



## The correlation between marital stress, perceived social support, duration of marriage, and mental health of married women in the Oshodi–Isolo area, Lagos, Nigeria

Uzochukwu N. Israel<sup>1</sup>  
Ifeyinwa Kpaduwa<sup>2</sup>

uisrael@unilag.edu.ng

<sup>1,2</sup>University of Lagos, Nigeria

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### ABSTRACT

The study explores the relationship between marital stress, perceived social support, marriage duration, and positive mental health in married women in the Oshodi-Isolo local government area of Lagos State. It also determined the mediating role of perceived social support on marital stress within the sample. The research is grounded on the theory that social support acts as a buffer to protect an individual from the negative consequences of stressful events. The study used a cross-sectional survey design to collect data from 385 married women who were randomly selected using these standardized instruments: the Marital Stress Inventory (MSI), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Mental Health Continuum–Short Form (MHC-SF). Data were analyzed using Pearson correlation, moderation analysis, and multiple regression techniques. Results indicated a negative non-significant relationship between marital stress and mental health. In contrast, perceived social support demonstrated a significant positive relationship with mental health. The results also revealed that perceived social support significantly moderated the relationship between marital stress and mental health. Furthermore, duration of marriage was a significant predictor of positive mental health. These findings underscore the central role of perceived social support and marital duration in maintaining positive mental health among married women. It is recommended that married women utilize their social support systems, like family, to enhance their mental health and maintain enduring, stable marriages. They can also adopt resource-focused mental health interventions through other available channels like psychologists, trusted friends, and available non-governmental organizations that promote the mental health of citizens.

**Keywords:** Duration of Marriage, Marital Stress, Perceived Social Support, Positive Mental Health

### I. INTRODUCTION

Positive mental health is a multidimensional construct that encompasses the emotional, psychological and social wellbeing of an individual. Just as people consider good health as their most valuable asset (Bowling, 1995), mental health is an issue that should be of paramount importance at every stage of life, from childhood and adolescence through adulthood. However, in recent years, mental health has come into more focus (Prince et al., 2007) and increasingly a central concern in public health debates due to its critical role in individuals' overall well-being, productivity, and quality of life. In line with this, the World Health Organization (2013) emphasized the need to approach mental health not just as absence of mental illness, but also as a state of wellbeing in which the individual comes to realize his or her abilities, cope with stresses of life which are normal, work productively and fruitfully, and be able to contribute to his or her community. This aligns closely with the fundamental human drive to cultivate an inner stability that enables them to strive through life's challenges with resilience and optimism. In the past, clinical psychology was concerned so much with eradicating or reducing mental illness, however with the rise of positive psychology the focus is increasing on the positive aspects of health (Fava & Guidi, 2020; Wood & Tarrier, 2010). Growing evidence suggests that high levels of positive mental health protect individuals from mental illness, and that low levels of positive mental health are a risk factor for mental illness (Iasiello et al., 2019). In relation to this, identifying psychosocial factors that improve or undermine positive mental health remains an important empirical work, particularly among populations exposed to chronic, persistent interpersonal expectations and stress.

While individuals are driven by motivation towards a state of positive mental health, there comes a point in time where there is an inevitable need for intimacy, and the desire to settle down is prioritized which is usually consummated by the societal institution of marriage. Although social norms around marriage have weakened as a result of various forms of deinstitutionalization, marriage remains a milestone, a life event with significant economic, symbolic, and health implications (Qadir et al, 2013). In spite of the beauty of the marriage institution, there are so many demands

imposed by marriage, and spouses may inevitably struggle to meet or cope with these demands. Consequently, psychological or physiological imbalances, known as stress, can affect a spouse (Omoluabi, 1994). Research has consistently shown that stress is a major factor contributing to both mental and physical health issues, including cardiovascular diseases, Alzheimer's disease, and cancers (Cohen et al., 2007; Esch et al., 2002). Empirical evidence consistently links heightened marital stress to adverse mental health outcomes, including emotional distress, diminished life satisfaction, and poor psychological well-being (Amato & Booth, 2001; Proulx et al., 2007; Hashmi et al., 2007). For married women in particular, marital stress may be exacerbated by culturally prescribed gender roles, caregiving responsibilities, and limited access to external coping means, especially within patriarchal social contexts.

Conversely, it has been identified that perceived social support plays a vital role in mental health. Perceived social support mirrors people's beliefs and how much support is available from their social circle as well as the quality of this support (Dour et al., 2014; Hupcey, 1998). Psychological theories of stress and coping suggest that not only does social support have a significant direct positive influence on well-being, it also mitigates the negative effects of stress on mental health. Hence, empirical studies across distinct populations have established that individuals with higher levels of social support tend to report better emotional well-being, greater psychological resilience, and more positive social functioning, even in the presence of significant life stressors. For instance, Israel et al. (2023) reported that perceived social support had a significant relationship with well-being among people living with sickle cell disease in that an increased perceived social support was associated with increased or better psychological well-being among people living with sickle cell disease. In addition to psychosocial factors, duration of marriage is an example of a contextual variable that may shape mental health outcomes over time. In other words, personal and intimate relationships have been established to have positive effects on physical and psychological health in adults, and most of our perceptions about these linkages come from findings based on long-term marriages. Karimi et al (2019) carried out a study in which they extracted protective factors associated with marital stability in long-term marriages which they classified as interpersonal and intrapersonal. Notable extracted factors included spirituality and religion, commitment, sexual relationship, communication, children, love and attachment, intimacy, and conflict resolution approach. They concluded that the identified components of marital stability are structures that enhance a couple's identity and sense of togetherness.

### 1.1 Statement of the Problem

Marital stability is defined as the degree to which a marital relationship is free from conflict and disruption enabling couples to live together harmoniously over time. Even marriages that are seemingly going well can suffer distress if a single shattering event, such as an extramarital affair, takes place. Marital stress can exert powerful effects on the partners, often leading to great sadness, worry, a high level of tension, anxiety, and depression. And, if prolonged, it can negatively impact one's physical health as well. Hence stability in marriage is not merely the absence of divorce; it involves mutual understanding, trust, emotional support, and effective communication. This further implies that marital stress can have profound effects even on the children especially when conflict is high and children raised in high-conflict homes tend to have more emotional difficulties as several studies have shown e.g. a recent study at Yale Child Study Center (YCSC) (Liu et al, 2026) found that difficulties managing emotions in childhood are linked to attention problems, aggression, anxiety, and depression. The study examined more than 9,000 children and adolescents and found that difficulties managing emotions are common among youth with mental health symptoms so it is not only the adult mental health that is affected. Some studies have been carried out about mental wellbeing and the marital relationship in different parts of Nigeria for instance, in South (e. g. Orhe et al, 202) and an earlier one in the South East by Oginyi et al, (2015). These studies suggest that there is a relationship between marital satisfaction and mental health among couples, which implies the absence or reduction of marital stress, which impacts marital satisfaction. But there has been no such study in the Southwest, particularly on women in the Lagos area. Against this backdrop, the mental health of women in Lagos is of paramount concern, given the myriad challenges posed by urbanization, cultural expectations, and the evolving nature of marital relationships in such an overcrowded cosmopolitan area. Ideally, women generally might be expected to navigate the complexities of marital life with a robust support system, fostering positive mental health and resilience, thus possessing the tools to effectively manage marital stressors, but it remains to be seen if this is really the case or if, otherwise, making an empirical study is critical. However, there remains a scarcity of studies directly examining duration of marriage, marital stress, and its effects on positive mental health among married women in Nigeria and how it is mitigated by perceived social support in this population. The present study is set to fill this gap in knowledge as well as contribute to the literature in this area.

### 1.2 Research Hypotheses

*H<sub>01</sub>*: There will be a significant negative relationship between marital stress and positive mental health among married women.



*Ho<sub>2</sub>*: There will be a significant positive relationship between perceived social support and positive mental health among married women.

*Ho<sub>3</sub>*: Perceived social support will moderate the relationship between marital stress and the positive mental health of women.

*Ho<sub>4</sub>*: There will be a significant positive relationship between duration of marriage, marital stress, perceived social support, and the positive mental health of women.

## II. LITERATURE REVIEW

### 2.1 Theoretical Review

Social support theories, including the Supportive Transactions Model (Langford et al., 1997) and the Stress-Buffering Model (Cohen & Wills, 1985), provide a theoretical foundation for perceived social support. The theory is centered on the proposition that instrumental, informational, and emotional supports reduce the likelihood of delinquency and crime. Numerous studies indicate that people with spouses, friends, and family members who provide psychological and material resources are in better health than those with fewer supportive social contacts (Broadhead et al., 1983; Leavy, 1983). These models highlight the dynamic nature of supportive interactions and their impact on stress-coping processes. Cullen et al, (1999) described social support as a process of transmitting human, cultural, material, and social capital, at the micro and macro level- whether between individuals or between larger social units (communities, states) and their members. They elaborated on the idea that Social support is conceptualized as the social resources on which an individual can rely when dealing with life problems and stressors as provided informally, through social relationships. It can also be provided formally by an entity with an official status, such as government assistance programs or the justice system. They proposed that Social support has direct and indirect effects on delinquency and other indicators of well-being, thus as a direct effect, people who experience social support may engage in less delinquency. As an indirect effect, social support may act as a buffer between risk factors for delinquency and participation in delinquent behaviour. Perceived social support can come from a variety of sources, including family, friends, romantic partners, coworkers, and community organizations. Different sources of perceived social support may have different effects on mental health. For example, perceived social support from family members may have stronger effects on mental health outcomes than support from friends. The buffer hypothesis posits that perceived social support functions as a protective factor, dampening the adverse effects of stressors on mental health outcomes (Cohen & Wills, 1985). Consistent evidence suggests that high levels of perceived social support correlate with better mental health outcomes. In times of stress, individuals with strong social networks often exhibit lower levels of anxiety and depression. Conversely, low perceived social support has been associated with increased vulnerability to mental health issues, including mood disorders and psychological distress (Thoits, 2011).

In conclusion, perceived social support significantly influences mental health outcomes by providing resources to cope with stressors and fostering psychological resilience. The buffer hypothesis underscores how supportive relationships can mitigate the impact of stress on mental well-being, contributing to a more comprehensive understanding of the interplay between social networks and mental health. These dimensions are interconnected and interdependent, forming a holistic framework for individuals to experience optimal mental health and a fulfilling marital life. The mechanisms underlying these associations are complex and involve physiological and behavioural pathways.

### 2.2. Empirical Review

#### 2.2.1 Mental Health

Keyes (2005) introduced a comprehensive perspective of differentiating between mental illness and positive mental health by expanding ideas through the dual-continua model, emphasizing that mental health and mental illness are not opposite ends of the same continuum but rather, they are separate dimensions, each requiring distinct attention. This model underscores the significance of promoting well-being and not merely preventing or addressing mental illness thus leading to the conceptualization of flourishing as the pinnacle of mental health, characterized by positive emotions, engagement, relationships, meaning, and accomplishments (Keyes, 2007). There are three core dimensions of mental health and well-being viz: psychological, emotional and social well-being. Psychological well-being pertains to the cognitive dimensions of an individual's mental health. Key components of psychological well-being include self-esteem, autonomy, purposeful living, positive relationships with others, and a sense of mastery over one's surroundings. Flourishing psychological well-being implies the ability to navigate life's ups and downs with resilience, maintain a positive self-image, and experience a sense of accomplishment in various domains.

Emotional well-being is the aspect of mental health that centers on the management and expression of emotions in a healthy and balanced manner. It involves recognizing and understanding one's own emotions, as well as effectively coping with both positive and negative feelings. It goes beyond the absence of negative emotions; but encompasses the capacity to experience positive emotions such as joy, gratitude, and contentment. Cultivating emotional intelligence and

developing strategies for emotional regulation are vital components of achieving emotional well-being. Social well-being encompasses an individual's interactions, relationships, and sense of belonging within their social environment. It is characterized by meaningful connections with family, friends, colleagues, and the broader community. Social well-being is not solely about the quantity of social interactions but also the quality and depth of these connections. Feeling supported, valued, and engaged within one's social circles contributes to a sense of purpose and satisfaction. Moreover, social well-being involves being an active contributor to society and experiencing a sense of belonging and inclusion.

### **2.2.2 Marital Stress**

Early studies by researchers like Burgess and Cottrell (1939) examined stress within marriage, laying the groundwork for subsequent investigations. It is necessary to understand the concept of stress, to be able to understand the concept of marital stress in relation to Mental Health and well-being. Stress is a normal, natural, and ongoing process in life as we adjust to our environment. It is an internal alarm system that prepares our body to take action. "Stress" is also a biological term which refers to the consequences of the failure of a human organism or animal to respond appropriately to emotional or physical threats, whether actual or imagined. In addition, it can be acute or chronic and these conditions seem also prevalent in marriage hence the phenomenon of marital stress. Marital stress refers to the pressure and tension that arises in a marriage due to various factors such as financial problems, communication breakdown, conflict, and differences in values or beliefs, external stressors such loss of job, illness, or family problems, conflicts, disagreements, and dissatisfaction between partners that affects many marriages, and can lead to emotional distress, physical illness, and even divorce if left unaddressed (Bodenmann, 2005; Kiecolt-Glaser & Newton, 2001).

#### **2.2.2.1 Causes of Marital Stress**

One of the most significant causes of marital stress is financial strain. Research has shown that financial difficulties are strongly linked to marital dissatisfaction and divorce as couples who struggle with financial problems may experience tension, arguments, and feelings of powerlessness, which can negatively impact their overall relationship (Dew et al, 2012). Another factor that can contribute to marital stress is the lack of effective communication between partners. Poor communication can lead to misunderstandings, conflicts, and unresolved issues, which can cause tension and strain in the relationship. Effective communication, on the other hand, can help couples build a deeper understanding of each other's needs and concerns, leading to more positive interactions and greater relationship satisfaction (Bodenmann, 2005). Infidelity is another common cause of marital stress. When one partner cheats on the other, it can cause significant emotional pain and trauma, leading to feelings of betrayal, anger, and mistrust (Mark et al., 2011). It can also lead to long-term psychological distress and may ultimately result in the breakdown of the relationship.

#### **2.2.2.2 Impact of Marital Stress on Mental Health**

Marital stress can have a significant impact on mental health as research has consistently shown that conflicts and difficulties within marriage or intimate relationships can lead to various negative psychological outcomes. The stressors and conflicts that arise within a marriage can lead to various emotional challenges, including anxiety, depression, and decreased life satisfaction. For instance, Whisman et al, (2004) found that marital distress was strongly associated with increased symptoms of depression and anxiety among married individuals. Similarly, another study by Falconier et al. (2015) found that perceived marital stress was associated with higher levels of psychological distress among both husbands and wives and highlighted the importance of addressing marital stress to improve psychological well-being. Marital stress can also negatively impact overall life satisfaction. A study by Randall and Bodenmann (2009) examined the relationship between marital stress and life satisfaction in a large sample of couples. The results showed that marital stress was a significant predictor of lower life satisfaction, indicating the detrimental effects of marital distress on individuals' emotional well-being.

### **2.2.3 Perceived Social Support**

Perceived social support is a term used to describe the resources that individuals receive from their social networks, which can include emotional, informational, or tangible assistance and has been shown to have a significant impact on mental and physical health outcomes, as well as overall well-being. The concept of perceived social support emerged from the field of social psychology, with early studies by Cobb (1976) examining the role of social networks in mitigating stress. Qadir et al. (2013) found that perceived higher social support is positively associated with marital adjustment directly and indirectly through relationship dynamics which is associated with the reduced risk of depression through the increased level of reported marital satisfaction. Perceived social support can be classified into different types based on the type of assistance provided, the source of the support, and the timing of the support. Perceived social support can be categorized into four main types: Emotional support: This type of support involves expressions of love, care, and concern for an individual. It can be provided through verbal or nonverbal communication, such as a hug or a

kind word. Informational support: This type of support involves providing information or advice to an individual. It can be given in the form of guidance, suggestions, or referrals to resources. Tangible support: This type of support involves providing material assistance, such as financial or practical support, to an individual. It can include providing transportation, helping with chores, or giving financial assistance. Companionship support: This type of support involves having someone to do things with or spend time with. It can include having a friend to talk to or a companion to participate in leisure activities with.

According to some previous findings on social support and psychopathology, Khan and Aftab (2013), in their study of marital satisfaction and perceived social support as vulnerability factors to depression observed that there is a predictive association between marital satisfaction and perceived social support; they noted that mere perception of social support is better than the actual support while predicting depression. When partners believe their spouse is fully committed with them and is fully supportive, the level of security would vividly increase which in turn positively influences one's level of marital satisfaction and positive mental health. In the African context, family ties help closely bonded families in eradicating psychological tumult by providing a sense of support or serving as a protective factor for the psychological well-being of the overall family unit. Cotton (1999) observed that when the level of social support decreases, depression's level increases. A decline in depression resulting from stressful life events is observed when the spouse elicits supportive behaviour (Brown and Harris, 1978, Chou and Chi, 2001). Lack of perceived or actual social support is not just a manifestation of depression itself; rather lack of social support contributes to the creation of depressive symptoms (Aneshensel & Stone, 1982). Perceived social support has been linked to improved mental health outcomes, such as reduced symptoms of anxiety and depression. It can help individuals cope with stress by providing emotional, informational, and tangible resources and has been linked to improved physical health outcomes, such as reduced blood pressure and improved immune function as well as enhance overall well-being by providing individuals with a sense of belonging and purpose.

#### **2.2.4 Duration of marriage**

Duration of marriage may influence mental health through multiple pathways, including relationship adaptation, cumulative stress exposure, emotional bonding, and evolving role expectations. While longer marital duration should foster emotional stability and relational competence, it may also be associated with prolonged exposure to unresolved marital stressors (Kurdek, 1998; Huston, 2012). The relationship between marital stress and duration of marriage may depend on the stage the couples are in ranging from child bearing, through the middle years to the empty nest stage though individual experiences may vary widely. Researchers have reported that married persons tend to experience higher levels of well-being (Fu & Noguchi, 2016). Gibb et al, (2011) examined the associations between duration of partnership and mental disorder using data from a 30-year longitudinal study of a birth cohort of individuals. They found that increasing duration of relationship was associated with declining rates of mental disorder and the association persisted after due allowance was made for covariate factors. Also increasing duration of relationship had greater benefits for reducing alcohol and illicit drug abuse/dependence among women than it did among men. They concluded that increasing relationship duration, has a protective effect on mental health for men and women.

This means that people in healthy marriages enjoy being in a stable environment that helps them cope with stress and life challenges because sharing life with a partner creates a sense of belonging and security, helping people feel understood and supported. Strong social support within a marriage can be a protective factor for mental well-being. On the other hand, strained or unhappy marriages can lead to increased stress, anxiety and depression. Thus, the quality of the marital relationship plays an important role in both partners' health and well-being and having a supportive spouse may provide a valuable outlet for expressing emotions and seeking comfort during challenging times. Additionally, sharing responsibilities inherent in a healthy marriage may contribute to a more manageable and less stressful daily life. However, conflicts, lack of communication or feelings of isolation within a marriage, may negatively impact a person's mental health. Hence high levels of marital stress may contribute to increased psychological distress and low mood. Feeling isolated in an unhappy marriage can also make any preexisting mental health conditions worse.

It is also important to note that marriage and mental health are both culturally dependent issues (Vanassche et al. 2013). Therefore, results can be expected to differ globally, since the more marriage is valued within a society, the greater the influence of marital status on subjective well-being will have. Taking into cognizance Nigeria as a nation, particularly urban settings such as Oshodi-Isolo, Local Government Area of Lagos State, married women often face complex intersections of marital responsibilities, economic pressures, extended family expectations, and sociocultural norms. Despite the growing body of international research on marital stress, social support, and mental health, there remains a paucity of empirical studies examining how these variables jointly relate to positive mental health among married women in Nigeria. Additionally, limited attention has been paid to the regulating role of perceived social support on the relationship between marital stress and positive mental health within this population. Against this background, the present study explores marital stress, perceived social support, and duration of marriage as correlates of positive mental health among married women. Specifically, the study examines the direct relationships between marital stress,

perceived social support, marriage duration and positive mental health, as well as the moderating role of perceived social support on the association between marital stress and positive mental health. By adopting a positive mental health framework, this study contributes to a more stable understanding of women's psychological functioning beyond pathology and provides findings that may give insight into psychosocial interventions, marital counselling, and community-based mental health promotion programs.

### III. METHODOLOGY

#### 3.1 Research Design

The study employed a cross-sectional survey design which allows the researcher to gather raw data across all population which varies across gender, ethnicity and culture to investigate the relationships among marital stress, perceived social support, duration of marriage, and positive mental health among married women. This was considered appropriate for the study to reach a wider population of women, compare many variables at the same time and complete the study within the allotted time.

#### 3.2 Study Area

The study area is Oshodi-Isolo Local Government Area located in Lagos State, situated in South-West Nigeria. Lagos, being the second most populous state in Nigeria, is renowned as the commercial hub of the country, with vibrant economic activities and a rich demographic tapestry.

#### 3.3 Target Population

The target population consisted exclusively of married women drawn from diverse organizations, occupational groups, social associations, and economic backgrounds within the Oshodi-Isolo Local Government Area of Lagos State. The estimated population of 115,000 married women was derived from the projected population of Oshodi-Isolo using demographic estimation techniques based on the proportion of females, adult women, and the estimated marriage rate within the local government area.

#### 3.4 Sampling Procedure and Sample Size

A multistage sampling technique was used to select several church groups, social and civil and organizations within the Oshodi-Isolo Local Government area. Using Cochran's sample size determination formula at a 95% confidence level and 5% margin of error, a sample size of 383 respondents was targeted. The participants were randomly selected from different churches, social, and civil organizations in the area after they were given informed consent forms which they endorsed to signify their willingness to participate in the study. Based on accessibility and willingness to participate, eligibility criteria included being legally married and residing within the study area at the time of data collection. 400 questionnaires were administered, out of which 385 of those returned were found valid for scoring and analysis. Thus the sample size consists of 385 persons who completed the study instruments appropriately and returned them. The duration of marriage was obtained through demographic information provided by participants.

#### 3.5 Data collection Instruments and procedure

The following research instruments were employed for the study:

*Marital Stress:* This was assessed using the Marital Stress Inventory (MSI) developed by Hudson et al (1982) and validated for use in Nigeria by Omoluabi (1994). The MSI is a 50-item instrument designed to measure sources and intensity of marital stress among married individuals. Responses are rated on a 5-point Likert scale ranging from 1 (slight effect) to 5 (very severe effect), with higher scores indicating higher levels of marital stress. The instrument has demonstrated strong psychometric properties within Nigerian samples, including a Cronbach's alpha coefficient of .92, Spearman-Brown split-half reliability of .92, Guttman split-half reliability of .92, and beta reliability of .96. Concurrent validity has been established through positive correlation with the Marital Stress Index.

*Perceived Social Support:* Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988). The MSPSS is a 12-item instrument assessing perceived support from three sources: family, friends, and significant others. Items are rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Higher scores indicate greater perceived social support. Reported internal consistency coefficients are .78 for family support, .76 for friends' support, and .70 for significant others' support.

*Mental Health:* Positive mental health was assessed using the Mental Health Continuum-Short Form (MHC-SF) developed by Keyes (2002). The MHC-SF consists of 14 items measuring emotional, psychological, and social well-being. Responses are rated on a 6-point scale ranging from 0 (never) to 5 (every day). The instrument has



demonstrated good reliability, with an overall Cronbach's alpha of .89, and satisfactory subscale reliabilities reported for Nigerian samples: emotional well-being (.83), psychological well-being (.83), and social well-being (.74).

The above instruments were collated, stapled together and administered individually and in groups with the help of research assistants to married women across Oshodi-Isolo LGA.

### 3.6 Data Analysis

The instruments after being administered were retrieved, scored and coded into the Statistical Package for the Social Sciences (SPSS). The data was then analysed using SPSS (Version 25); Descriptive statistics were computed to summarize participants' demographic characteristics and study variables. Pearson Product-Moment Correlation Coefficient was used to test the relationships between marital stress and positive mental health, as well as between perceived social support and positive mental health. Moderation analysis using linear regression was conducted to determine if perceived social support moderated the relationship between marital stress and positive mental health. Multiple regression analyses were employed to assess the combined and independent contributions of marital stress, perceived social support, and duration of marriage to positive mental health. Statistical significance was set at  $p < .05$ .

### 3.7 Ethical Consideration

Ethical principles concerning voluntary participation, informed consent, and confidentiality were strictly adhered to throughout the study. Informed consent was obtained before questionnaire administration. Clear instructions were provided, and participants were given 20 to 30 minutes to complete the instruments. Participants were informed of the purpose of the study and assured that participation was voluntary, confidential, and anonymous.

## IV. FINDINGS & DISCUSSION

### 4.1 Findings

This section explains the results obtained from the statistical analysis in tabular format followed by the interpretations of the tables. They include descriptive and inferential statistics.

**Table 1**

*Descriptive Table Showing the Mean and Standard Deviation of Marital Stress, Positive Mental Health and Perceived Social Support.*

Variables	N	Mean	S.D
Marital Stress	385	2.41	1.05
Positive Mental Health	385	4.29	0.7
Perceived Social Support	385	5.23	1.33

Table 1 above describes the participants' scores on the data collected for this study. A total of 385 participants took part in this study. The table also revealed  $M = 2.41$  with  $SD = 1.05$  for marital stress,  $M = 4.29$  with  $SD = 0.7$  for positive mental health, and  $M = 5.23$  with  $SD = 1.33$  for perceived social support.

### 4.2 Test of Hypotheses

*Hypothesis 1:* There will be a significant negative relationship between marital stress and the positive mental health of women in Lagos State. Table 2 below shows the results of Pearson product-moment correlations for hypothesis 1

**Table 2**

*Pearson Product-Moment Correlations for Hypothesis 1*

Variables	Mean	S,D	1	2
1 Marital Stress	2.41	1.05		
2 Positive Mental Health	4.29	.79	-0.29	0.738>.05

The result in Table 2 revealed a moderate, non-significant negative correlation between marital stress and positive mental health, with a correlation coefficient of  $r = -0.29$ . The stated hypothesis that a significant negative relationship exists between marital stress and positive mental health is hereby rejected. With a p-value greater than 0.05,  $p > .05$ , the result therefore implies that a moderate non-significant negative relationship exists between marital stress and positive mental health.



*Hypothesis 2:* There will be a significant positive relationship between perceived social support and the positive mental health of women in Lagos State. Results for the Pearson Product-moment correlations for hypothesis 2 is shown in Table 3 below

**Table 3**  
*Pearson Product-Moment Correlations for Hypothesis 2*

Variables	Mean	SD	1	2
1 Perceived Social Support	5.23	1.33		
2 Positive Mental Health	4.29	.79	.346	.001<.05

Table 2 above shows M = 5.23 with SD = 1.33 for perceived social support, and M = 4.29 with SD = .79 for positive mental health. The result of the analysis revealed a significant positive correlation between perceived social support and positive mental health, with a correlation coefficient of r = 0.346. This indicates a moderately significant positive relationship between perceived social support and positive mental health. With a p-value less than 0.05 (p < .05), the result shows that the relationship is significant, therefore the second hypothesis is accepted.

*Hypothesis Three:* Perceived social support will moderate the relationship between marital stress and the positive mental health of married women in Lagos State. Result of Regression Coefficients and Model Fit Statistics shown in Table 4 below.

**Table 4**  
*Pearson Product-Moment Correlations for Hypothesis 3*

Independent Variables	N	Mean	SD	B	SE	Beta	t	p
Marital Stress	385	2.41	1.05	-0.050	0.154	-0.66	-0.323	0.75
2. Perceived Social Support	385	5.23	1.33	0.184	0.075	0.308	2.452	0.02
3. MS * PSS Interaction	385			0.009	0.027	0.077	0.321	0.01

Model Fit Statistics: R<sup>2</sup> = 0.120, Adjusted R<sup>2</sup> = 0.113, F (3, 381) = 17.259, p = 0.001

The moderation analysis in Table 4 conducted to examine whether perceived social support moderates the relationship between marital stress (MS) and positive mental health (PMH) among women in Lagos State showed that the overall model was statistically significant (F (3, 381) - 17.259, p < 0.001), suggesting that the combination of marital stress, perceived social support, and their interaction significantly predicts positive mental health. Examining the coefficients, it is observed that the interaction term (MS \* PSS) reached statistical significance (B - 0.009, SE - 0.027, t - 0.321, p-0.001). This implies that the moderation effect of perceived social support on the relationship between marital stress and positive mental health is supported by the data. The individual predictors, marital stress (B - -0.050, SE - 0.154, t - -0.323, p - 0.747) and perceived social support (B - 0.184, SE - 0.075, t - 2.452, p- 0.015), jointly contributed to predicting positive mental health. The results showed that perceived social support moderates the relationship between marital stress and positive mental health among women in Lagos State. While the individual predictor of marital stress reveals a non-significant independent association, perceived social support has a significant independent association with positive mental health.

**Table 5**  
*Marital Stress on Positive Mental Health at Levels of Perceived Social Support Sources (N = 385)*

Source of Social Support	Level of Support	Simple Slope (B)	SE	t	p	Direction of Effect
Family	Low (-1 SD)	-0.162	0.072	-2.25	0.025	Significant negative
	High (+1 SD)	0.071	0.068	1.04	0.299	Weak positive
Friend	Low (-1 SD)	-0.139	0.065	-2.14	0.033	Significant negative
	High (+1 SD)	0.089	0.061	1.46	0.146	Positive (non-significant)
Significant Other	Low (-1 SD)	-0.181	0.070	-2.59	0.010	Strong negative
	High (+1 SD)	0.121	0.058	2.09	0.037	Significant positive

The post-hoc simple slopes analysis demonstrates that the effect of marital stress on positive mental health varies significantly depending on the source and level of perceived social support, confirming the moderation effect observed in the regression model. At low levels of support, marital stress shows a significant negative association with positive mental health across all three sources, with the strongest adverse effect observed when support from significant others is low. This indicates increased vulnerability to marital stress in the absence of adequate support. At high levels

of support, the direction of the relationship becomes positive, and notably statistically significant for significant others' support, indicating a protective and potentially restorative effect. This suggests that strong support from significant others not only buffers marital stress but may also enhance women's positive mental health.

*Hypothesis Four:* There will be a significant positive relationship between duration of marriage, marital stress, perceived social support, and the positive mental health of women in Lagos State.

**Table 6**

*Multiple Correlation Matrix of Duration of Marriage, Marital Stress, Perceived Social Support, and Positive Mental Health among Women in Lagos State (N = 385)*

Variables	1	2	3	4	Mean	SD
1. Duration of Marriage					3.32	1.30
2. Marital Stress	-.04				2.41	1.05
3. Perceived Social Support	.12*	-.02			5.23	1.33
4. Positive Mental Health	.13*	.01	.36**		4.23	0.79

\* $p < .05$ ; \*\* $p < .01$

The multiple correlation analysis examined the relationships among duration of marriage, marital stress, perceived social support, and positive mental health among women in Lagos State. As presented in Table 6, duration of marriage showed a weak but statistically significant positive relationship with positive mental health ( $r = .13$ ,  $p < .05$ ), indicating that longer marital duration is modestly associated with positive mental health outcomes. Perceived social support demonstrated a moderate and statistically significant positive relationship with positive mental health ( $r = .36$ ,  $p < .01$ ), suggesting that women who perceive higher levels of social support tend to report higher positive mental health. Perceived social support was also positively related to duration of marriage ( $r = .12$ ,  $p < .05$ ), indicating that longer marital duration may be associated with greater perceived support. In contrast, marital stress showed no significant relationship with positive mental health ( $r = .01$ ,  $p > .05$ ), nor with duration of marriage or perceived social support. This suggests that marital stress, on its own, does not have a direct linear association with positive mental health in this sample.

#### 4.3 Discussion

The present study examined the relationships among marital stress, perceived social support, duration of marriage, and positive mental health among married women. By adopting a positive mental health framework, the study extends existing literature beyond psychopathology and contributes context-specific evidence from a Nigerian urban setting.

*Marital Stress and Positive Mental Health:* the analysis revealed a non-significant but moderate negative relationship between marital stress and positive mental health among the sample of married women studied. This finding, although not significant, suggests that, within this specific urban context, the association between marital stress and positive mental health may be more nuanced than previously assumed. This implies that there may be other contextual or psychosocial factors not examined in the present study influencing how marital stress relates to mental health outcomes for women. While marital stress is commonly associated with adverse psychological outcomes, the present finding indicates that its direct impact on positive mental health may not be uniformly observable among married women in Lagos. Orhe et al. (2024) in a study, reported that people with marital satisfaction were more likely to be psychologically stable than those who were not satisfied, as the majority of satisfied respondents in their study were psychologically stable. Others e.g., Rhoades et al. (2012); Shrout (2021) also reported significant negative associations between marital stress and mental health. The discrepancy highlights the importance of contextualizing marital experiences and suggests that localized coping mechanisms, social norms, and adaptive strategies within may reduce the direct effects of marital stress on positive mental health.

Another finding, which showed that there was a positive association between perceived social support and positive mental health among married women, indicates that women who perceived higher levels of social support reported better mental health outcomes within this population. This result reinforces the critical role of perceived social support as a protective factor for mental well-being in the context. It aligns with existing literature emphasizing the benefits of supportive social networks for psychological well-being (Naslund et al., 2020; Cutrona & Russell, 1990). The presence of perceived social support from family, friends, and significant others may enhance emotional resilience and contribute to improved life satisfaction among married women. The fact that perceived social support moderates the relationship between marital stress and positive mental health among married women, with overall regression being statistically significant, speaks volumes about the importance of having a good social support network. This is because perceived social support acts as a crucial buffer against marital stress by enhancing emotional coping, reducing anxiety/depression, and fostering marital satisfaction. This is consistent with the stress-buffering framework reported



by Cohen and Wills (1985), who concluded that social support remains an important psychosocial resource. Additional factors such as economic stressors, cultural norms, and individual coping strategies may further shape how marital stress affects mental health within this population.

The findings further revealed that the duration of marriage was significantly associated with positive mental health. Women in longer marriages reported better positive mental health outcomes, suggesting that prolonged marital relationships may foster emotional stability, adaptive coping, or access to sustained social support. This is consistent with earlier studies (Johnson & Lee, 2014), that longer marital duration may provide increased relational competence and social integration, which are beneficial for mental well-being. This finding agrees with studies suggesting that marital longevity may foster emotional security and social integration, thereby enhancing well-being. The fact that people in healthy marriages enjoy being in a stable environment, helps them cope better with stress and life challenges. Sharing life with an understanding partner creates a sense of belonging and security, thereby helping people feel understood and supported. Thus, strong social support within a marriage is a protective factor for mental well-being. However, the non-significant relationship of marital stress and mental health further reinforces the notion that stress alone does not inevitably erode mental health when protective factors are present.

## V. CONCLUSION & RECOMMENDATION

### 5.1 Conclusions

The findings of this study have important practical implications in that interventions aimed at improving women's mental health should prioritize strengthening social support networks rather than focusing exclusively on reducing marital stress. Also there is the need to capitalise on fundamental factors such as commitment, communication etc, that strengthen and allow marriages to thrive, survive difficulties and elongate marital relationships. Community-based programs, marital counselling, and mental health initiatives that foster social connectedness may be particularly effective in promoting positive mental health among married women. In conclusion, this study demonstrates that perceived social support and duration of marriage are more salient predictors of positive mental health than marital stress among married women.

### 5.2 Recommendations

The findings of this study have shown that despite the inevitable and deleterious effects of marital stress on women's mental health, the importance of protective psychosocial resources in sustaining well-being cannot be over emphasised. The study recommends that perceived social support should be exploited by all married people both within the nuclear and extended family units, since it can mitigate the negative effects of marital stress on mental health. Hence, married woman should endeavour to utilize their social support systems like family and maintain enduring stable marriages to enhance their mental health. They can seek social support through the available channels i.e., psychologists, trusted family and friends, available non-governmental organizations that promote mental health of citizens.

### Declaration of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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