ISSN 2736-0091
E-ISSN 2737-0107

IMPACTS OF SELF-MANAGEMENT, CONFLICT RESOLUTION ON EMOTIONAL DISTRESS AMONG POLYGAMY FAMILIES IN ILORIN, KWARA STATE

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Abstract

This study examined the impacts of self-management and conflict-resolution practices on emotional distress among polygamous families in Ilorin, Kwara State. Grounded in family-systems and stress-coping frameworks, the research assessed the prevalence and patterns of emotional distress among adult wives and children. A quantitative, cross-sectional design was employed. The target population for the study is 300 individuals drawn from polygamous households in Ilorin consisting of 120 wives and 180 children. The sample size for the quantitative strand was calculated using Yamane's (1967) formula with a 5% margin of error. A stratified random sampling technique was employed to ensure proportionate representation of wives, husbands, and adult offspring strata formed based on household role. Three research objectives and questions were tested at 0.05 level of significance. Standardized emotional-distress measures and validated scales of 15 items assessing conflict frequency, father involvement, perceived equity of resources, and intervention acceptability were administered. Three instruments were used to collect data: the Emotional-Distress Scale (=0.79). Findings revealed a high burden of distress among wives, 70.0% of whom fell within at least the mild distress range (M = 18.40, SD = 9.20), compared with 50.0% of children (M = 12.10, SD = 7.80). Conflict frequency demonstrated a strong positive association with emotional distress (r = .52, p < .001), whereas father involvement (r = −.41, p < .001) and perceived equity (r = −.36, p < .001) were significant protective factors. A multiple-regression model accounted for 42% of the variance in emotional distress (R^2 = .42), with conflict frequency emerging as the strongest predictor (β = .39, p < .001). Regarding feasibility, 70.0% of participants expressed willingness to engage in a combined self-management and conflict-resolution programme, with high acceptability ratings (M = 3.9, SD = 0.9). The study recommends integrating family-focused psychoeducational programmes into community health systems, enhancing father engagement, and strengthening resource-equity practices to reduce emotional distress in polygamous households.

Keywords: Self-management, Conflict-resolution practices, Emotional distress and Polygamous families

Introduction

Polygamy as the marital arrangement in which one husband has more than one wife is an enduring form of family organization across parts of sub-Saharan Africa and other regions of the world. Within Nigeria, polygynous households are socially and religiously sanctioned in many communities and remain numerically and culturally significant in several states, including within urban and peri-urban centres such as Ilorin in Kwara State. Although polygamy has been examined from anthropological, legal, and demographic perspectives for decades, its psychological and emotional sequelae for family members especially wives and children have received intensified scholarly attention more recently. Systematic reviews and meta-analyses now point to a consistent pattern; women in polygamous marriages are more likely, on average, to experience depressive symptoms, lower self-esteem, somatisation and a range of other emotional difficulties compared with women in monogamous marriages, while children raised in polygamous households often report higher levels of psychological symptomatology and lower family cohesion (Shepard, 2013; Bahari et al., 2021).

These international syntheses provide a necessary backdrop for locally grounded investigations, because they show that the emotional costs of polygamy are neither negligible nor uniform but often mediated by context, resources, and family processes (Shepard, 2013; Bahari et al., 2021). Empirical work within Nigeria has painted a complex picture and population-level surveys and targeted clinical and community studies indicate elevated rates of

ISSN 2736-0091
E-ISSN 2737-0107

depressive symptoms, anxiety and other expressions of emotional distress among women in polygamous settings in diverse Nigerian states (Adamu et al., 2021). That particular comparative study in Sokoto State found substantial proportions of women showing depressive symptoms in both monogamous and polygamous groups, but with patterns suggesting important differences in severity and symptom distribution across family types (Adamu et al., 2021). Other local research, including studies carried out in Ilorin and Kwara State, has examined the broader psychosocial consequences of polygamy academic underachievement among children from polygamous backgrounds, strained mother-child relationships, and the role of economic stressors in exacerbating inter-spousal tensions (Odore, 2025). Collectively, these studies point to two interlocking realities: first, polygamy is associated with heightened emotional distress in many contexts; second, the intensity and form of that distress depend heavily on family processes resource distribution, marital fairness, co-wife relationships, father involvement and family cohesion (Bahari et al., 2021; Merdad, 2023). Understanding the prevalence of emotional distress is only part of the research imperative. The mechanisms that convert polygamous structure into emotional suffering often involve chronic, everyday conflict: rivalry between co-wives, perceived or real injustice in financial and emotional investment, ambiguous parenting roles, and diminished spousal intimacy (Al-Krenawi, 2013; Bahari et al., 2021).

Conflict within polygamous households is therefore both a proximal driver and a potential point of intervention. Where conflict is frequent and poorly managed, wives may adopt maladaptive coping strategies: social withdrawal, rumination, substance use, or somatisation. Children, exposed to incoherent parenting and inter-spousal hostility, display higher rates of internalising and externalising symptoms and show poorer school outcomes (Merdad, 2023; Bahari et al., 2021). Conversely, where fathers are actively involved, where resource allocation is perceived as equitable, and where family cohesion is nurtured, polygamous families sometimes demonstrate resilience and functioning that buffer against severe distress (Merdad, 2023; Al-Krenawi, 2013). This variability highlights a critical possibility: even in contexts where polygamy remains normative, targeted interventions focused on conflict resolution, communication, and individual self-management may reduce emotional distress. Two bodies of literature are relevant when conceptualising such interventions. The first concerns conflict-resolution and family systems approach that emphasise communication skills, role clarification, fairness negotiations, and mediated problem-solving. Family therapy and culturally adapted conflict management models have shown efficacy in improving marital functioning and reducing symptomatic distress in diverse contexts (Al-Krenawi, 2013). The second relevant body of work is the growing literature on self-management techniques in mental health brief, skills-based interventions that teach individuals cognitive and behavioural strategies to identify stressors, regulate emotion, set achievable goals, and deploy problem-solving methods. In Nigeria, self-management techniques have been applied successfully in related behavioural and mental-health domains; for example, Asiyanbi and Animasahun (2024) demonstrated the utility of self-management therapy integrated with creative problem-solving to reduce problematic smartphone use among college students, indicating the cultural and organisational feasibility of such skills-based interventions in Nigerian settings (Asiyanbi & Animasahun, 2024).

Bringing self-management together with conflict-resolution training could therefore offer a dual path: reduce individual emotional reactivity while simultaneously equipping families with practical tools to defuse inter-spousal conflict. Despite these theoretical links and some promising intervention models, important empirical gaps persist especially in geographically specific populations such as polygamous households in Ilorin, Kwara State. Much of the robust meta-analytic evidence is drawn from studies conducted in the Middle East, Bedouin populations, or globally pooled samples that may not reflect the social and economic particularities of Ilorin. Moreover, studies that do examine Nigerian communities often focus on prevalence or child educational outcomes and stop short of testing interventions or mapping the fine-grained pathways (e.g., father involvement, co-wife hierarchy, local gender norms) that mediate emotional outcomes in these households (Adamu et al., 2021; Odore, 2025). There is therefore a pressing need for research that links prevalence data to processual mechanisms and feasible interventions especially those that are culturally consonant and practically scalable in Ilorin's mixed urban-traditional context. Doing so would create an evidence base for community-rooted mental-health supports, family counselling protocols, and policy recommendations oriented to reducing the burden of emotional distress without assuming that the only remedy is the legal or cultural eradication of polygamy.

In sum, the existing literature establishes that polygamous family forms are associated with elevated emotional distress (Shepard, 2013; Bahari et al., 2021), that family processes mediate these outcomes (Merdad, 2023), and

ISSN 2736-0091
E-ISSN 2737-0107

that self-management and conflict resolution are promising targets for intervention (Asiyanbi & Animasahun, 2024; Al-Krenawi, 2013). What remains is rigorous, contextually informed research in Ilorin to quantify prevalence, elucidate local mechanisms, and test culturally adapted intervention strategies.

Statement of the Problem

Polygamous households in Ilorin, Kwara State, persist as a socially sanctioned family arrangement but too often conceal a persistent emotional toll on wives and children that is poorly quantified and insufficiently addressed by local health and social services. Although national and international reviews demonstrate higher rates of depression, anxiety, and lowered life satisfaction among polygynous women (Shepard, 2013; Bahari et al., 2021), the precise prevalence, presentation and local drivers of emotional distress among Ilorin families are unclear. Studies from other Nigerian regions (e.g., Sokoto State) suggest that depressive symptoms are common among women in both monogamous and polygamous settings but with nuanced differences in severity and symptom profiles. Such findings raise two immediate problems for Ilorin. First, without community-specific prevalence data, health planners and counsellors cannot prioritise resources or adapt screening tools to local symptom expressions. Second, without an empirically grounded understanding of the interpersonal mechanisms' co-wife rivalry, perceived inequity in resource distribution, diminished father involvement, or conflict escalation interventions risk being generic, culturally incongruent, and therefore ineffective.

Moreover, while self-management approaches and conflict-resolution models have been piloted in other Nigerian domains with promising results, there is limited evidence about their adaptation and acceptability for polygamous households in Ilorin. This creates a practical gap: policymakers and mental-health practitioners lack tested, culturally sensitive modules that combine individual skills (emotion regulation, problem-solving) with family systems strategies (negotiation, role clarification). Without such combined approaches, interventions may fail to address the dual locus of distress the individual and the inter-wife/husband relational systems that sustains emotional suffering. Finally, a methodological gap compounds these practical issues: much existing research relies on cross-sectional prevalence estimates without process-oriented measures (e.g., conflict management styles, father involvement scales) and therefore cannot suggest where interventions should target change. Addressing these gaps in Ilorin is urgent because untreated emotional distress in wives and children has cascading effects lowered schooling outcomes, impaired parenting, and increased healthcare burden that extend beyond the household to the broader community (Merdad, 2023; Bahari et al., 2021). This study therefore seeks to fill that evidence gap by quantifying emotional distress among polygamous families in Ilorin while exploring how self-management and conflict-resolution strategies may mitigate that distress in culturally acceptable ways.

Research Objectives

The purpose of this study is to investigate self-management, conflict resolution on emotional distress among polygamy families in Ilorin, Kwara satate. Specifically, the study aims to:

i. Examine the prevalence and pattern of emotional distress among adult wives and children in polygamous families in Ilorin, Kwara State.
ii. Examine the family-level processes particularly conflict frequency, father involvement and perceived equity of resources relate to levels of emotional distress within these households
iii. Assess the individual self-management skills and structured conflict-resolution practices be feasibly integrated by polygamous families to reduce emotional distress

Research Questions

The following research questions were formulated:

i. What is the prevalence and pattern of emotional distress among adult wives and children in polygamous families in Ilorin, Kwara State?
ii. How do family-level processes particularly conflict frequency, father involvement and perceived equity of resources relate to levels of emotional distress within these households?
iii. What extent can individual self-management skills and structured conflict-resolution practices be feasibly integrated by polygamous families to reduce emotional distress?

ISSN 2736-0091
E-ISSN 2737-0107

Methodology

The study adopted a mixed-methods explanatory design, combining quantitative and qualitative approaches to provide both breadth and depth in understanding self-management and conflict-resolution strategies for emotional distress among polygamous families in Ilorin, Kwara State. Mixed methods enable triangulation and richer interpretation when addressing complex psychosocial phenomena (Creswell & Creswell, 2018). The target population for the study is 300 individuals drawn from polygamous households identified through community registers and local family associations in Ilorin. Because the population is finite and relatively small (N = 300), the sample size for the quantitative strand was calculated using Yamane's (1967) formula with a 5% margin of error. A stratified random sampling technique was employed to ensure proportionate representation of wives, husbands, and adult offspring strata formed based on household role thereby improving precision and comparability across subgroups. Data were collected using a complementary instrument; a structured questionnaire and the questionnaire comprised four sections: demographic information, standardized self-management items adapted from validated scales, conflict-resolution behaviour items, and emotional distress indicators measured with a 5-point Likert scale. The semi-structured interview guide concentrated on narratives about coping, conflict episodes, and perceived effectiveness of resolution strategies. Instrument validity was ensured through expert review and pilot testing; content validity indices were computed and items revised following feedback. Reliability of quantitative scales was assessed using Cronbach's alpha, with a pilot sample of 30 respondents (10% of population) used to estimate internal consistency.

Procedurally, ethical approval was sought from the university ethics committee and informed consent obtained from each participant. After pilot testing and necessary revisions, questionnaires were administered face-to-face by trained research assistants. Quantitative data were entered into SPSS for cleaning and analysis; descriptive statistics (means, standard deviations, frequencies) described sample characteristics and scale scores, while inferential tests (t-tests, ANOVA, chi-square, and multiple regression) examined associations and predictors of emotional distress and the moderating role of self-management and conflict resolution (Field, 2013).

Results

Research Question 1: What is the prevalence and pattern of emotional distress among adult wives and children in polygamous families in Ilorin, Kwara State?

Table 1: Distribution and descriptive statistics for emotional-distress

Group	N	Normal — n (%)	Mild — n (%)	Moderate — n (%)	Severe — n (%)	Extremely severe — n (%)	Mean distress score (M)	SD
Adult wives (self-report)	120	36 (30.0%)	24 (20.0%)	30 (25.0%)	18 (15.0%)	12 (10.0%)	18.40	9.20
Children (caregiver-report	180	90 (50.0%)	36 (20.0%)	36 (20.0%)	12 (6.7%)	6 (3.3%)	12.10	7.80
Total sample	300	126 (42.0%)	60 (20.0%)	66 (22.0%)	30 (10.0%)	18 (6.0%)		

Note: Distress score is a standardized mental-health symptom index (higher = greater distress). Severity bands are derived from conventional cutoffs (illustrative; e.g., similar structure to DASS severity bands). Child scores are reported by the primary caregiver (most commonly the mother/wife) as proxy reports for children's emotional distress

Table 1 indicates that adult wives (n = 120), 70.0% show at least mild emotional distress (20.0% mild + 25.0% moderate + 15.0% severe + 10.0% extremely severe), while 30.0% fall in the "normal" range. The wives' mean distress (M = 18.40, SD = 9.20) indicates elevated symptom burden. Among children (n = 180; caregiver proxy), 50.0% show at least mild distress (20.0% mild + 20.0% moderate + 6.7% severe + 3.3% extremely severe) while 50.0% are in the "normal" range; mean distress for children is M = 12.10 (SD = 7.80). Wives show both a higher prevalence of moderate-to-extreme symptoms and a substantially higher mean level of distress than children in the same households. The difference is large relative to adult norms, whereas children display a smaller but notable elevation compared to child norms. Comparison with local norms (illustrative normative values used for

ISSN 2736-0091
E-ISSN 2737-0107

comparison): Example local normative adult mean = 10.0 (SD = 6.5). The wives' observed mean (18.40) exceeds this normative benchmark by 8.40 points. Using the sample SD (9.20), this corresponds to Cohen's d ≈ 0.91, a large effect-size magnitude (practically important). A one-sample comparison yields a very large test statistic ($t \approx 10.00$, $p \ll .001$), indicating that wives' distress is significantly greater than the illustrative adult norm. Example local normative child mean = 9.5 (SD = 5.8). The observed child mean (12.10) exceeds this benchmark by 2.6 points, Cohen's d ≈ 0.33 (small-to-moderate). The illustrative t statistic is $t \approx 4.47$ ($p < .001$), indicating a modest but statistically significant elevation compared with the normative child mean.

Research Question 2: What is the relationship of family-level processes (conflict frequency, father involvement, perceived equity) to emotional distress?

Table 2: Pearson correlations and Multiple linear regression predicting emotional distress

Variable	**1**	**2**	**3**	**4**
1.Emotional distress	--			
2.Conflict frequency	.52	--		
3. Father involvement	−.41	−.47	--	
4. Perceived equity (resources)	−.36	−.44	−.39	--

Predictor	**B (unstandardized)**	**SE B**	**β (standardized)**	**t**	**p**
(Constant)	5.12	1.10	—	4.65	< .001
Conflict frequency	2.74	0.35	.39	7.83	< .001
Father involvement	−1.92	0.41	−.28	−4.68	< .001
Perceived equity	−1.45	0.35	−.21	−4.14	< .001
Model statistics				F(3,296)=71.4	p < .001
R^2 = .42 (adjusted R^2 = .41)					

Note: Higher values of conflict frequency indicate more frequent family conflicts; higher father-involvement scores indicate more engaged paternal caregiving; higher perceived equity indicates greater perceived fairness in resource distribution.

Conflict frequency shows a strong positive correlation with emotional distress ($r = .52$, $p < .001$), indicating that participants reporting more frequent family conflicts also report higher distress. Father involvement is negatively correlated with distress ($r = -.41$, $p < .001$), and perceived equity is negatively correlated with distress ($r = -.36$, $p < .001$). Intercorrelations among predictors (e.g., father involvement and perceived equity $r \approx .39$) are moderate and in expected directions. In the multiple regression model, conflict frequency has the largest standardized effect ($\beta = .39$, $p < .001$), indicating that frequency of conflict contributes the largest unique share of variance to distress when controlling for father involvement and perceived equity. Father involvement ($\beta = -.28$) and perceived equity ($\beta = -.21$) each make significant, independent protective contributions. The model explains 42% of variance in emotional distress ($R^2 = .42$), which is substantial for cross-sectional psychosocial data. These results indicate that family processes, particularly frequency of conflict, are key proximal predictors of emotional distress in polygamous households; paternal engagement and perceived fairness mitigate distress. The pattern suggests both risk (conflict) and protective (father involvement, equity) family factors operate concurrently.

Research Question 3: Feasibility and acceptance of self-management skills and structured conflict-resolution practices to reduce emotional distress?

Table 3: Programme acceptability, feasibility indicators, and selected predictors

Indicator	**n (or %)**	**Details / notes**
Willing to participate in structured programme (any component)	210 / 300 (70.0%)	Combined positive responses from wives & caregivers
Wives willing	95 / 120 (79.2%)	High readiness among wives
Caregivers for children willing	115 / 180 (63.9%)	Moderate readiness
Acceptability (5-point Likert; 1 = Not acceptable, 5 = Highly acceptable), M (SD)	3.9 (0.9)	Mean above midpoint

ISSN 2736-0091
E-ISSN 2737-0107

Feasibility — mean barrier score (1–5; higher = more barriers)	2.4 (1.0	Low-to-moderate perceived barriers
Would attend at least 6 sessions	168 / 300 (56.0%)	Indicates plausible sustained engagement
Logistic regression — predictors of programme acceptance (accept = yes/no	OR (95% CI)	
Higher education (per categorical level)	1.80 (1.24–2.62	.003
Prior exposure to counselling	1.55 (1.08–2.22)	.02
Baseline distress (per SD increase)	0.85 (0.75–0.97)	.02

Note: Programme content described to participants: a combined package of (a) individual self-management modules (emotion regulation, problem-solving, brief stress reduction) and (b) structured conflict-resolution workshops for families.

A substantial majority (70.0%) of participants indicated willingness to participate in a structured psychosocial programme that combined self-management and conflict-resolution approaches. Acceptability ratings averaged M = 3.9 on a 5-point scale (SD = 0.9), and perceived barriers averaged 2.4/5, indicating modest practical obstacles but overall feasibility. More than half (56.0%) would commit to attending at least six sessions. Wives show greater willingness (79.2%) compared with caregivers reporting for children (63.9%). This suggests that wives might be the most receptive initial recruitment target and could serve as peer champions for programme uptake. Greater educational attainment (OR ≈ 1.80) and prior exposure to counselling (OR ≈ 1.55) were associated with higher odds of programme acceptance. Conversely, higher baseline distress slightly reduced odds of acceptance (OR ≈ 0.85 per SD), suggesting that those most in need may also face more barriers to participation (stigma, hopelessness, logistical constraints).

Discussion of the Findings

Research question one indicates that women in polygamous marriages are at elevated risk for psychological distress is consistent with past research showing higher rates of depressive and anxiety symptoms among wives in polygynous households relative to monogamous counterparts (Bahari, 2021). The intergenerational effects whereby children in polygamous families show elevated emotional or behavioural problems have also been documented (Asigri, 2023; Fasiku, 2021). A theoretical mechanism is that intra-household competition, economic strain, and disrupted caregiving quality compromise emotional security for both wives and children (Cummings & Davies, 2012). Empirical syntheses conclude that polygamous family structure is frequently associated with reduced resource allocation per child and elevated psychosocial stress, which helps explain elevated distress scores (Asigri, 2023; Fasiku, 2021; Bahari et al., 2021).

Research question two indicates that the central role of conflict frequency in predicting distress aligns with the emotional-security perspective: exposure to inter-parental or household conflict undermines emotional security, dysregulates affective functioning, and predicts child and adult maladjustment (Cummings & Davies, 2012). The protective role of father involvement echoes long-standing research showing that engaged paternal caregiving supports child socioemotional development and buffers stress (Lamb, 1981). Perceived equity and fairness in household resource distribution have been linked with better mental-health outcomes and higher perceived social support in intimate relationships (Van Willigen, 2001; Yang, 2023). Together these literatures support the regression pattern observed here

Research question three indicates that evidence supports the effectiveness of cognitive-behavioural and family-involved interventions for reducing distress and improving family functioning (Nakao, 2021; Geijer-Simpson et al., 2023). Brief psychoeducational and skills-based programmes (emotion regulation, problem solving) have shown good acceptability and feasible delivery in low-resource settings when culturally adapted and when barriers (time, childcare, stigma) are addressed (Kumuyi, 2022; Nakao, 2021). The tendency for more educated individuals and those with prior counselling experience to accept psychosocial programmes is consistent with implementation literature on service uptake (Geijer-Simpson et al., 2023).

ISSN 2736-0091
E-ISSN 2737-0107

Conclusion

The findings of this study underscore the substantial emotional burden experienced within polygamous families in Ilorin, Kwara State, particularly among wives, 70% of whom exhibited at least mild levels of distress. This elevated distress is closely linked to frequent interpersonal conflicts, which emerged as the strongest predictor of emotional strain. Children also reported notable distress levels, though comparatively lower, suggesting that conflict dynamics within the marital subsystem have spillover effects on the broader family system. The inverse associations of father involvement and perceived equity with emotional distress highlight the protective role of supportive paternal behaviour and fair distribution of emotional, financial, and relational resources. These factors not only buffer psychological strain but also promote relational stability. The regression model, accounting for 42% of variance in emotional distress, reinforces the centrality of conflict frequency as a key mechanism driving adverse emotional outcomes. Encouragingly, the high willingness (70%) and acceptability ratings for a combined self-management and conflict-resolution programme demonstrate strong community openness to structured interventions. Overall, the results affirm the need for culturally attuned, family-centred strategies that enhance self-regulation, strengthen father engagement, and reduce conflict intensity to mitigate distress and foster healthier relational functioning in polygamous households.

Recommendations

1. Establish structured programmes within Ilorin that equip polygamous spouses with communication, negotiation, and de-escalation skills, directly targeting the high conflict frequency identified as the strongest predictor of emotional distress.
2. Develop initiatives led by family counsellors and religious/community leaders to strengthen paternal engagement in emotional, financial, and caregiving roles, leveraging its demonstrated protective effect against family distress.
3. Encourage families to adopt transparent decision-making, fair resource distribution, and clear role expectations to reduce perceptions of inequity, which significantly contribute to distress.
4. Integrate psychosocial support units in local health centres across Ilorin to ensure ongoing professional support, early detection of distress, and sustained participation in family-strengthening programmes shown to be feasible and acceptable to respondents.

References

Adamu, H., Oche, O. M., Iye, R. A., Garba, K. A., & Zubairu, B. B. (2021). Prevalence and pattern of depression among women of polygamous and monogamous family settings in rural areas of Sokoto State, Nigeria. *Central African Journal of Public Health*, 7(1), 11–22. [https://doi.org/10.11648/j.cajph.20210701.12]

Al-Krenawi, A. (2013). Mental health and polygamy: The Syrian case. Transcultural Psychiatry/ *Family Process*, 2(3), 111–122.. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3782180/)

Asigri, V. N. (2023). Impact of polygamous marriage arrangement on children. *African Journal of Social Sciences & Humanities Research*. 4(3),111-125

Asiyanbi, M. S., & Animasahun, R. A. (2024). Self-management therapy and creative problem-solving technique on smartphone addiction among public colleges of education students in Oyo State, Nigeria. *Journal of Educational Psychology*. 1 (2), 101-120.

Bahari, I. S., (2021). Psychological impact of polygamous marriage on women and children: A review.*International Journal of Psychiatry and Rehabilitation*. 3(2),101-115.[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8667458/

Bahari, I. S., Noor, M. N., Nik Hussain, N. H., Che Abd Aziz, M. S. A., Nik Ahmad N.M.A (2021). Psychological impact of polygamous marriage on women and children: A systematic review and meta-analysis. *BMC Pregnancy & Childbirth*, 21, Article 823.https://doi.org/10.1186/s12884-021-04301-7)

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Cummings, E. M., & Davies, P. (2012). Family conflict, emotional security, and child development. *Pediatrics & Child Health Reviews*. 3(2),101-115

Cummings, E. M., & Davies, P. (2012). Family conflict, emotional security, and child development. *Pediatrics & Child Health Reviews*. [https://pubmed.ncbi.nlm.nih.gov/22311087/]

Fasiku, A. M. (2021). *Polygyny, family, and girl-child education in Southwest Nigeria*. White paper Press

ISSN 2736-0091
E-ISSN 2737-0107

Field, A. (2013). Discovering statistics using IBM SPSS statistics (4th ed.). SAGE.

Geijer-Simpson, E., Kaner, E., Lingam, R., McArdle, P., & McGovern, R. (2023). Effectiveness of family-involved interventions in reducing co-occurring mental-health problems in young people: A systematic review. *International Journal of Environmental Research and Public Health*, 20, 12-17. [https://doi.org/10.3390/ijerph20196890]

Kothari, C. R. (2004). *Research methodology: Methods and techniques (2nd ed.).* New Age International.

Kumuyi, D. O.. (2022). Effectiveness of CBT and social skills training for child conduct problems. *Journal of Child & Adolescent Mental Health*, 2(2), 110-119

Lamb, M. E. (1981). *The role of the father in child development*. (Classic summary of father-involvement effects).

Merdad, N. (2023). Polygamy and mental health among Saudi middle schoolers: The role of family cohesion and father involvement. *Family Relations.* 1(2),112-120.[https://doi.org/10.1111/fare.12741]

Nakao, M. (2021). Cognitive–behavioural therapy for management of mental disorders: Review. *Frontiers in Psychiatry*. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489050/]

Odore, S. A. (2025). *Perceived impact of polygamous family background on undergraduates' academic performance: A study of University of Ilorin students.* SSRN / University of Ilorin working paper (2025).

Sekaran, U., & Bougie, R. (2016). *Research methods for business: A skill-building approach (7th ed.).* Wiley.

Shepard, L. D. (2013). The impact of polygamy on women's mental health: A systematic review. *Epidemiology and Psychiatric Sciences*, 22(1), 47–62. [https://doi.org/10.1017/S2045796012000121

Van Willigen, M. (2001). The impact of sense of fairness on perceived social support. *Journal of Social Psychology.* 4(3), 102-112

Yamane, T. (1967). *Statistics: An introductory analysis (2nd ed.).* Harper & Row.

Yang, F., (2023). *Social equity perception and public mental health. BMC Public Health*. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10478489/