000 married and divorced adult residents of the selected areas. The sample size was calculated with the Yamane (1967) formula, $n = N/[1 + N(e)^2]$, where $N = 9,000$ and $e = 0.05$, giving 382.9. After adjustment for 10% attrition ($382.9/0.9$), the final sample was 425.

Sampling technique

A multistage sampling technique was used. First, Ilorin West was selected by balloting from the three LGAs of Ilorin Metropolis (Ilorin West, Ilorin East and Ilorin South). Second, Adewole, Oko-Erin and Wara-Osin wards were selected randomly with probability proportional to size. Third, eligible residents in the selected wards were recruited by convenience sampling. Married or divorced residents who were available and willing to participate were included; unmarried residents and those unwilling to participate were excluded.

Instrument

Data were collected with a self-administered, researcher-developed questionnaire in English with four sections: (A) socio-demographic characteristics; (B) perceived predictors of divorce (seven items); (C) perceived effects of divorce on mental health (eight items); and (D) perceived effects of divorce on physical health (six items). Items in Sections B–D were rated on a four-point scale (strongly agree, agree, disagree, strongly disagree). Face, content and construct validity were assessed by an expert in nursing research, and the instrument was revised before use. A pilot study among 43 residents of Alanamu, a community outside the study wards, was used to assess reliability.

Data collection and analysis

After ethical approval and an introduction letter from the Department of Nursing Science, University of Ilorin, respondents were approached individually. The purpose of the study was explained, and questionnaires were completed and retrieved on the same day over approximately four weeks. Data were analysed with IBM SPSS Statistics version 27 and summarised as frequencies and percentages. Endorsement of each item was expressed as the combined proportion who strongly agreed or agreed, and items were ranked by this proportion.

Ethical considerations

Ethical approval was obtained from the University of Ilorin Ethical Review Committee (UERC/ASN/2025/3257), and permission was granted by the Ilorin West Local Government Ethical Committee (IWLGMED/376). Participation was voluntary; informed consent was obtained after full explanation of the study, confidentiality was maintained, and respondents could withdraw at any stage without penalty.

RESULTS***Socio-demographic characteristics***

All 425 questionnaires were retrieved and analysed. Respondents were mostly aged 26–35 years (43.5%). Muslims (50.4%) and Christians (49.6%) were almost equally represented, and Yoruba was the largest ethnic group (48.9%). Over a third (36.5%) had no formal education, and 42.4% were employed. Most respondents had been married for 1–10 years (57.9%) (Table 1).

Table 1. Socio-demographic characteristics of respondents ($n = 425$)

Variable	Frequency	%
Age (years)		
18–25	110	25.9
26–35	185	43.5
36–45	130	30.6
Religion		
Islam	214	50.4
Christianity	211	49.6
Ethnicity		

Variable	Frequency	%
Yoruba	208	48.9
Igbo	120	28.2
Hausa	97	22.8
Level of education		
No formal education	155	36.5
Primary	143	33.6
Secondary	87	20.5
Tertiary	40	9.4
Employment status		
Employed	180	42.4
Unemployed	156	36.7
Self-employed	89	20.9
Duration of marriage		
Less than 1 year	65	15.3
1–5 years	117	27.5
6–10 years	130	30.6
11–20 years	113	26.6

Perceived predictors of divorce

Infidelity was the most endorsed predictor of divorce (53.4%), followed by domestic violence or abuse (51.3%), substance abuse (50.8%) and lack of communication (50.1%). Lack of sexual satisfaction (49.9%) and financial issues (49.6%) were endorsed by about half of respondents. Cultural or religious differences were the least endorsed predictor (47.1%), with 52.9% disagreeing (Table 2).

Table 2. Perceived predictors of divorce ($n = 425$)

Item	SA	A	D	SD	Agreement (SA + A)	Rank
Infidelity	110 (25.9)	117 (27.5)	108 (25.4)	90 (21.2)	227 (53.4)	1
Domestic violence or abuse	92 (21.6)	126 (29.6)	109 (25.6)	98 (23.1)	218 (51.3)	2
Substance abuse	113 (26.6)	103 (24.2)	122 (28.7)	87 (20.5)	216 (50.8)	3
Lack of communication	78 (18.4)	135 (31.8)	52 (12.2)	160 (37.6)	213 (50.1)	4
Lack of sexual satisfaction	104 (24.5)	108 (25.4)	110 (25.9)	103 (24.2)	212 (49.9)	5
Financial issues	90 (21.2)	121 (28.5)	128 (30.1)	86 (20.2)	211 (49.6)	6
Cultural or religious differences	98 (23.1)	102 (24.0)	105 (24.7)	120 (28.2)	200 (47.1)	7

Values are n (%). SA = strongly agree; A = agree; D = disagree; SD = strongly disagree. Items are ordered by agreement.

Perceived mental health effects of divorce

Depression (54.6%) and low self-esteem (53.6%) were the most endorsed mental health effects, followed by substance use disorder (51.8%) and sleep disorder (50.1%). Post-traumatic stress disorder

(49.9%), loneliness or isolation (48.9%), anxiety (48.5%) and eating disorder (48.2%) were each endorsed by slightly under half of respondents (Table 3).

Table 3. Perceived effects of divorce on mental health ($n = 425$)

Item	SA	A	D	SD	Agreement (SA + A)	Rank
Depression	117 (27.5)	115 (27.1)	100 (23.5)	93 (21.9)	232 (54.6)	1
Low self-esteem	117 (27.5)	111 (26.1)	95 (22.4)	102 (24.0)	228 (53.6)	2
Substance use disorder	86 (20.2)	134 (31.5)	136 (32.0)	69 (16.2)	220 (51.8)	3
Sleep disorder	111 (26.1)	102 (24.0)	105 (24.7)	107 (25.2)	213 (50.1)	4
Post-traumatic stress disorder	88 (20.7)	124 (29.2)	126 (29.6)	87 (20.5)	212 (49.9)	5
Loneliness or isolation	68 (16.0)	140 (32.9)	116 (27.3)	101 (23.8)	208 (48.9)	6
Anxiety	101 (23.8)	105 (24.7)	152 (35.8)	67 (15.8)	206 (48.5)	7
Eating disorder	82 (19.3)	123 (28.9)	127 (29.9)	93 (21.9)	205 (48.2)	8

Values are n (%). Items are ordered by agreement.

Perceived physical health effects of divorce

Increased blood pressure was the most endorsed physical effect (54.8%), followed by stress (52.9%), fatigue and low energy (52.2%), weight loss (51.5%) and obesity (50.4%). Heart disease was the least endorsed (47.5%), with 52.5% disagreeing (Table 4).

Table 4. Perceived effects of divorce on physical health ($n = 425$)

Item	SA	A	D	SD	Agreement (SA + A)	Rank
Increased blood pressure	118 (27.8)	115 (27.1)	95 (22.4)	97 (22.8)	233 (54.8)	1
Stress	125 (29.4)	100 (23.5)	105 (24.7)	95 (22.4)	225 (52.9)	2
Fatigue and low energy	120 (28.2)	102 (24.0)	97 (22.8)	106 (24.9)	222 (52.2)	3
Weight loss	116 (27.3)	103 (24.2)	106 (24.9)	101 (23.8)	219 (51.5)	4
Obesity	107 (25.2)	107 (25.2)	110 (25.9)	101 (23.8)	214 (50.4)	5
Heart disease	109 (25.6)	93 (21.9)	167 (39.3)	56 (13.2)	202 (47.5)	6

Values are n (%). Items are ordered by agreement.

DISCUSSION

This study examined how residents of Ilorin West LGA perceive the causes and health consequences of divorce. The most notable feature of the findings is that every item was endorsed by between 47% and 55% of respondents. The community therefore appears divided on each factor rather than holding a strong consensus. The relative ranking of items is informative, but differences between adjacent items are small and should be interpreted cautiously.

Perceived predictors of divorce

Infidelity ranked as the leading perceived predictor of divorce. This agrees with Nigerian surveys in which infidelity was among the most commonly cited causes of marital breakdown (Okolie et al.,

2020), with accounts of the damaging aftermath of infidelity among Lagos women (Odebode et al., 2021), and with international evidence that infidelity is among the most frequently reported reasons for divorce (Amato & Previti, 2003; Scott et al., 2013). Domestic violence ranked second, consistent with qualitative findings from Lagos divorcees (Adejoh et al., 2023) and with longitudinal evidence from Uganda that intimate partner violence predicts marital disruption (Wagman et al., 2016). The endorsement of substance abuse and poor communication is likewise consistent with evidence that substance use and negative interaction patterns are strong precursors of dissolution (Amato & Previti, 2003; Gottman & Levenson, 2000). Cultural or religious differences were endorsed least, perhaps because most marriages in this setting are contracted within the same religious and ethnic community, or because religious commitment is perceived as a stabilising rather than a divisive force.

Perceived mental health effects

Depression and low self-esteem were the most endorsed mental health effects. This is consistent with evidence that divorced adults report more depressive symptoms and psychological distress than married adults (Amato, 2000, 2010). In a setting where marriage confers social status, the stigma attached to divorce, which falls particularly on women, may further erode self-esteem (Okolie et al., 2020). The endorsement of substance use disorder and sleep disturbance suggests that residents recognise maladaptive coping and stress-related symptoms as part of the post-divorce experience. This aligns with models that place chronic stress at the centre of the divorce–health link (Sbarra, 2015).

Perceived physical health effects

Increased blood pressure, stress and fatigue were the most endorsed physical effects. These perceptions are consistent with evidence that marital loss is associated with poorer mid-life health, more chronic conditions and elevated cardiovascular risk (Hughes & Waite, 2009; Zhang & Hayward, 2006), including a higher risk of acute myocardial infarction among divorced adults (Dupre et al., 2015). Respondents endorsed both weight loss and obesity, which may reflect the varied ways in which people respond to marital stress. Heart disease, although supported by the epidemiological literature, was the least endorsed effect. This suggests that community awareness of the long-term cardiovascular consequences of divorce may be limited, and that the link between chronic psychosocial stress and heart disease could be a useful focus of health education.

Strengths and limitations

The study achieved complete retrieval and addressed a health dimension of divorce that is underexplored in Nigeria. However, the findings reflect perceptions rather than clinically measured outcomes, and the cross-sectional, self-reported design precludes causal inference. Convenience recruitment within wards, a single LGA and a researcher-developed instrument limit generalisability.

CONCLUSION AND RECOMMENDATIONS

Residents of Ilorin West LGA most often attribute divorce to infidelity, domestic violence, substance abuse and poor communication, and perceive depression, low self-esteem, raised blood pressure and stress as its leading health consequences. Opinion on every factor is sharply divided, which highlights the need for community education. The following actions are recommended:

1. Religious bodies, counsellors and primary health care workers should strengthen premarital and marital counselling that addresses fidelity, communication, conflict resolution, substance use and financial management.
2. Domestic violence should be addressed through community sensitisation, accessible reporting channels and referral to social and legal support services.
3. Mental health screening and counselling should be integrated into primary health care, with specific attention to separated and divorced clients.
4. Nurses should offer post-divorce health screening for blood pressure and weight, together with lifestyle counselling and support groups, and should provide non-judgmental, culturally competent care.
5. Health education should raise awareness of the long-term cardiovascular consequences of chronic psychosocial stress.

Future studies should compare married and divorced respondents, examine gender differences, use longitudinal designs and objective health measures, and assess the effectiveness of counselling interventions.

REFERENCES

- Adejoh, S. O., Wellington, O., Adisa, W., Attoh, F., & Eliphus, T. A. (2023). Exploration of factors that influence divorce: Voices of divorcees in Lagos, Nigeria. *Social Work & Society*, 21(2), 1–19.
- Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and Family*, 62(4), 1269–1287. <https://doi.org/10.1111/j.1741-3737.2000.01269.x>
- Amato, P. R. (2010). Research on divorce: Continuing trends and new developments. *Journal of Marriage and Family*, 72(3), 650–666. <https://doi.org/10.1111/j.1741-3737.2010.00723.x>
- Amato, P. R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues*, 24(5), 602–626. <https://doi.org/10.1177/0192513X03024005002>
- Clark, S., & Brauner-Otto, S. (2015). Divorce in sub-Saharan Africa: Are unions becoming less stable? *Population and Development Review*, 41(4), 583–605. <https://doi.org/10.1111/j.1728-4457.2015.00086.x>
- Dupre, M. E., George, L. K., Liu, G., & Peterson, E. D. (2015). Association between divorce and risks for acute myocardial infarction. *Circulation: Cardiovascular Quality and Outcomes*, 8(3), 244–251. <https://doi.org/10.1161/CIRCOUTCOMES.114.001291>
- Gottman, J. M., & Levenson, R. W. (2000). The timing of divorce: Predicting when a couple will divorce over a 14-year period. *Journal of Marriage and Family*, 62(3), 737–745. <https://doi.org/10.1111/j.1741-3737.2000.00737.x>
- Hughes, M. E., & Waite, L. J. (2009). Marital biography and health at mid-life. *Journal of Health and Social Behavior*, 50(3), 344–358. <https://doi.org/10.1177/002214650905000307>
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4), 472–503. <https://doi.org/10.1037/0033-2909.127.4.472>
- Lorenz, F. O., Wickrama, K. A. S., Conger, R. D., & Elder, G. H., Jr. (2006). The short-term and decade-long effects of divorce on women's midlife health. *Journal of Health and Social Behavior*, 47(2), 111–125. <https://doi.org/10.1177/002214650604700202>

- Nwabude, A. A. (2022). Traditional African (the Igbo) marriage customs & the influence of the Western culture: Marxist approach. *Open Journal of Social Sciences*, 10(2), 224–239.
- Odebode, A. A., James, J. F., Adegunju, K. A., & Julia, J. (2021). Aftermaths of infidelity as expressed by literate working class women in Lagos State, Nigeria. *Journal of Nusantara Studies*, 6(2), 41–57. <https://doi.org/10.24200/jonus.vol6iss2pp41-57>
- Okolie, U. C., Onyema, O. A., & Basey, U. S. (2020). Analytical study of causes and effects of divorce as perceived by students in South South geopolitical zone of Nigeria. *Balkan Social Science Review*, 15. <https://doi.org/10.46763/BSSR201500260>
- Previti, D., & Amato, P. R. (2004). Is infidelity a cause or a consequence of poor marital quality? *Journal of Social and Personal Relationships*, 21(2), 217–230. <https://doi.org/10.1177/0265407504041384>
- Sbarra, D. A. (2015). Divorce and health: Current trends and future directions. *Psychosomatic Medicine*, 77(3), 227–236. <https://doi.org/10.1097/PSY.0000000000000168>
- Sbarra, D. A., Law, R. W., & Portley, R. M. (2011). Divorce and death: A meta-analysis and research agenda for clinical, social, and health psychology. *Perspectives on Psychological Science*, 6(5), 454–474. <https://doi.org/10.1177/1745691611414724>
- Scott, S. B., Rhoades, G. K., Stanley, S. M., Allen, E. S., & Markman, H. J. (2013). Reasons for divorce and recollections of premarital intervention: Implications for improving relationship education. *Couple and Family Psychology: Research and Practice*, 2(2), 131–145. <https://doi.org/10.1037/a0032025>
- Wagman, J. A., Charvat, B., Thoma, M. E., Ndyanabo, A., Nalugoda, F., Ssekasanvu, J., Kigozi, G., Serwadda, D., Kagaayi, J., Wawer, M. J., & Gray, R. H. (2016). Intimate partner violence as a predictor of marital disruption in rural Rakai, Uganda: A longitudinal study. *International Journal of Public Health*, 61(8), 961–970.
- Yamane, T. (1967). *Statistics: An introductory analysis* (2nd ed.). Harper & Row.
- Zhang, Z., & Hayward, M. D. (2006). Gender, the marital life course, and cardiovascular disease in late midlife. *Journal of Marriage and Family*, 68(3), 639–657. <https://doi.org/10.1111/j.1741-3737.2006.00280.x>