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Depression and Psychosocial Functioning of Single Mothers in Ondo State, Nigeria.

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Abstract
This study investigates how depression influences psychosocial functioning among single mothers in Ondo State, Nigeria. Using a sample of 300 respondents selected through multi-stage sampling, data were collected via structured questionnaires. Depression was assessed with the Beck Depression Inventory (BDI), while psychosocial functioning was measured using the Psychosocial Functioning Questionnaire (PFQ). Regression analysis revealed that higher levels of depression significantly reduce emotional well-being, weaken social relationships, lower self-confidence, and diminish resilience. The findings highlight the importance of psychosocial interventions that strengthen coping skills and support networks to mitigate the negative effects of depression.
Keywords: *Depression, Emotional Wellbeing, Psychosocial Functioning, Single Mothers, Social Support.*

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I. Introduction.

Nigerian society is currently confronting numerous socio-economic and structural issues, including poverty, elevated unemployment rates, domestic violence, and insecurity, among others. Financial hardship, domestic violence, and social adversity are correlated with depression. Given the country's elevated poverty rate and the daily challenges faced by Nigerians, the prevalence of depression among this population is likely to rise.

Depression is a prevalent mental health problem worldwide and represents a significant public health issue impacting millions across various age demographics and social strata. Depression is a multifaceted and complex health disorder that adversely affects physical health, quality of life, and psychosocial functioning of individuals, potentially leading to disability and mortality (WHO, 2017).

The World Health Organization (2023) defines depression as a condition marked by enduring sorrow, diminished interest in once pleasurable activities, feelings of hopelessness, poor self-esteem, exhaustion, and compromised daily functioning. The disorder profoundly impacts emotional, social, vocational, and psychological well-being, considerably contributing to global impairment. Current global estimates reveal that over 280 million individuals suffer from depression, with women disproportionately impacted due to biological, societal, and economic vulnerabilities (World Health Organization, 2023).

In Nigeria, depression has become more widespread due to socio-economic instability, poverty, unemployment, familial stress, insecurity, and insufficient mental health facilities (Adewuya et al., 2007). Research indicates that women, especially single mothers, are more susceptible to depression because of their numerous duties, such as childcare, financial assistance, emotional caregiving, and household administration, frequently without sufficient support systems (Kareem et al., 2024). Single motherhood can result from divorce, separation, widowhood, unexpected pregnancy, or non-marital births, each of which may subject women to societal stigma, economic hardship, and emotional pain (Ajasin, 2025).

Psychosocial functioning denotes an individual's capacity to fulfill social roles competently, sustain interpersonal relationships, manage daily stressors, and operate effectively within society. Depression adversely impacts psychosocial functioning by diminishing social connection, hindering emotional stability, reducing work

productivity, and constraining successful parenting practices (Liang et al., 2019). Single mothers may exhibit poor psychosocial functioning through social disengagement, parenting stress, low self-esteem, inadequate coping strategies, and challenges in managing economic and familial obligations (Kareem et al., 2024).

Recent research demonstrates that single mothers endure elevated levels of stress, anxiety, and depression relative to married mothers due to financial difficulties, insufficient social support, discrimination, and societal expectations (Ajasin, 2025; Kareem et al., 2024; Liang et al., 2019). A study in Nigeria indicated that financial limitations, stigmatization, violence, and social exclusion significantly impacted the mental health of single moms (Ajasin, 2025). Similarly, another research indicates that insufficient social support and economic difficulties markedly elevate depressive symptoms and parenting stress in single mothers (Liang et al., 2019).

Moreover, maternal depression has been linked to dysfunctional family dynamics, diminished quality of life, compromised decision-making, and negative developmental outcomes in children (Adeponle et al., 2017). In Nigeria, restricted access to mental health care, cultural perceptions of mental illness, and stigma frequently inhibit women from pursuing psychological assistance (Adeponle et al., 2017). As a result, numerous single mothers endure unaddressed depression, potentially exacerbating their psychosocial functioning and general quality of life. Despite the growing awareness of mental health issues worldwide, there is still a paucity of empirical research on depression and psychosocial functioning among lone mothers in Nigeria. Most current research emphasizes postpartum depression, general maternal health, or family instability, whereas insufficient attention has been directed towards the impact of depression on the psychosocial functioning of single mothers especially. This study aims to investigate the correlation between depression and psychosocial functioning in lone mothers in Nigeria, identify the drivers of depression, and evaluate its effects on their social and psychological well-being.

1.1 Problem Statement

In recent years, Nigeria has witnessed an increasing number of reported cases of suicide and suicide attempts. These incidents have been widely covered by various media platforms, including newspapers, television, radio, and social media. Suicide has been shown to have far-reaching consequences, affecting not only the individuals involved but also their families and the broader society. Investigations into the underlying causes of suicide consistently identify depression as one of the most prominent contributing factors.

Depression has become a growing public health concern in Nigeria, particularly among vulnerable populations such as women and single or lone mothers (Adewuya et al., 2007). Single mothers often shoulder extensive emotional, financial, and social responsibilities with limited support from partners, relatives, or the wider community. The combined pressures of raising children, maintaining financial security, coping with societal expectations, and managing multiple roles increase their susceptibility to psychological distress and depressive symptoms (Liang et al., 2019). Previous studies have demonstrated that single mothers experience higher rates of depression, anxiety, stress, and social isolation than their married counterparts (Ajasin, 2025; Kareem et al., 2024; Liang et al., 2019; WHO, 2023). Within the Nigerian context, these challenges are further intensified by poverty, unemployment, gender inequality, inadequate social support structures, and limited access to mental health services (Ajasin, 2025).

Furthermore, the stigma surrounding mental illness in Nigeria discourages many women from seeking professional psychological support (Adeponle et al., 2017). As a result, numerous single mothers continue to struggle with untreated depressive symptoms, which can negatively affect their self-worth, social relationships, parenting effectiveness, job performance, and overall quality of life (Kareem et al., 2024).

Although scholarly attention to depression among women has increased, there remains limited research specifically examining the psychosocial functioning of single or lone mothers in Nigeria. Existing studies have largely concentrated on areas such as postpartum depression, maternal health, and domestic violence, while comparatively little attention has been given to how depression influences the social, emotional, and economic functioning of single mothers (Adeponle et al., 2017).

This study seeks to fill a gap in existing scholarship by examining the psychosocial functioning of single mothers in Nigeria. It specifically investigates the factors that shape psychosocial outcomes, explores the link between depression and psychosocial functioning, and assesses the degree to which depressive symptoms influence the overall psychosocial well-being of single mothers.

1.2 Objectives of the Study.

The primary aim of this study is to assess the influence of depression on the psychosocial functioning of single mothers in Ondo State, Nigeria, with particular objectives as follows:

1) To identify the possible factors determining the Psychosocial functioning of Single Mothers in Ondo State.
2) To know the extent to which depression affects psychosocial functioning of Single Mothers in Ondo State.

1.3 Research Questions

To address the aforementioned issues, the following research questions have been formulated:

1) what are the possible factors determining the Psychosocial functioning of Single Mothers
2) To what extent does depression affect psychosocial functioning of Single Mothers

1.4 Hypotheses

The study was informed by the hypotheses derived from the research topic.

1. Socio-demographic factors do not significantly influence psychosocial functioning of single mothers in Nigeria.
2. Depression will have no significant influence on the psychosocial functioning of single mothers in Nigeria.

1.5 Scope of the Study.

This research investigated the correlation between depression and psychosocial functioning in single moms residing in Ondo State, Nigeria. The study particularly evaluated the factors of depression, analyzed the psychosocial functioning of single moms, explored the correlation between depression and psychosocial functioning, and assessed the impact of depression on psychosocial functioning.

The research focused only on single mothers living in specific Local Government Areas of Ondo State. It concentrated on women who become single mothers due to divorce, separation, widowhood, or non-marital births. The research examined specific socio-demographic factors, such as age, educational attainment, work status, number of children, and length of single motherhood, to assess their impact on depression and psychosocial functioning.

The primary factors examined were depression (independent variable) and psychosocial functioning (dependent variable). Data were gathered via structured questionnaires and analyzed employing descriptive and inferential statistical methods.

1.6 Justification for the Study.

Depression is an escalating mental health issue that severely impacts at-risk communities, such as single mothers. In Nigeria, single moms frequently encounter financial difficulties, parenting obstacles, societal stigma, and insufficient support systems, all of which can negatively impact their emotional well-being. Notwithstanding these limitations, empirical research about the correlation between depression and psychosocial functioning among single mothers, especially in Ondo State, remains scarce.

This study is warranted as it enhances the current base of knowledge by offering empirical information about the factors of depression and its impact on the psychosocial functioning of single mothers. The outcomes will also address gaps in the literature by concentrating on a group that has garnered relatively scant attention in mental health and social development research in Nigeria.

The study will furnish valuable insights for policymakers, social workers, mental health practitioners, non-governmental organizations, and community-based entities in formulating interventions and support programs intended to enhance the psychological well-being and social functioning of single mothers. Moreover, the results will guide the formulation of policies and social welfare initiatives that foster mental health, bolster family support networks, and improve the overall welfare of single mothers.

The study will serve as a significant reference for students, researchers, and academics by establishing a basis for future research on depression, psychosocial functioning, and maternal mental health in the context of social development.

II. Review of Literature

2.1 Clarification of Concepts

2.2 The Concept of Depression

Depression is a prevalent mental health illness marked by enduring melancholy, hopelessness, anhedonia, exhaustion, diminished focus, sleep difficulties, and compromised daily functioning (World Health Organization [WHO], 2023). It impacts emotional, cognitive, behavioral, and physical functioning, potentially diminishing an individual's capacity to fulfill social and occupational duties efficiently. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines depression as characterized by symptoms including persistent poor mood, feelings of worthlessness, suicidal ideation, alterations in appetite, and diminished motivation lasting a minimum of two weeks (American Psychiatric Association [APA], 2013).

Worldwide, depression is among the foremost causes of disability and substantially adds to the disease burden affecting women and marginalized groups (WHO, 2023). In Nigeria, depression has gradually emerged as a significant public health issue attributable to poverty, unemployment, insecurity, social instability, and insufficient mental health care (Adewuya et al., 2007). Research indicates that women are more prone to

depression than men due to social inequality, economic dependence, caregiving responsibilities, and emotional stressors (Kareem et al., 2024).

Single mothers may have depression due to financial strain, insufficient social support, parenting stress, discrimination, and emotional trauma linked to separation, divorce, widowhood, or unwanted pregnancy (Ajasin, 2025). Single mothers may encounter several obligations without sufficient support, hence heightening their susceptibility to mental health issues.

2.3 Concept of Psychosocial Functioning

Psychosocial functioning denotes an individual's capacity to fulfill social roles, sustain good interpersonal relationships, manage stress, and operate effectively within society (Liang et al., 2019). It encompasses emotional stability, social interaction, occupational performance, parental ability, self-esteem, and adaptive coping strategies. Optimal psychosocial functioning allows individuals to navigate life problems proficiently and sustain psychological well-being.

Depression profoundly impacts psychosocial functioning by hindering emotional regulation, diminishing motivation, restricting social engagement, and lowering productivity (Kareem et al., 2024). Individuals suffering from depression frequently isolate themselves socially, exhibit ineffective communication, and encounter difficulties in decision-making and problem-solving. Impaired psychosocial functioning among single mothers may influence parenting practices, occupational performance, social engagement, and familial relationships.

Research demonstrates that the psychosocial functioning of single mothers is affected by social support, income level, educational achievement, coping techniques, and community acceptability (Liang et al., 2019). Women with robust family and community support systems exhibit superior psychological adjustment and resilience relative to those facing isolation and stigma.

2.4 Single Parenthood and Psychological Well-being

Single motherhood denotes a circumstance in which a woman rears one or more children without the active participation of a spouse or partner. This may arise from divorce, separation, widowhood, migration, or extramarital childbirth (Kareem et al., 2024). In numerous African nations, including Nigeria, single moms frequently encounter social shame, economic adversity, and discrimination, which adversely impact their psychological well-being.

Research indicates that single mothers encounter elevated levels of depression, anxiety, stress, and emotional fatigue compared to married mothers (Liang et al., 2019). Financial adversity constitutes a significant problem for single mothers, as many grapple with fulfilling the economic requirements of childcare, education, healthcare, and housing in the absence of sufficient support (Ajasin, 2025). The failure to equilibrate professional and familial obligations may exacerbate stress and emotional volatility.

Research by Liang et al. (2019) revealed that psychosocial stresses, including loneliness, insufficient social support, and financial strain, significantly exacerbated depression symptoms in single mothers. Ajasin (2025) also reported that stigma, social rejection, and assault significantly impact the psychological well-being of single moms in Nigeria.

Moreover, societal expectations and cultural standards in Nigeria may exacerbate the difficulties of single mothers. Numerous communities see single parenting unfavorably, resulting in discrimination and diminished social support. This stigmatization may lead to diminished self-esteem, social isolation, and depression in the affected women.

2.5 Factors Influencing Depression in Single Mothers

Multiple variables lead to depression in single mothers. A primary factor is economic adversity. Financial instability heightens stress and anxiety, particularly when females bear exclusive responsibility for home finances and child-rearing (Liang et al., 2019). Unemployment and inadequate income may exacerbate feelings of despair and psychological anguish.

A further determinant is the absence of social support. Support from family, friends, and community networks aids individuals in managing stress and emotional challenges. Many single moms, however, encounter isolation and little emotional support, heightening their susceptibility to depression (Kareem et al., 2024).

Parental stress greatly relates to depression in single mothers. Assuming exclusive responsibility for childcare may result in emotional fatigue and diminished psychological health (Ajasin, 2025). Moreover, societal stigma and prejudice may adversely impact self-esteem and social engagement.

Studies have correlated depression in women with experiences of intimate partner violence, marital discord, and stressful life events (Adeponle et al., 2017). Such encounters can result in emotional instability, anxiety, and persistent stress, thereby hindering psychosocial functioning.

2.6 The correlation between depression and psychosocial functioning

Depression and psychosocial functioning are intricately connected, as mental health profoundly affects social and emotional adaptation. Individuals with depression frequently exhibit inadequate coping mechanisms, diminished self-esteem, decreased motivation, and compromised social interactions (Liang et al., 2019). Depression may thus impair an individual's capacity to operate efficiently in the workplace, within familial settings, and in society at large.

Depression among single mothers may adversely impact parenting behaviors, interpersonal connections, and economic productivity. Depressed moms may find it challenging to offer emotional support and supervision to their children, resulting in familial dysfunction and emotional instability inside the home (Adeponle et al., 2017).

Research has identified a substantial inverse correlation between depression and psychosocial functioning in women. Liang et al. (2019) indicated that heightened depression symptoms correlated with diminished social functioning, emotional instability, and a lower quality of life in single mothers. Kareem et al. (2024) similarly noted that untreated depression frequently results in social disengagement, diminished occupational performance, and ineffective coping strategies.

2.7 Overview of Literature Review

The examined literature demonstrates that depression is a considerable mental health issue among single mothers, adversely impacting psychosocial functioning. Poverty, stigma, parenting stress, social isolation, and insufficient social support lead to depression symptoms among single mothers. Current research indicates a substantial correlation between depression and deficient psychosocial functioning, encompassing compromised social relationships, emotional volatility, and diminished productivity. Nonetheless, despite the increasing study on maternal mental health, few studies have particularly investigated the correlation between depression and psychosocial functioning among single moms in Nigeria. This work aims to address this information deficiency.

2.8 Review of Empirical Literature

Adewuya et al. (2007) conducted a study on depression in Nigerian women, revealing that socio-economic challenges, insufficient social support, and stressful life events were significant predictors of depressed symptoms. The research highlighted the necessity for mental health interventions aimed at at-risk women.

Liang et al. (2019) investigated the psychosocial factors linked to depression, anxiety, and stress in single mothers, revealing that financial difficulties, isolation, and inadequate social support markedly exacerbated depressive symptoms. The research determined that psychosocial therapies and support systems are crucial for enhancing the well-being of single mothers.

Ajasin (2025) examined stress and coping mechanisms among single moms in Nigeria, revealing that stigmatization, economic difficulties, and social exclusion adversely impacted their psychological health. The research indicated that numerous single mothers employed emotional coping mechanisms owing to insufficient institutional assistance.

Adeponle et al. (2017) examined the perspectives of depression among Nigerian women, highlighting that stigma, cultural beliefs, and inadequate access to mental healthcare hindered many women from pursuing professional assistance. The research underscored the need of community-oriented mental health services and awareness initiatives.

Kareem et al. (2024) conducted a literature analysis on single parenthood and depression, concluding that single moms have heightened risks of mental health issues stemming from economic strain, social isolation, and parenting responsibilities. The review emphasized the correlation between depression and diminished psychosocial functioning.

The World Health Organization (2017) confirmed that the prevalence of depression in females is 50% greater than in males. Numerous studies conducted in both developed and developing countries have confirmed that a greater proportion of females experience depression compared to males (Sabic D. et al., 2021; UN Gender Statistics, 2016; National Demographic Health Survey, 2013; Borsbo et al., 2009; Boyd C.R. et al., 2006; Casey P. et al., 2004; American Psychological Association, Women and Depression, 2009; WHO, 2009; Cairney J. et al., 2004).

Recent research by Sowumi O.A et.al South-Western Nigeria investigated depression and quality of life among pregnant women in their first and third trimesters, revealing a high prevalence of depression among respondents in both stages of pregnancy.

A study conducted by Suraj S.S et al. in 2021 in North-Western Nigeria revealed a high prevalence of depression among female medical students, with a ratio of 2.4:1 female to male (23.6% vs. 9.8%).

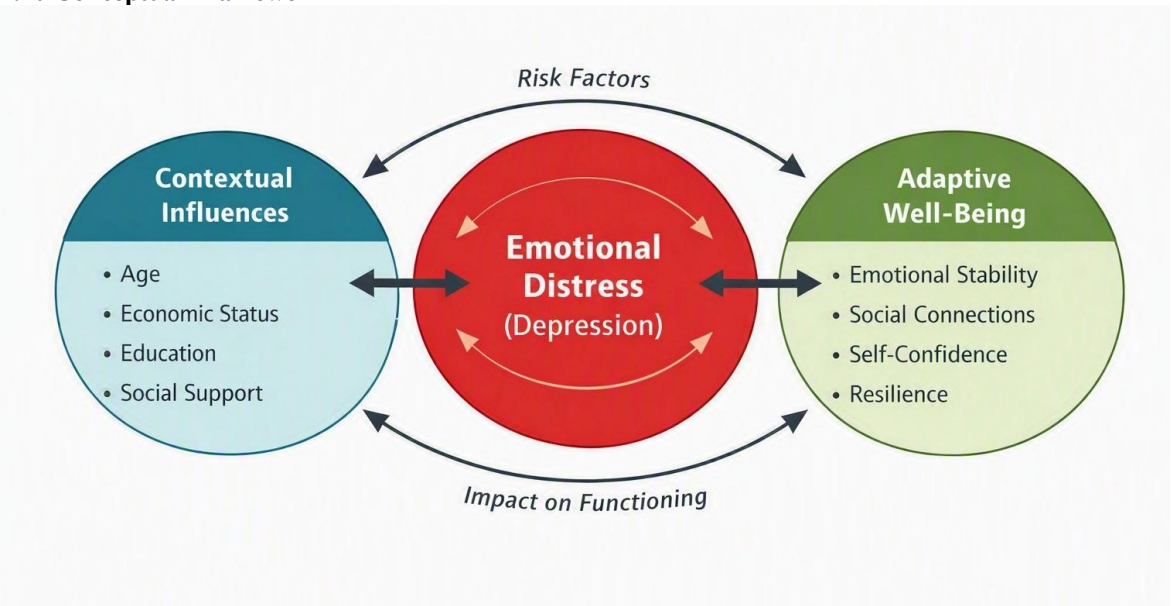
Izibeloko Jack-Ide (2016) conducted a retrospective study from 2009 to 2012 on the prevalence of depression among women attending a mental health clinic in South-South Nigeria. The results indicate a high prevalence of depression among women, with rates of 21 (24.1%) in 2009, 17 (19.5%) in 2010, 16 (18.4%) in 2011, and 33 (37.9%) in 2012, yielding a mean prevalence of approximately 22% per year.

A study conducted by Obi I.E. et al., 2015 in Enugu, South-East Nigeria, investigated the prevalence of depression among health workers, the outcome reveals a significant predominance of depression among women.
A comparable survey executed by Adetunji et al., 2014, in Nigeria indicated a significant prevalence of depression among women, with single mothers comprising 46.9% of the total 69.2% affected. The poll indicates a significant proportion of separated, widowed, and divorced women among the interviewed respondents.
It can be inferred that women are at a heightened risk of experiencing depression.

2.9 Theoretical Framework
The research is based on two significant theories deemed pertinent to the investigation.
a) Theory of Social Stress
Leonard I. Pearlin formulated the Social Stress Theory in 1981. The idea elucidates how stressful social circumstances and life experiences contribute to psychological and emotional issues, including depression. Pearlin (1981) posits that individuals subjected to persistent stress from social roles, economic adversity, social inequity, and environmental stressors are at an increased risk of developing mental health issues. The hypothesis posits that stressors, including poverty, role overload, discrimination, and insufficient social support, adversely impact psychological well-being and social functioning.
Social Stress Theory is pertinent to the examination of depression and psychosocial functioning among single moms in Nigeria, as they frequently face numerous concurrent stressors. These encompass financial hardships, parenting responsibilities, unemployment, stigma, social isolation, and insufficient emotional support. The relentless burden of reconciling childcare duties with financial survival may subject single mothers to persistent stress, perhaps resulting in depression and diminished psychosocial functioning.
The idea elucidates that insufficient coping skills or support systems can lead to stress adversely impacting emotional stability, interpersonal relationships, work performance, and social engagement. In Nigeria, numerous single moms encounter societal discrimination and little institutional support, which heightens their susceptibility to depression and adverse psychosocial adjustment.
Consequently, Social Stress Theory offers a valuable paradigm for comprehending the impact of social and economic stressors on depression and the psychosocial functioning of single moms in Nigeria.

b) Theory of Social Support
Social Support Theory was formulated based on the research of Cobb (1976) and House (1981). The hypothesis underscores the significance of social connections and support networks in enhancing psychological well-being and assisting individuals in managing stress. The hypothesis posits that emotional, financial, informational, and instrumental support from family, friends, and the community can mitigate the adverse consequences of stressful life situations on individuals.
The hypothesis posits that persons with robust social support networks are less prone to depression, anxiety, and emotional distress due to the encouragement, care, direction, and aid they receive in challenging circumstances. Conversely, insufficient social support heightens susceptibility to mental health issues and diminishes psychosocial functioning.
This hypothesis is suitable for the present study since many single moms in Nigeria have restricted social support due to stigma, separation, divorce, widowhood, or societal prejudice. Insufficient support from family, partners, and society may exacerbate feelings of loneliness, stress, hopelessness, and depression. Conversely, single mothers who obtain emotional and financial support from relatives, friends, or support groups may manage parenting and economic difficulties more effectively.
Social Support Theory elucidates the correlation between depression and psychosocial functioning. Ample social support bolsters self-esteem, emotional stability, social engagement, and coping mechanisms, therefore enhancing psychosocial functioning. Conversely, inadequate social support may lead to melancholy, social isolation, and diminished functioning among single mothers.
Consequently, the theory establishes a framework for comprehending the impact of support systems on depression and psychosocial functioning in single mothers in Nigeria.

2.10 Conceptual Framework



The framework illustrates the interplay between contextual influences, emotional distress, and psychosocial functioning. Contextual factors such as age, economic status, education, and social support are shown as underlying conditions that shape both the risk of depression and the quality of psychosocial functioning. Depression is positioned at the center as a mediating construct, directly affecting psychosocial outcomes including emotional stability, social connections, self-confidence, and resilience. The model also highlights reciprocal pathways, recognizing that coping and resilience within psychosocial functioning can moderate the effects of depression. This layered design emphasizes the interconnected nature of these variables and provides a distinctive lens for analyzing the challenges faced by single mothers.

The diagram illustrates a dynamic model showing how contextual influences, emotional distress, and adaptive well-being interact in the lives of single mothers. Contextual factors such as age, economic status, education, and social support form the outer layer, representing the environmental and personal conditions that shape both emotional distress and psychosocial functioning. At the center lies emotional distress (depression), which mediates the relationship between these contextual factors and adaptive well-being. Adaptive well-being, comprising emotional stability, social connections, self-confidence, and resilience reflects the capacity of single mothers to cope with stress and maintain psychosocial balance. The circular design highlights the reciprocal nature of these relationships, suggesting that while contextual vulnerabilities can heighten emotional distress, strong psychosocial functioning can, in turn, buffer its effects.

III. Methodology

3.1 Introduction.

This chapter concentrated on the methodology, procedures, and design employed in the research study. The subsequent sub-headings include research design, area of study, population of study, sampling techniques, sample size, validity and reliability, method of data collection, and method of data analysis.

3.2 Research Design.

The research employs a descriptive design. This design was chosen because it allows the researcher to cover a relatively large sample size, providing a good representation of the population and allowing the findings to be generalized.

3.3 Area of Study.

The study was conducted in Ondo state. Ondo State was created on February 3, 1976, from the former Western State. Often referred to as the "Sunshine State," it is located in southwestern Nigeria and is home to a rich mix of Yoruba and minority ethnic groups.

3.4 Population of the Study.

The Population for the Study comprised all single mothers in Ondo State, Nigeria.

3.5 Sampling Techniques and Size

Ondo State is divided into three senatorial districts and eighteen local government areas (LGAs). A multi-stage sampling approach was adopted to ensure representativeness. First, cluster sampling was used to group the LGAs

by senatorial district. From each district, two LGAs were then selected through simple random sampling, resulting in six LGAs included in the study.

The total sample size was 300 respondents. Within each selected LGA, 50 participants were recruited. At this stage, purposive sampling was employed to specifically identify single mothers who met the inclusion criteria.

Justification.

This multi-stage approach was chosen to balance representativeness and efficiency. Cluster sampling ensured coverage across all senatorial districts, simple random sampling minimized bias in the selection of LGAs, and purposive sampling allowed the study to focus directly on the target population of single mothers. Together, these methods enhanced the reliability of the findings while ensuring that the sample reflected both the diversity of the state and the specific group under investigation.

3.6 Instrument of Data Collection

The study employed a structured questionnaire as the primary instrument for data collection. The questionnaire was designed to gather information on socio-demographic characteristics, depression levels, and psychosocial functioning among single mothers.

It comprised three sections:

1. **Section A:** Socio-demographic details such as age, marital status, educational attainment, occupation, and income.
2. **Section B:** Depression was assessed using the Beck Depression Inventory (BDI), a 21-item self-report scale developed by Beck and colleagues, widely recognized for its reliability and validity in measuring depressive symptoms (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Beck, Steer, & Garbin, 1988).
3. **Section C:** Psychosocial functioning was measured using items adapted from the Psychosocial Functioning Questionnaire (PFQ), which evaluates domains such as emotional well-being, social relationships, self-confidence, and resilience.

Most items were presented in a Likert-scale format, enabling respondents to indicate the degree of agreement or frequency of experiences. This format facilitated quantitative analysis and ensured clarity of responses.

Justification

The use of standardized instruments such as the BDI and PFQ enhanced the validity and reliability of the study. The structured questionnaire format allowed for systematic data collection, comparability across respondents, and robust statistical analysis.

Face to face method (via physical contact) was adopted to access the respondents and source the data for the study. The surveys were purposively distributed among the single mothers. This was carried out through the support of field assistant's resident in the specified states.

3.7 Sources of Data Collection

In this investigation, data was acquired from two sources. The first was primary source which comprises the use of research tools (questionnaires). While the secondary data for the research was collected from internet, journals, conference note, and material that has bearing on the research topic under inquiry.

3.8 Method of Data Analysis

The study makes use of both descriptive and inferential statistics in the process of data analysis. Descriptive statistics such as simple percentage and tables was utilized to arrange and present data related to the socio-demographic characteristic of participants for clarity, easy analysis and presentation. While inferential statistics was employed to make conclusions from the stated objectives in the study instrument. Statistical Package for Social Sciences (SPSS) version 27 was applied to do the analysis.

IV. Discussion of Results.

The data obtained through the questionnaires were carefully analyzed, presented, and interpreted in this section. Frequency counts and percentage distributions were applied to summarize the socio-demographic characteristics of the respondents. The research questions were examined using frequency counts and percentages, while mean ranking was employed where appropriate to highlight variations in responses.

Furthermore, the study's hypotheses were tested using linear and multiple regression analyses, depending on the nature of the variables under consideration. All statistical outcomes were systematically organized and displayed in tables to ensure clarity and ease of interpretation.

Table 1:

Frequency and Percentage Distribution showing Respondents Personal Information

Factors	Options	F	%	Factors	Options	F	%
Age	18-25 Years	31	11.9		1 Child	68	26.1
	26-35 Years	95	36.4		2-3 Children	131	50.1

	36-45 Years	89	34.1	**Number of Children**	4 Children &More	62	23.8
	46 Years and Above	46	17.6		Total	261	100.0
	Total	261	100.0		1 Year	44	16.9
Educational Level	Primary	49	18.8	**Duration of Single Motherhood**	2-3 Years	116	44.4
	Secondary	105	40.2		4-6 Years	100	38.3
	Tertiary	107	41.0		7 Years & More	1	.4
	Total	261	100.0		Total	261	100.0
Employment Status	Unemployed	45	17.2	**LGA**	Owo LGA	61	23.4
	Self-employed	118	45.3		Akoko South-west LGA	12	4.6
	Employed	98	37.5		Akure South LGA	179	68.6
	Total	261	100.0		Akure North LGA	7	2.6
Marital Status	Single	54	20.7		Ilaje LGA	2	.8
	Divorced	64	24.5		Total	261	100.0
	Separated	98	37.5	**Household Composition**	Alone	21	8.1
	Widow	45	17.3		With Children only	81	31.0
	Total	261	100.0		With Family	159	60.9
					Total	261	100.0

The result in Table 1 presents the distribution of the respondents' personal information. The age categorization of the respondents had shown that 11.9% of them were aged between 18 and 25 years, 36.4% of them were within the age range of 26 and 35 years, and a similar percentage of them (34.1%) were aged between 36 and 45 years, while 17.6% of them were aged 46 years and above. The distribution of the respondent's educational level had indicated that 18.8% of them had completed their Primary education, 40.2% of them had completed their Senior Secondary School education, while 41% of them had completed or earn a qualification from a Tertiary Institution.

In respect to the respondent's employment status; it was reported that 17.2% of them were unemployed, 45.3% of them were self-employed, while 37.5% of them were employee of either private establishments or Civil servants. Information relating to the respondent's marital status had shown that 20.7% of them were Single Mothers, 24.5% of them were divorced, and 37.5% of them were separated with their spouse, while 17.3% of them were widowed. Details of the respondent's number of children had report such that 26.1% of them had lone child, a good number of them (50.1%) had between 2 and 3 children, while 23.8% of them had about 4 children and more. Sequel to the respondents consent to their duration of been a single mother; it was reported by 16.9% of them that they became a single mother in about a year from now, 44.4% of them said they had been a single mother ranging 2 to 3 years, and 38.3% of them had been a single mother ranging 4 to 6 years, while 0.4% of them had been a single mother in about 7 years and more.

Concerning the respondents Local Government residence area; it was indicated that 23.4% of them resides in Owo LGA, 4.6% of them were residence of Akoko South-west LGA, 68.6% of them were residence of Akure South LGA, and 2.6% of them resides in Akure North LGA, while 0.8% of them were residence of Ilaje LGA. The last reported socio-demographic information of the respondents was their family composition, this was such that 8.1% of them were living alone, 31% of them were living with their children alone as a single mother, and meanwhile 60.9% of them were living with not just their children alone but also with their family members.

Test of Research Questions

Table 2:

Research Question 1: What are the possible factors determining the psychosocial functioning of Single Mothers in Ondo State, Nigeria?

Table 2:
Friedman Test on statement relating to the possible factors determining the psychosocial functioning of Single Mothers in Ondo State, Nigeria

Items		Responses						Mean Ranking
		SA	A	UN	D	SD	Total	
Emotional well-being influences the ability to interact effectively with others	F	82	83	53	28	15	261	3.13
	%	31.4	31.8	20.3	10.7	5.8	100.0	
Low self-confidence affects social engagements	F	63	86	49	26	37	261	2.74
	%	24.0	33.0	18.8	10.0	14.2	100.0	
Distressing experience affects relationships with relatives and significant others	F	68	92	58	27	16	261	2.98
	%	26.1	35.3	22.2	10.3	6.1	100.0	
The received social support determines social relation and functionality	F	75	89	55	26	16	261	3.08
	%	28.7	34.1	21.1	10.0	6.1	100.0	
Level of sociability determines daily social functioning	F	70	101	49	21	20	261	3.07
	%	26.8	38.7	18.8	8.0	7.7	100.0	
Averaged Total	F	72	90	52	26	21	261	
	%	27.6	34.5	19.9	10.0	8.0	100.0	
Friedman Chi Square	X^2	12.862						
	df	4						
	P	<.05						

The result on the possible factors determining the psychosocial functioning of single mothers in Ondo State, Nigeria was presented in Table 3. The conducted Friedman test revealed that the reported mean ranking was valid to explain the preference with the identified factors based on the perception of impact (X^2= 12.862, df= 4, p < .05).

The primal rated identified determinant of single mothers psychosocial functioning was their emotional well-being which influences their ability to interact effectively with others (M=3.13). Reasonable number of the respondents (63.2%) affirmed this impression, 20.3% of them were indecisive, though 16.5% of them refuted. Next rated possible determinant of single mothers' social relation and functionality was the social support they receive from family, friend and significant others in the society (M=3.08). This was such that 62.8% of the respondents affirmed this idea, 21.1% of them did not support nor did they negate this idea, meanwhile 16.1% of them did not bide this idea.

The mean value of 3.07 had placed next in ranking of the perceived determinant of single mothers psychosocial functioning to be their level of sociability. It was observed that 65.5% of the respondents complied with this opinion, and 18.8% of them were equivocal, however 15.7% of them were of a contrary opinion. The perception that distressing experience which in-turn affects relationships with relatives and significant others was another factor thought of to be determining their psychosocial functioning (M=2.98). This was such that 61.4% of the respondents consent this statement, 22.2% of them were wavering in response, and however 16.4% of them report differently. The least reported factor determining single mothers psychosocial functioning was low self-confidence (M=2.74). It was reported that a good number of the respondents (57%) were positive to this perception, even when 18.8% of them were neutral in response, while 24.2% of them refuted.

Averagely, it was observed that reasonable number of the respondents (62.1%) with consent to these statements affirmed that as identified were the possible factors determining the psychosocial functioning of single mothers in Ondo State. This was such that 27.6% of them strongly agreed these statements, and 34.5% agreed, though 19.9% of them were indecisive, 10% of them disagreed, while 8% strongly disagreed.

Inference from the variation observed in frequencies indicated that this result is valid for further clarification. Therefore, it is ascertained that the aforementioned were the possible factors determining the psychosocial functioning of single mothers in Ondo State, Nigeria.

Research Question 2: To what extent does depression affect the psychosocial functioning of Single Mothers in Ondo State, Nigeria**?**

Table 3:
Cross Tabulation showing the extent to which depression affects the Psychosocial Functioning of Single Mothers in Ondo State, Nigeria

Factor	Psychosocial Functioning			Statistics		
	Low (F/%)	High (F/%)	Total (F/%)	X^2	df	p-value
Depression						
Low	27(24.3)	84(75.7)	111(100.0)			
High	124(82.7)	26(17.3)	150(100.0)	89.054 **	1	0.000
Total	151(57.9)	110(42.1)	261(100.0)			

** $p < 0.01$, N= 261

The result relating the extent at which depressive episode affects the psychosocial functioning of single others in Ondo State was presented in Table 4. It was indicated that 24.3% of those with low experience of depression had poor psychosocial functioning, while 75.7% of them with low experience of depression had adequate "high" psychosocial functioning. Sequel to those with high experience of depression, it was observed that majority of them (82.7%) had poor "low" psychosocial functioning, while only 17.3% of those with high depression experience had adequate "high" psychosocial functioning. This implies that higher experience of depression dampens the psychosocial functioning of single mothers.

Further confirming this result is the reported chi square value (X^2=89.054, df= 1, p<.05), which had shown that single mothers experience of depression reduces their effectiveness in psychosocial functioning. This was such that variation in frequencies had shown that higher depression experience results to poorer psychosocial functioning (82.7%), when lower depressive experience result to more adequate psychosocial functioning (75.7%). This then ascertain that experience of depression does exert a serious demeaning effect on the psychosocial functioning of single mothers in Ondo State, Nigeria.

Test of Hypothesis

Hypothesis 1: Socio-demographic factors do not significantly influence psychosocial functioning among Single mothers in Ondo State, Nigeria

Table 4:
Multiple Regression Analysis Showing Socio-demographic Factors Influence on Psychosocial Functioning of Single Mothers in Ondo State

Predictors	B	SE B	β	t	p	95% CI	R	R^2	$_{Ad}R^2$	Df	F
							.43	.18	.16	6,254	9.449**
Age	-.75	.48	-.11	-1.56	.120	(-1.70 – 0.20)					
Educational Level	2.63	.50	.31	5.33	.000	(1.66 – 3.61)					
Employment Status	1.05	.51	.12	2.05	.041	(0.04 – 2.07)					
Marital Status	.70	.38	.11	1.82	.069	(-0.06 – 1.45)					
Number of Children	-1.51	.61	-.17	-2.48	.014	(-2.72 – -0.31)					
Duration of Single Motherhood	1.44	.60	.17	2.42	.016	(0.27 – 2.61)					

Note: ** $p < 0.01$, * $p < 0.0$; N= 261; $_{Ad}R^2$=Adjusted R^2; *B* = Unstandardized Beta; β= Standardized Beta; SE *B* = Standard Error,
(Dv= Psychosocial Functioning)

Table 4 present result in respect to the conducted linear regression analysis testing for independent prediction of the socio-demographic factors on psychosocial functioning; this was such that age does not significantly influence psychosocial functioning (B= -.75, β= -.11, t= -1.56, p > .05). This had shown that single mothers either young or older does not differ in how they think, feel, cope, work and relate with others. On the contrary educational level had a significant influence on psychosocial functioning (B= 2.63, β= .31, t= 5.33, p < .05). This had shown that single mother's literacy level determines how they think, feel, cope, work and relate with others.

Similarly, employment status significantly influenced psychosocial functioning (B= 1.05, β= .12, t= 2.05, p < .05). This indicates that single mother's status of employment determines how they think, feel, cope, work and relate with others. Marital status does not have any significant influence on psychosocial functioning (B= .70, β= .11, t= 1.82, p > .05); which shows that single mother's status of marriage does not determine how they think, feel, cope, work and relate with others.

Number of children was another significant personal factor influencing psychosocial functioning (B= -1.51, β= -.17, t= -2.48, p < .05). This indicates that how single mother's think, feel, cope, work and relate with others is been determined by the burden of the number of children they bore as a fruitful woman before staying single.

Also, the duration of been a single mother significantly influences psychosocial functioning (B= 1.44, β= .17, t= 2.42, p < .05). This denotes that the number of years at which single mothers had living alone determines how they think, feel, cope, work and relate with others.

Furthermore, this result had revealed that the tested socio-demographic factors had significantly jointly influenced single mothers psychosocial functioning [F (6,254) = 9.449; p <.05]; and these tested socio-demographic factors had contributed 18% (R^2=.18) variance to changes in psychosocial functioning of single mothers. This result negates the formulated hypothesis 1 and it was then rejected.

Hypothesis 2: Depression will have no significant influence on psychosocial functioning of Single mothers in Ondo State, Nigeria

Table 5:

Linear Regression Analysis Showing the Influence of Depression on Psychosocial Functioning of Single Mothers in Ondo State

Predictors	B	SE B	β	T	p	95% CI	R	R^2	$_{Ad}R^2$	df	F
							.53	.28	.28	1,259	101.216**
Depression	-.02	.00	-.53	-10.06	.000	(-0.03 – -0.02)					

Note: ** p < 0.01, * p < 0.0; N= 261; $_{Ad}R^2$=Adjusted R^2; *B* = Unstandardized Beta; β= Standardized Beta; SE *B* = Standard Error,

(Dv= Psychosocial Functioning)

The result of the linear regression analysis had revealed that depression have a significant influence on psychosocial functioning (B= -.02, β= -.53, t= -10.06, p < .05). This shows that persistent experience of deep sadness, feeling of emptiness, or loss of interest in things that once gives pleasure determines how single mothers think, feel, cope, work and relate with others

Furthermore, this result had revealed that experience of depression had contributed 28% variance to changes in psychosocial functioning of single mothers [R^2= .28; F (1,259) = 101.216; p <.05]. This result negates the formulated hypothesis 2 and it was then rejected.

V. Summary, Conclusion and Recommendations

5.1 Summary

This research investigated depression and psychosocial functioning among single mothers residing in Ondo State, Nigeria. Data were gathered from 261 single mothers in designated Local Government Areas of Ondo State. The research primarily examined the determinants of depression, the factors affecting psychosocial functioning, and the impact of depression on psychosocial functioning.

The results indicated that financial difficulties, insufficient social support, excessive childcare obligations, adverse cultural perceptions of single motherhood, co-parenting disputes, pressure to remarry, and social isolation were significant factors contributing to depression in single moms. Despite the Friedman test revealing no significant differences among these predictors, respondents largely concurred that all identified factors significantly contributed to depression. This discovery aligns with the research of Liang, Berger, and Brand (2019), which indicated that financial pressure, loneliness, and insufficient social support strongly forecasted depression, anxiety, and stress in single mothers. Kareem et al. (2024) similarly observed that economic difficulties, parenting responsibilities, and social isolation elevate the risk of depression among single mothers.

The discovery also aligns with Ajasin (2025), who indicated that stigmatization, social isolation, and economic difficulties were significant stressors impacting the psychological well-being of single moms in Nigeria and further corroborates Pearlin et al.'s (1981) Social Stress Theory, which posits that persistent social and economic stressors heighten susceptibility to depression.
The research indicated that emotional well-being, social support, sociability, adverse life experiences, and self-confidence significantly impact psychosocial functioning in single mothers. Emotional well-being shown to be the most significant element, closely followed by social support

and sociability. This aligns with WHO (2023), which underscores that emotional well-being and social support are vital elements of psychosocial functioning. Liang et al. (2019) similarly discovered that social support and psychological well-being markedly enhance social functioning and coping skills in single mothers. The results further corroborate Social Support Theory (Cobb, 1976; House, 1981), which asserts that social support improves psychological adjustment and social functioning.

Also, the results of the cross-tabulation and chi-square analysis indicated a strong correlation between depression and psychosocial functioning. Single mothers exhibiting elevated depression levels were more prone to inadequate psychosocial functioning, while those with diminished depression levels shown enhanced psychosocial functioning. This outcome is highly consistent with prior investigations.

Kareem et al. (2024) indicated that depression in single mothers correlates with inadequate coping skills, diminished social engagement, emotional volatility, and compromised occupational performance. Adeponle et al. (2017) similarly discovered that depressive symptoms among Nigerian women adversely impacted household functioning, interpersonal connections, and overall quality of life. Similarly, the findings align with those of Liang et al. (2019), who identified a substantial negative correlation between depressive symptoms and social functioning in single mothers. The elevated chi-square value ($\chi^2 = 89.054$, $p < .001$) indicates a robust correlation between depression and psychosocial functioning, consistent with the extensive mental health literature. The regression analysis indicated that, among the socio-demographic variables assessed, educational level had a significant impact on depression, whereas age, work status, marital status, number of children, and length of single motherhood did not substantially predict depression. Nonetheless, the socio-demographic variables collectively have a substantial influence on depression in single mothers.

Meanwhile psychosocial functioning was strongly influenced by educational level, work status, number of children, and length of single motherhood, while age and marital status had no significant effects. The socio-demographic parameters collectively explained a substantial amount of the variance in psychosocial functioning. This aligns with the findings of Liang et al. (2019) and Kareem et al. (2024), which indicate that educational achievement and economic stability enhance coping skills, social participation, and psychological adjustment. The discovery concerning the quantity of children is corroborated by research indicating that heightened caring obligations can diminish psychosocial well-being and elevate stress levels in single mothers.

5.2 Conclusion

The research indicates that depression is a considerable psychological issue for single mothers in Ondo State, Nigeria. The results demonstrate that depression is affected by various socio-economic and psychosocial factors, such as financial hardships, insufficient social support, childcare responsibilities, social isolation, societal stigma, and co-parenting difficulties.

The research also suggests that the psychosocial functioning of single mothers is significantly affected by emotional well-being, social support networks, self-esteem, and social engagement. Single mothers with elevated depression levels are more prone to challenges in social connections, emotional adjustment, coping mechanisms, and general functioning.

Furthermore, educational attainment proved to be a pivotal factor affecting both depression and psychosocial functioning, underscoring the significance of education in bolstering resilience and adaptive coping strategies among single mothers. Employment status, family size, and the length of single motherhood were also identified as significant factors influencing psychosocial functioning.

The study demonstrated that depression significantly adversely affects psychosocial functioning. Consequently, initiatives to enhance the psychosocial welfare of single mothers must focus on

the prevention, detection, and treatment of depression, alongside the establishment of sufficient social and economic support structures.

The study concluded that depression adversely and severely affected the psychosocial functioning of single mothers. Depression explained 28% of the variance in psychosocial functioning, signifying that elevated depression levels significantly impaired single moms' capacity to cope successfully, sustain social relationships, fulfill family obligations, and operate optimally in society.

5.3 Recommendations

This study presents the following recommendations:

- Government agencies and social welfare institutions need to formulate specialized support programs for single mothers, notably focusing on financial aid, skills development, entrepreneurial enhancement, and employment chances to alleviate economic distress and depression.

- Mental health services are to be incorporated into basic healthcare facilities and community welfare initiatives to enable the early detection, counseling, and treatment of depression among single mothers.
- Community-based support groups ought to be formed to offer emotional support, social networking opportunities, and coping resources for single mothers facing psychiatric discomfort.
- Non-governmental groups, religious institutions, and community leaders ought to execute awareness initiatives designed to mitigate stigma and discrimination against single moms in society.
- Educational empowerment initiatives must be reinforced to elevate the academic achievements and life prospects of single mothers, thereby augmenting their psychological resilience and psychosocial functioning.
- Close family members and friends are to be urged to offer emotional, social, and practical assistance to single mothers to alleviate feelings of loneliness, isolation, and psychological distress.
- Parenting and family counseling services must to be offered to assist single mothers in efficiently navigating childcare obligations, co-parenting difficulties, and familial stressors.
- Policymakers must develop and execute social protection programs tailored to meet the emotional and economic requirements of disadvantaged single mothers.
- Researchers need to undertake additional investigations employing longitudinal and mixed-method approaches to examine other determinants affecting depression and psychosocial functioning among single moms throughout various regions of Nigeria.

5.4 Limitation and Direction for Future Research.

The present research focused exclusively on single moms in specific Local Government Areas of Ondo State; hence, the outcomes might not be considered applicable to all single mothers in Nigeria. The application of a cross-sectional design restricted the capacity to determine causal links between depression and psychosocial functioning. The study also depended on self-reported data, which could have been affected by social desirability and recall bias. Additionally, factors such as resilience, coping mechanisms, personality characteristics, and availability of mental health services were not analyzed and may possibly affect depression and psychosocial functioning.

Future studies should include participants from different regions of Nigeria to improve the generalizability of findings. Longitudinal and mixed-methods research designs are recommended to better examine causal relationships and provide deeper insights into the experiences of single mothers. Researchers should also investigate additional factors such as resilience, coping strategies, social support, and access to mental health services. Comparative studies involving different categories of mothers and evaluations of mental health and social welfare interventions are also recommended to strengthen evidence for policy and practice.

5.5 Policy Implications

The study underscores the urgent need for policies that directly address the mental health challenges of single mothers. To strengthen psychosocial functioning and reduce depression, the following recommendations are proposed:

1. **Integrate Mental Health Services:** Incorporate counseling and psychological support into primary healthcare systems, ensuring single mothers have accessible and affordable services.
2. **Financial and Childcare Support:** Establish welfare programs that provide financial assistance, subsidized childcare, and employment opportunities tailored to single mothers.
3. **Community-Based Support Groups:** Encourage the creation of peer support networks and community programs where single mothers can share experiences, reduce isolation, and build resilience.
4. **Public Awareness Campaigns:** Launch initiatives to combat stigma against single motherhood, promoting inclusivity and acceptance within society.
5. **Capacity Building:** Train healthcare workers, social workers, and educators to identify signs of depression and provide early interventions for single mothers.

These measures would not only improve individual well-being but also enhance family stability and contribute to broader social development.

5.6 Consent

All participants were informed about the purpose and procedures of the study before data collection. Participation was voluntary, with assurances of confidentiality and the right to withdraw at any stage. Written informed consent was obtained from each respondent.

5.7 Ethical Approval

The research adhered to established ethical standards for social science studies. Approval was granted by the relevant institutional ethics committee prior to data collection. Principles of respect, beneficence, and justice guided the process, ensuring participants' dignity, privacy, and rights were fully protected.

5.8 Conflict of Interest

The authors affirm that no competing interests exist in relation to this study. The research was conducted independently, without personal, or professional ties that could have influenced the design, analysis, or reporting of the findings.

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