

**THE KNOWLEDGE AND AWARENESS OF MENTAL HEALTH SERVICES  
AMONG WOMEN IN BENIN CITY**

**BY**

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BENIN CITY**

**NOVEMBER, 2025**

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL  
WORK, FACULTY OF SOCIAL SCIENCES UNIVERSITY OF BENIN, BENIN  
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**NOVEMBER, 2025**

## **CERTIFICATION**

This is to certify that this research project titled “knowledge and awareness of mental health services among women in Benin City” was carried out by **Christabel OGBOMO** of the Department of Social Work, Faculty of Social Sciences, University of Benin, in partial fulfilment of the requirements for the award of the Bachelor of Science (B.Sc.) Degree in Social Work. This project has been read and approved for meeting the requirements for the award of the Bachelor of Science (B.Sc.) Degree in Social Work.

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**Dr. Owie Ukponahiusi**  
(Project Supervisor)

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**Date**

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**Dr. Mrs. H. E. Eweka**  
(Head of Department)

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**Date**

## **DEDICATION**

This work is lovingly dedicated God Almighty for His grace, wisdom, and strength throughout this academic journey.

## **ACKNOWLEDGEMENTS**

First and foremost, I give all glory, honour, and praise to Almighty God for His unending grace, wisdom, and strength throughout the course of this research. His divine guidance sustained me through every challenge and made this accomplishment possible.

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**Christabel OGBOMO**  
**University of Benin**  
**November, 2025**

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## **Abstract**

This study examined the knowledge and awareness of mental health services among women in Benin City. Mental health has become a vital aspect of overall well-being, yet many individuals, particularly women, still lack adequate awareness of available services and resources. The study aimed to assess the level of awareness, identify sources of information, and explore the barriers that influence the utilization of mental health services among women in Benin City. A descriptive survey research design was adopted, and data were collected through the administration of structured questionnaires to women residing in Benin City. The findings revealed that although many respondents understood the concept of mental health and believed that mental health problems are treatable, the level of awareness of existing mental health services remains low. Most women were unaware of where to seek professional help when facing mental health challenges. The study also found that cultural beliefs, social stigma, financial constraints, and poor access to information significantly affect help-seeking behaviour. Social media and informal networks emerged as the main sources of mental health information, while professional health channels were less utilized. The study concludes that despite growing recognition of mental health issues, awareness and utilization of mental health services among women in Benin City remain inadequate. It recommends intensified public health education, improved funding, and community-based awareness campaigns to bridge the gap between mental health knowledge and service utilization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Mental health has increasingly gained recognition as an integral component of overall well-being, but in many parts of the world, particularly in low- and middle-income countries like Nigeria, it remains deeply misunderstood, underprioritized, and severely underfunded (World Health Organization [WHO], 2022). Mental health refers to a state of well-being in which individuals recognize their abilities, can cope with normal life stresses, work productively, and contribute to their communities. Despite its importance, mental illness continues to be surrounded by stigma, misconceptions, and systemic neglect, especially

among vulnerable groups such as women. In Nigeria, mental health services are not only inadequate, but awareness of their existence and function is extremely low. This is particularly problematic for women, who face unique challenges and vulnerabilities that increase their risk of developing mental health conditions, yet they remain underserved and unaware (Adeosun, 2022; WHO, 2021).

Women are at a higher risk of experiencing common mental health disorders due to a combination of biological, psychological, and sociocultural factors. Hormonal changes during menstruation, pregnancy, postpartum periods, and menopause can contribute to depression, anxiety, and other mood disorders (Howard et al., 2014). Beyond biology, women are more likely to be affected by intimate partner violence, sexual abuse, and socioeconomic disadvantages, all of which are key contributors to mental distress. In a 2020 national survey, it was found that nearly 30% of Nigerian women have experienced some form of domestic abuse, a well-established risk factor for depression and post-traumatic stress disorder (National Population Commission & ICF, 2020). Additionally, social roles and gender expectations often place heavy emotional burdens on women, who are expected to serve as caregivers and emotional anchors in families, often without adequate social or institutional support. This silent emotional labor further compounds mental stress, leading to unrecognized and untreated psychological conditions.

In Benin City, the capital of Edo State in southern Nigeria, the situation mirrors the national picture but also includes specific regional challenges. While urbanization and education may offer some improvement in awareness, deep-seated cultural and religious beliefs often

stand in the way of accessing mental health services. Many residents still ascribe mental illness to supernatural causes, such as witchcraft or spiritual curses, rather than treatable medical conditions (Alemu & Ayodele, 2018). These beliefs strongly influence how mental illness is perceived and treated within families, particularly among women. For instance, a mentally ill woman may be viewed as cursed or possessed, leading to social isolation, emotional abuse, and the denial of professional help. Instead of psychiatric or counseling services, families may opt for prayer houses, traditional healers, or spiritual interventions, which can delay or entirely prevent effective treatment (Ogunsemi et al., 2010; Abdulmalik et al., 2019).

Despite the increasing global discourse on mental health and several interventions by the Nigerian government, including the Mental Health Act passed in 2021 to safeguard the rights of mentally ill persons, implementation and impact at the grassroots level remain weak. Most mental health services are concentrated in tertiary institutions within urban centers, and even within cities like Benin, they are largely inaccessible due to cost, distance, or stigma (Adewale et al., 2021). Public health education on mental illness is still limited, and mental health is often excluded from primary health care. This contributes to a massive treatment gap: the WHO (2022) estimates that more than 80% of Nigerians with severe mental health conditions do not receive any form of treatment. Among this underserved population, women are the most affected, especially those in low-income and rural areas.

Research shows that socioeconomic factors significantly influence mental health service utilization. Women with lower levels of education and income are less likely to be aware of available services or to recognize symptoms of mental illness as treatable conditions (Gureje et al., 2020). Financial dependence on male partners, cultural expectations of silence and endurance, and fear of being labeled as “mad” further discourage women from seeking help. In a patriarchal society like Nigeria, where women’s voices are often marginalized, mental health issues are frequently internalized, trivialized, or ignored altogether. A woman suffering from postpartum depression, for example, may be expected to remain cheerful and grateful for childbirth, even when overwhelmed by psychological distress. Without adequate education and awareness, such issues are likely to worsen, with consequences for both the individual and her dependents (Ogunwale et al., 2022).

The role of health education and media in shaping public perception cannot be overstated. In recent years, awareness about mental health has grown in Nigeria through social media campaigns, TV programs, and public advocacy. However, these efforts remain uncoordinated and unevenly distributed. Urban elites may have more access to mental health information, but poor and less educated women in rural areas often remain excluded. In addition, negative and inaccurate portrayals of mental illness in the media can reinforce existing stereotypes, undermining efforts to promote mental health literacy (Kola et al., 2021). This suggests a need for more inclusive, community-based awareness campaigns that consider language, cultural context, and gender-specific vulnerabilities.

Furthermore, the role of social work and community support systems in mental health service delivery is increasingly being recognized globally, yet remains overlooked in Nigeria. Social workers can play a crucial role in promoting mental health awareness, reducing stigma, and facilitating access to care. Their ability to work across community, healthcare, and policy settings makes them vital agents in bridging service gaps, especially for women who may be unwilling to approach formal health institutions. In Benin City, where professional mental health services are scarce and stigmatized, integrating social work into mental health interventions could help to demystify mental illness and offer women safe, culturally sensitive spaces for support (Adeosun, 2016; Ede et al., 2023).

Given these persistent gaps in awareness and access, understanding the situation among women in Benin City is particularly important. This study therefore becomes essential in exploring the level of knowledge and awareness of mental health services among women in Benin City. It goes beyond merely identifying ignorance; it seeks to understand how cultural norms, socioeconomic factors, education levels, and gender dynamics shape women's perception of mental health. The aim is to provide evidence-based insights that can inform tailored interventions, empower women with knowledge, and guide policymakers and social workers in promoting more inclusive and accessible mental health services

## **1.2 Statement of the Problem**

Despite the increasing global attention to mental health, mental illness continues to be one of the most pressing yet least addressed public health challenges in Nigeria. The World

Health Organization (2022) estimates that nearly one in every five Nigerians lives with a mental health disorder, with women disproportionately affected due to biological, social, and economic vulnerabilities. In Benin City, as in many other parts of the country, women struggling with mental health challenges are often misunderstood, neglected, or forced to cope in silence. The persistence of stigma and inadequate mental health education has led many women to interpret symptoms of psychological distress through cultural or spiritual lenses, resulting in a preference for prayer houses or traditional healers rather than professional mental health services (Ogunwale & Ajayi, 2023).

Although mental health awareness has gained gradual attention through advocacy, research has shown that the level of knowledge and awareness of mental health services among women remains very low. Gureje et al. (2020) reported that only about 12.1% of women in Nigeria possess adequate knowledge of available mental health care options, while 43.8% exhibit poor awareness. This knowledge gap is troubling given the rising prevalence of mental health conditions such as depression, postpartum disorders, trauma related to gender-based violence, and anxiety among women. The limited awareness of where and how to access care not only delays treatment but also worsens the mental health burden within communities.

Cultural misconceptions and gender norms further compound this problem. In many Nigerian societies, including Benin City, women are socialized to suppress emotional distress, endure hardship, and avoid discussing mental health issues openly. Mental illness is often perceived as a sign of weakness, spiritual attack, or divine punishment, leading to

deep-seated stigma and discrimination. This stigma discourages help-seeking behaviour, isolates affected individuals, and reinforces negative stereotypes. Consequently, many women who experience symptoms of mental illness resort to informal and unregulated coping mechanisms, which in turn may exacerbate their conditions.

Furthermore, structural barriers such as the high cost of treatment, shortage of mental health facilities, poor dissemination of information, and lack of integration of mental health into primary health care systems contribute significantly to the existing treatment gap. According to the WHO (2022), more than 80% of Nigerians with mental health conditions receive no form of professional care. This situation underscores the urgent need to explore not only the level of awareness among women but also the socio-cultural and economic factors that hinder them from utilizing available services.

Equally important is the overlooked role of social workers in improving mental health literacy and service utilization among women. Social workers are strategically positioned to provide counseling, raise awareness, conduct community outreach, and advocate for inclusive mental health policies. However, there is limited empirical evidence on the extent of their involvement and effectiveness in mental health service delivery in Benin City.

Therefore, this study seeks to fill these gaps by examining the knowledge and awareness of mental health services among women in Benin City, identifying the socio-cultural and economic factors influencing their access to care, and assessing the role of social work in promoting mental health awareness and service utilization among women.

### **1.3 Objectives of the Study**

The main objective of this study is to assess the level of knowledge and awareness of mental health services among women in Benin City and identify factors influencing their utilization. The specific objectives were to:

- a. Evaluate the level of awareness of mental health services among women in Benin City.
- b. Identify the sources of information through which women in Benin City learn about mental health services.
- c. Examine the socio-cultural and economic factors that influence women's knowledge and perception of mental health services in Benin City.
- d. Identify the barriers preventing women from accessing and utilizing mental health services in Benin City.
- e. Ascertain the role of social work in ensuring access to mental health services among women in Benin City

### **1.4 Research Questions**

The following are the research questions for this study;

- a. What is the level of knowledge and awareness of available mental health services among women in Benin City?
- b. What are the main sources of information through which women in Benin City learn about mental health services?
- c. What cultural or societal influences shape how women in Benin City feel about seeking mental health services?

d. What are the barriers preventing women from accessing the mental health services they need?

e. What are the roles of social workers in ensuring access to mental health services in Benin City?

### **1.5 Significance of the Study**

The significance of this study lies in its ability to address the deeply rooted gaps in mental health awareness and access among women in Benin City. Mental health remains a neglected component of healthcare in many parts of Nigeria, and women, who face unique mental health challenges linked to their biological, social, and cultural experiences, often remain underserved. Despite the rising global and national attention towards mental health, there is still limited understanding of how women perceive and utilize mental health services in Nigeria. This research therefore provides a timely and critical exploration of the level of awareness and understanding that women in Benin City have regarding mental health services, aiming to generate data that is both relevant and actionable.

By identifying and analyzing the specific knowledge gaps among women in Benin City, the study contributes to improving mental health literacy. Low level of awareness is often linked to the underutilization of available services, which leads to a continuation of suffering, worsening of symptoms, and sometimes lasting damage to the individual and their families. With evidence suggesting that only a small percentage of women in Nigeria demonstrate good knowledge of mental health services, this study aims to highlight how

ignorance, misinformation, and lack of formal education affect access and perception. This research will contribute to a better understanding of how public health messages and mental health education can be adapted to address the specific cultural, economic and educational challenges faced by women in the region.

In addition, the findings of this study will be important for informing the design and implementation of mental health programs and policies. Policymakers, government agencies, and mental health stakeholders will benefit from a deeper understanding of the barriers preventing women from utilizing mental health services. This includes not only institutional challenges such as underfunding and limited mental health infrastructure, but also personal and cultural obstacles such as stigma, fear, and the prioritization of traditional or religious interventions over formal care. The data generated from this research can help guide the development of community-based programs, grassroots campaigns, and gender-sensitive interventions that target the most pressing needs of women in mental health care delivery.

Furthermore, this study also looks at the role of social work in promoting mental health awareness and accessibility. Social workers are uniquely positioned to serve as intermediaries between vulnerable populations and mental health systems. They provide psychosocial support, advocate for clients' rights, and facilitate access to services through education and counseling. However, there is limited research that documents the contribution of social work in the mental health sector in Nigeria. By focusing on the

contributions of social workers, this study will shed light on how these professionals can be better integrated into mental health care delivery, especially for women who may face compounded disadvantages due to poverty, gender roles, and social expectations.

The study is also relevant in addressing the issue of stigma, which remains a powerful barrier to mental health service utilization in Nigeria. Deeply held beliefs that associate mental illness with curses, witchcraft, or spiritual punishment create an environment in which individuals are reluctant to seek help for fear of discrimination and judgment. Women, in particular, often suffer silently due to the fear of being labeled or rejected by their families and communities. By analyzing how these stigmatizing beliefs influence awareness and service use, this research can inform stigma-reduction strategies that empower women to speak openly and seek care confidently without fear of being ostracized.

Lastly, the relevance of this study extends to future research and advocacy efforts. It will provide a foundation for scholars, mental health advocates, and social development practitioners to build on, offering new perspectives on the intersection of gender, mental health, and public policy in Nigeria. In doing so, it will not only contribute to academic discourse but also to the practical realization of better mental health outcomes for women. By generating localized knowledge and promoting context-specific solutions, this study plays a key role in shaping the future of equitable mental health service delivery in Benin City and potentially across similar Nigerian cities.

## **1.6 Scope of Study**

This study will focus specifically on women in Benin city, it will assess the level of awareness of mental health services among women. It will look into the factors that hinders women from accessing mental health services when needed. This research, however, is restricted to Benin City, Edo State.

### **1.7 Definition of Terms**

**Mental Health:** This refers to the emotional, psychological and social well-being of an individual. It refers to how people feel, think and act. It affects the daily life and overall functioning of an individual.

**Mental Health Services:** This refers to services rendered to Individuals battling with mental health conditions such as anxiety, depression, bipolar disorder, post traumatic stress disorder (PTSD) etc.

**Knowledge:** This refers to what you know and understand.

**Stigma:** This is a negative attitude or behaviour attached to something or someone.

**Mental Illness:** This refers to a detectable mental health condition that affects an individual's cognitive or emotional functioning.

**Awareness:** This refers to a state of being knowledgeable, informed and enlightened about something.

**Accessibility:** This is the ability to use, reach or benefit from something.

**Cultural Beliefs/Norms:** This refers to the regular and acceptable ways of doing things which influence people's behaviour and attitude in a particular community or society.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Preamble**

This chapter provides a comprehensive review of existing literature pertaining to the knowledge and awareness of mental health services among women in Benin City, Nigeria. It contextualizes the study within the broader landscape of mental health in Nigeria and Sub-Saharan Africa, exploring the intricate interplay of cultural, socio-economic, and systemic factors that shape mental health experiences and help-seeking behaviours. By synthesizing empirical evidence and applying relevant theoretical frameworks, this review aims to establish a robust foundation for understanding the challenges and opportunities in enhancing mental health service utilization among the target population.

#### **2.1 Knowledge and Awareness of Mental Health Services**

The provision of mental health services in Nigeria is characterized by significant disparities between demand and supply, reflecting a broader neglect of mental health within the national health agenda (Wikipedia, 2025; Onyemaobi et al., 2022). The existing infrastructure primarily consists of a limited number of large government psychiatric hospitals, with only eight Neuropsychiatric hospitals and a similar number of teaching hospital psychiatric departments serving a population of approximately 200 million people (Onyemaobi et al., 2022; Tambling et al., 2021). Furthermore, private community

residential facilities are exceedingly rare, with only one noted in Lagos State, primarily administered by a religious organization for drug rehabilitation (Tambling et al., 2021).

Nigeria faces a profound mental health crisis, with an estimated 20-30% of the population believed to suffer from mental disorders (Tambling et al., 2021; Ogunjuyigbe et al., 2022a).

Despite this high prevalence, less than 20% of affected individuals receive treatment, and a mere 10% maintain follow-up care over a twelve-month period (Tambling et al., 2021;

Ohaeri & Odejide, 2006). This substantial treatment gap is exacerbated by severe underfunding, with only 4% of the government health budget allocated to mental health

(Onyemaobi et al., 2022; Tambling et al., 2021). Alarming, over 90% of this meager budget is directed towards the few neuropsychiatric hospitals, further neglecting primary

and community-based mental health initiatives (Onyemaobi et al., 2022; Tambling et al., 2021). The human resource deficit is equally dire, with Nigeria having a ratio of only 0.09

psychiatrists, 0.02 psychologists, and social workers per 100,000 persons (Tambling et al., 2021; Ohaeri & Odejide, 2006). Other sources corroborate this scarcity, reporting fewer

than 300 psychiatrists for a population of 200 million, translating to a ratio of about 1 psychiatrist per 700,000 people (Wikipedia, 2025; Onyemaobi et al., 2022). This shortage

is further compounded by the "Japa syndrome," referring to the emigration of professionals, which continues to deplete the already limited pool of mental health

personnel (Afolabi, 2025).

The consistent underfunding and severe shortage of mental health professionals are not merely statistical deficiencies; they create a cascading effect throughout the healthcare

system. The limited financial resources, with over 90% directed to a few urban-based hospitals, result in a concentration of specialized services in tertiary centers. This makes mental health services physically and financially inaccessible for the majority of the population, particularly those in less urbanized areas or rural communities, which may include many residents of Benin City. The overwhelming demand on the few available professionals leads to long waiting times and often inadequate follow-up care, further discouraging individuals from seeking or continuing treatment. This extensive treatment gap directly fuels the visible mental health crisis, manifesting in rising suicide rates, increased drug dependency, and other societal issues, demonstrating that the lack of formal care has tangible, negative societal consequences. The ongoing emigration of healthcare professionals further exacerbates this situation, creating a vicious cycle of brain drain and service deterioration that undermines any efforts to expand mental health provision.

Historically, Nigeria's mental health legislation was governed by the archaic Lunacy Ordinance, first passed in 1916 and amended in 1958 as the Lunacy Act, which granted medical practitioners and magistrates the authority to detain individuals with mental illness (Wikipedia, 2025; Onyemaobi et al., 2022). A significant step forward occurred with the enactment of the Mental Health Act on January 5th, 2023 (Onyemaobi et al., 2023a). This new law prioritizes the rights of persons with mental disorders, ensuring their direct involvement in their own management, access to quality mental healthcare, and protection of civil rights related to employment, housing, and legal representation (Onyemaobi et al., 2023a). However, a critical drawback is the absence of specific considerations for women

within this new legislation, raising concerns about its practical implementation and impact on gender-specific challenges (Onyemaobi et al., 2023a).

While the transition from the Lunacy Act to the 2023 Mental Health Act signifies a progressive legal shift towards human rights and integrated care, a new law, though a positive declarative statement, does not automatically translate into improved service delivery or access. The fundamental barriers of inadequate funding, insufficient human resources, and lack of infrastructure persist despite the legislative change. Therefore, without significant, sustained investment and strategic planning for resource allocation and capacity building, the Act's provisions for "access to quality mental health care" risk remaining aspirational. This is particularly concerning for vulnerable populations like women in Benin City, whose unique needs are not explicitly addressed in the Act. This situation highlights a critical disconnect between the establishment of legal frameworks and the practical realities of implementing comprehensive mental health services on the ground.

The broader mental health crisis in Nigeria is visibly manifested in rising suicide rates, worker burnout, violence, and drug dependency, with young Nigerians being particularly vulnerable to anxiety, insomnia, and chronic stress due to economic hardship and digital overload (Afolabi, 2025). Substance abuse, especially among youth, is a significant contributor to psychosis and other mental disorders, often leading to homelessness or criminalization instead of treatment (Afolabi, 2025).

### **2.1.2 Cultural and Socio-Economic Factors Influencing Mental Health**

Cultural and socio-economic factors profoundly shape the understanding, experience, and management of mental health conditions in Nigeria, particularly for women. A significant aspect is the widespread belief that mental illness is caused by supernatural forces, such as evil spirits, Voodoo, witchcraft, sorcery, or divine punishment (Wikipedia, 2025; Onyemaobi et al., 2023a; Jidong et al., 2020). This misconception is deeply ingrained across different socioeconomic and educational backgrounds, leading many Nigerians to associate mental illness with "evil" or "superstitious beliefs" (Wikipedia, 2025; Jidong et al., 2020). Consequently, individuals often seek initial treatment from religious leaders or traditional healers (Wikipedia, 2025; Jidong et al., 2020), who are perceived as culturally compatible, affordable, and easily accessible (Jidong et al., 2020). This preference for traditional healing is prevalent, with studies indicating that up to 81.6% of female service users in Ibadan, Nigeria, utilized traditional healing for its cultural alignment (Jidong et al., 2020), and a systematic review across Sub-Saharan Africa (SSA) noting that 70% used traditional or religious healers as their first point of mental health care (Jidong et al., 2024). Disturbingly, this reliance on informal care sometimes leads to severe human rights abuses, with thousands of people with mental illness reportedly living in ankle chains at religiously-run institutions (Wikipedia, 2025; Abimbola, 2021).

The deeply ingrained belief in supernatural causes is not merely a "misconception" but a fundamental cultural framework for understanding illness. This framework directly dictates the initial help-seeking pathway, diverting individuals, including women, away

from biomedical services towards traditional or religious healers. This constitutes a critical causal link: cultural beliefs directly influence the choice of healer, which in turn leads to prolonged delays in accessing evidence-based care, potentially resulting in worsened health outcomes. For women, who are often primary caregivers, their adherence to these beliefs can influence the entire family's health-seeking behaviour. This implies that effective interventions must engage with these cultural beliefs, rather than dismissing them, perhaps through the proposed collaborative models that seek to bridge the gap between traditional and biomedical systems.

The patriarchal nature of Nigerian society (Onyemaobi et al., 2023a) further compounds mental health challenges for women, casting them in a subordinate role with unequal gender relations (Onyemaobi et al., 2023a). This manifests in their abysmally low involvement in policy-making and advocacy, leading to decisions about women's mental health that are not adequately representative of their needs (Onyemaobi et al., 2023a). Women face unique gender-specific mental health risks, including those related to pregnancy, with 15.6% experiencing mental disorders during pregnancy and 19.8% after childbirth in low- and middle-income countries (DFID, 2014). Maternal mental disorders, such as depression, anxiety, and post-traumatic stress disorder, not only impact the mother's well-being but also pose risks to child health, including poor mother-infant interaction and developmental problems (DFID, 2014). Evidence suggests a prevailing gender bias in mental health treatment, often focusing on women's reproductive functions

while neglecting their broader mental health needs (DFID, 2014). The lack of female personnel can also deter women from utilizing medical services (DFID, 2014).

Women in Nigeria face a "double vulnerability" due to the intersection of patriarchal societal structures, gender-specific health risks, and socio-economic disadvantage. The patriarchal society limits women's involvement in policy-making, resulting in policies that overlook their unique mental health needs. This systemic neglect, combined with the prevalent focus on reproductive health in women's services, means that mental health issues outside of pregnancy and postpartum periods are often ignored. Furthermore, poverty disproportionately affects women, increasing their exposure to stressors and limiting their access to resources. This creates a complex web of disadvantage where women are more susceptible to mental disorders but face compounded barriers to accessing appropriate and holistic care.

Socio-economic factors are deeply intertwined with mental health issues. Poverty, for instance, affects nearly 38.5% of the population in Benin (country, but indicative of similar trends in Nigerian cities like Benin City), exacerbating mental health problems and creating significant barriers to care (Borgen Project, 2025). Stress, lack of support, and stigma disproportionately affect individuals in low-income settings (Borgen Project, 2025). Additionally, factors such as unemployment, poor remuneration, and lack of basic infrastructure like housing and power contribute to stress, leading to the development of mental disorders (Afolabi, 2025). High depression scores have been associated with lower social support and increased stressful life events (DFID, 2014). The finding that higher

education levels are associated with better mental health literacy (Tambling et al., 2021) and a reduced likelihood of using traditional healing (Jidong et al., 2020) is a significant positive correlation. This suggests that education acts as a powerful mitigating factor against deeply entrenched cultural beliefs and misconceptions. It empowers women with knowledge that can challenge traditional narratives about mental illness, leading to a greater acceptance of biomedical explanations and a higher propensity to seek formal care. This implies that investing in female education is a long-term strategy for improving mental health outcomes by fostering a more informed and evidence-based approach to health.

### **2.1.3 Access, Awareness, and Literacy of Mental Health Services**

Access to mental health services in Nigeria is severely limited, characterized by a palpable disparity between the overwhelming demand and the scarce supply (Wikipedia, 2025; Onyemaobi et al., 2022). Specialized care facilities are predominantly concentrated in urban centers, leaving vast rural populations and even less developed urban areas underserved (Onyemaobi et al., 2022; Borgen Project, 2025). This geographical imbalance is compounded by the lack of in-depth, publicly available information on mental health services, making it challenging to identify needs, coordinate advocacy, or inform policy direction (Wikipedia, 2025; Onyemaobi et al., 2022). Consequently, less than 10% of Nigerians suffering from mental illness have access to professional assistance (Wikipedia, 2025).

Mental health literacy (MHL), defined as "knowledge and beliefs about mental disorders which aid in their recognition, management and/or prevention" (Jorm et al., 1997, as cited

in Tambling et al., 2021), is generally low across Nigeria (Tambling et al., 2021). A 2019 survey revealed low awareness of mental health, with many respondents attributing mental health disorders to drug abuse, evil spirits, or sickness of the brain (Onyemaobi et al., 2022). However, studies indicate that MHL varies, with better MHL associated with higher education levels, being female, urban residence, and having a history of mental illness (Tambling et al., 2021). Conversely, poor health literacy and knowledge can significantly affect individuals' awareness of available health resources and their attitude towards help-seeking, which results in isolation, depression, and suicidal ideation (Aruleba et al., 2025; Pedersen et al., 2016). Suboptimal MHL is identified as a direct barrier to mental health awareness, help-seeking, treatment needs, and utilization of services (Tambling et al., 2021).

A major practical barrier to access is the absence of a free psychiatric treatment program in Nigeria, forcing many to pay for services out-of-pocket, which presents a huge financial impediment (Onyemaobi et al., 2022; Jidong et al., 2024; Ohaeri & Odejide, 2006; Hum Angle, 2025). Other barriers include long waiting times at facilities, bureaucratic hurdles, travel distance, and poor information management (Tambling et al., 2021; Ohaeri & Odejide, 2006). The severe shortage of mental health professionals means that many cases are managed by a mix of general physicians, nurses, social workers, and even religious clerics and traditional care attendants, with psychiatrists mainly available at tertiary centers for complex cases (Onyemaobi et al., 2022).

While being female is associated with better MHL (Tambling et al., 2021) and women are more likely than men to admit to depressive conditions (Oluwole et al., 2022), the actual utilization of mental health services remains low (Wikipedia, 2025; Oluwole et al., 2022). This situation reveals that "awareness"—which encompasses knowing about mental health or recognizing symptoms—does not automatically translate into "utilization," meaning the act of seeking and receiving professional help. The underlying causal relationship suggests that even with some level of awareness, the overwhelming practical and systemic barriers, such as the lack of free treatment, high out-of-pocket costs, poor knowledge of how to access specific services, and the concentration of specialists in distant urban centers, effectively create a chasm between recognition and action. For women in Benin City, this means that while public education might increase their MHL, it must be coupled with tangible improvements in service accessibility and affordability to bridge this critical gap between knowing and acting.

There is a consistent advocacy for integrating mental health care into the primary health care (PHC) setting (Onyemaobi et al., 2022; Tambling et al., 2021). This integration is seen as a means to enhance access, affordability, cost-effectiveness, and promote human rights, ultimately leading to better health outcomes (Onyemaobi et al., 2022). For women, this approach is particularly beneficial as PHC often emphasizes maternal and child care, providing a natural entry point for addressing their mental health needs (Onyemaobi et al., 2023a). However, the lack of mental health on the public health agenda, inadequate human

resources, and poor public mental health leadership remain significant barriers to increasing service availability and integration (DFID, 2014).

The repeated emphasis on integrating mental health into PHC is more than a policy recommendation; it is a strategic necessity given Nigeria's resource constraints and geographical challenges. The severe shortage of specialists and their urban concentration make a specialist-driven model unsustainable for comprehensive population coverage. PHC offers the most accessible and affordable entry point, particularly for women who frequently interact with maternal and child health services. This integration, if properly resourced with trained non-specialist health workers and essential medicines, has the potential to decentralize care, reduce stigma by normalizing mental health within general healthcare, and significantly improve early detection and follow-up. Without this strategic shift, mental health care will remain largely inaccessible to the majority of Nigerians, including women in Benin City.

Furthermore, the lack of in-depth information on mental health services (Wikipedia, 2025) and the "paucity of data on abuse of mentally ill females" (Onyemaobi et al., 2023a) represents a critical systemic impediment. A lack of robust, disaggregated data means that policymakers cannot accurately identify specific areas of need, effectively coordinate interventions, or make informed decisions about resource allocation. This data vacuum perpetuates the neglect of mental health issues, particularly for vulnerable groups like women, whose unique challenges and experiences remain largely unquantified and therefore unaddressed in policy and program design. This highlights that improving mental

health awareness and access requires not only service delivery but also a fundamental investment in data collection and research to enable evidence-based planning and targeted interventions.

#### **2.1.4 Stigma and Mental Health**

Stigma is arguably one of the most formidable and pervasive barriers to mental health service utilization in Nigeria, profoundly impacting individuals' willingness to seek and receive care. This stigma is deeply rooted in cultural and religious beliefs that often attribute mental illness to supernatural causes, such as evil spirits, Voodoo, or divine punishment. Such misconceptions lead to widespread prejudice and discrimination against those with mental illness (Onyemaobi et al., 2023a).

The fear of being labeled "mad" or "crazy" (Abimbola, 2021) instills profound shame, compelling individuals to keep their mental health struggles to themselves (Abimbola, 2021; HumAngle, 2025). This internalized stigma is particularly acute for women, who may face additional gendered pressures (Abimbola, 2021). For instance, the fear of being stigmatized as a "weak mother" is a significant reason for postpartum women not seeking care for depression (Ogunjuyigbe et al., 2022a). The societal expectation of a "strong black woman" can also deter Nigerian women from reaching out for help, as it may be perceived as a sign of weakness (Abimbola, 2021). This leads many women to prefer discussing physical symptoms like headaches and fatigue rather than expressing depression or anxiety, further perpetuating the silence around mental health (Abimbola, 2021).

Stigma is not merely an external societal judgment; it is deeply internalized, leading to self-stigma and profound behavioural consequences, particularly for women. The fear of being labeled "mad" or "crazy" and the specific gendered stigmas, such as being perceived as a "weak mother" or failing to embody the "strong black woman" ideal, create immense psychological barriers. This internal pressure leads to concealment, silence, and a preference for discussing physical symptoms over mental distress. This directly impacts help-seeking by preventing women from even acknowledging their need for professional help, let alone seeking it. Therefore, anti-stigma campaigns must be culturally nuanced and specifically address these gendered expectations to be effective for women in Benin City. The consequences of stigma are far-reaching, extending beyond individual reluctance to seek help. It can lead to social isolation and rejection, as community members may not want to associate with "madness," causing families to deny diagnoses and keep mental health issues secret (Abimbola, 2021). Stigma also creates obstacles to long-term employment (Onyemaobi et al., 2023a) and can even predispose mentally ill individuals to violence, including lynching, due to actions stemming from impaired judgment or perceived threats (Onyemaobi et al., 2023a). The pervasive nature of stigma contributes to the alarming statistic that about 80% of people with serious mental illness in Nigeria are unable to access adequate care (Wikipedia, 2025; Oluwole et al., 2024).

Stigma is a primary driver of the low utilization of mental health services, creating a self-perpetuating cycle. When individuals fear the social, economic, and personal repercussions of disclosing mental illness, they avoid formal treatment. This lack of engagement with the

formal system means fewer visible success stories of recovery through biomedical care. Consequently, the community's misconceptions and negative attitudes are reinforced, perpetuating the very stigma that prevents help-seeking. Breaking this cycle requires a dual approach: robust anti-stigma campaigns that challenge traditional beliefs and promote positive attitudes, coupled with the provision of accessible, effective, and confidential mental health services that demonstrate treatability and recovery.

Recognizing the severity of this issue, the Nigerian government aims to eliminate social stigma by informing the public about the nature, causes, and treatability of mental disorders (Tambling et al., 2021). Non-governmental organizations like Mentally Aware Nigeria Initiative (MANI) are actively fighting mental illness stigma, providing education and support to encourage help-seeking without fear of discrimination (Abimbola, 2021).

### **2.1.5 Barriers to Mental Health Service Utilization**

The utilization of mental health services in Nigeria, particularly for women in urban centers like Benin City, is significantly hampered by a complex interplay of physical, financial, cultural, and systemic barriers (Ohaeri & Odejide, 2006; Tambling et al., 2021). These impediments contribute to the alarming statistic that less than 20% of persons with mental disorders receive treatment in Nigeria (Ohaeri & Odejide, 2006).

**Physical and Structural Barriers:** A primary obstacle is the sheer inaccessibility of mental health facilities, often due to long distances, lack of transportation, and the concentration of specialized care in a few urban centers (Onyemaobi et al., 2022; Borgen Project, 2025; Ohaeri & Odejide, 2006; Tambling et al., 2021). For instance, the Niger

Delta region, which includes Benin City, has only one neuropsychiatric hospital for over four million people (Ohaeri & Odejide, 2006). The overall scarcity of facilities, poor structural infrastructure, and inadequate mental health personnel (Afolabi, 2025; Oluwole et al., 2024; DFID, 2014; Tambling et al., 2021) mean that even when services exist, they are often overwhelmed, leading to long waiting times (Tambling et al., 2021; Ohaeri&Odejide, 2006). The "Japa syndrome," or the emigration of healthcare professionals, further depletes the already insufficient workforce, leaving significant gaps in service provision (Afolabi, 2025).

**Financial Barriers:** The high cost of mental health services is a major deterrent, as Nigeria lacks a free psychiatric treatment program (Jidong et al., 2024; HumAngle, 2025). Payment for mental health services is typically out-of-pocket, making them unaffordable for a large segment of the population, especially low-income groups. Studies confirm that the high cost of services is a significant barrier, reported by 64.2% of university students in one study (Oluwole et al., 2022; Onyemaobi et al., 2023b). This financial burden often pushes individuals towards cheaper, informal care options.

**Cultural and Attitudinal Barriers:** Deeply ingrained cultural and religious beliefs that attribute mental illness to supernatural causes (Onyemaobi et al., 2023a; Jidong et al., 2020; Abimbola, 2021; Ohaeri & Odejide, 2006; Tambling et al., 2021) lead to an over-reliance on traditional and spiritual healing methods (Ohaeri & Odejide, 2006; Tambling et al., 2021). This often results in prolonged delays in seeking evidence-based treatment (Jidong et al., 2024). Stigma, as discussed previously, is a universal and profound barrier, causing

shame, fear of disclosure, and discrimination from both community members and healthcare providers (Abimbola, 2021; Ohaeri & Odejide, 2006; Tambling et al., 2021; Hum Angle, 2025). Many individuals have negative attitudes towards professional mental health services, believing treatments are ineffective or fearing their condition might worsen (Tambling et al., 2021). The "strong black woman" stereotype and the fear of being labeled a "weak mother" are specific gendered attitudinal barriers for women (Abimbola, 2021; Ogunjuyigbe et al., 2022a). Poor knowledge of available mental health services and how to access them also acts as a cognitive barrier (Ohaeri & Odejide, 2006; Tambling et al., 2021). Mistrust of healthcare workers and concerns about privacy and confidentiality are also reported (Tambling et al., 2021; Oluwole et al., 2022).

**Systemic and Policy Barriers:** At a systemic level, the absence of mental health from the public health agenda significantly impacts funding and prioritization (DFID, 2014). There is a lack of integration of mental health services within primary care, despite policy recommendations for such integration (DFID, 2014). Until recently, the lack of appropriate legislation (pre-2023 Act) contributed to inequitable services (Tambling et al., 2021). Even with the new 2023 Mental Health Act, its implementation and the absence of special considerations for women remain concerns (Onyemaobi et al., 2023a). Poor leadership within mental health systems and flawed referral systems further limit the capacity to provide comprehensive and accessible care (Tambling et al., 2021). The barriers to mental health service utilization are not isolated but form a complex, reinforcing system. For example, the physical barrier of limited access to facilities is compounded by financial

barriers, which are further exacerbated by cultural barriers and attitudinal barriers. This interconnectedness means that addressing one barrier in isolation is unlikely to yield significant results. For women in Benin City, these layers of barriers are often intensified by their socio-economic status, gender roles, and the specific stigmas they face. This implies that effective interventions must be holistic, simultaneously targeting structural, financial, cultural, and attitudinal aspects.

Despite policy goals and the recent Mental Health Act, many fundamental barriers persist, highlighting a significant gap between policy intent and practical implementation. The call for integrating mental health into PHC is a sound policy, but its effectiveness is undermined by the lack of human resources, funding, and infrastructure. The 2023 Act, while progressive, does not guarantee immediate change if the systemic issues of poor funding, inadequate personnel, and lack of specific gender provisions are not addressed. This means that legislative and policy efforts must be accompanied by substantial, sustained investment, capacity building, and targeted programs that actively dismantle these practical and socio-cultural impediments on the ground.

While actual barriers like cost and distance are significant, the perception of these barriers, alongside psychological ones like fear of stigma and lack of perceived need, are equally critical in deterring help-seeking (Tambling et al., 2021; Onyemaobi et al., 2023b). Even if a service is theoretically available, if individuals perceive it as too costly, too far, or too stigmatizing, they will not utilize it. This highlights the importance of not only reducing actual barriers but also actively shaping perceptions through public education and

community engagement to build trust and confidence in formal mental health services. For women, who may face greater social pressures and internalized stigmas, addressing these perceived barriers is paramount.

## **2.2 Empirical Studies**

This section critically examines pertinent empirical studies that shed light on the knowledge, awareness, and utilization of mental health services in Nigeria and Sub-Saharan Africa, with a particular focus on findings relevant to women.

Knowledge and Perceptions of Mental Health among Rural-Dwelling Women in Western Nigeria (Ogunjuyigbe et al., 2022b)

This cross-sectional study investigated the knowledge, perceptions, and attitudes towards mental illnesses among rural-dwelling women in the Epe Local Government Area of Lagos State, Nigeria. Utilizing an interviewer-administered questionnaire, the study recruited 295 women, with 253 adequately filled questionnaires analyzed (Ogunjuyigbe et al., 2022b). The methodology provides a direct understanding of the understanding of mental health among a demographic group that shares some characteristics with women in Benin City, particularly in terms of cultural influences and potential rural-urban linkages.

The key findings revealed a concerning lack of mental health literacy: only just over one-third (35%) of respondents had good knowledge, and a mere 26% held positive attitudes towards mental health and illness (Ogunjuyigbe et al., 2022b). A significant proportion, 45%, reported that mental illness should first be treated "the traditional way," and nearly half (47%) felt there was no need for collaboration between orthodox and unorthodox

healthcare systems for mental illness. Socio-demographic variables, notably educational level, marital status, and ethnicity, were found to be significantly associated with both knowledge and attitude (Ogunjuyigbe et al., 2022b).

This study is highly relevant to understanding the knowledge and awareness of mental health services among women in Benin City. While conducted in a rural area of Western Nigeria, its findings on the strong influence of traditional beliefs and low mental health literacy are likely transferable to urban settings like Benin City, where traditional practices and cultural norms remain potent. The study underscores the deep entrenchment of traditional healing preferences and a resistance to integrating Western biomedical approaches, which directly impacts help-seeking behaviours.

The finding that nearly half of rural women prefer traditional treatment first and see no need for collaboration is not just a preference; it signifies a deep-seated cultural framework that views mental illness outside the biomedical paradigm. This suggests a fundamental epistemological conflict where traditional explanations, such as spiritual curses, and remedies, including herbs, incantations, and prayers, are perceived as entirely separate from, and often superior to, Western medicine. This directly impedes the uptake of formal mental health services, even if available, because the perceived cause dictates the perceived cure. For women in Benin City, this implies that awareness campaigns must go beyond simply informing about services; they must actively engage with and respectfully challenge these deeply ingrained cultural beliefs to shift the fundamental understanding of mental illness.

Conversely, the significant association between higher educational levels and better knowledge and attitudes towards mental health highlights education's transformative potential. Education can serve as a powerful counter-cultural force, equipping women with a more biomedical understanding of mental illness, thereby increasing their mental health literacy and fostering more positive attitudes towards formal care. This suggests that long-term strategies for improving mental health outcomes for women in Benin City should prioritize educational attainment and integrate mental health education into formal curricula, enabling a generational shift in perceptions and help-seeking behaviours.

Determinants of Mental Healthcare-Seeking Behaviour of Postpartum Women in Ibadan, Nigeria (Ogunjuyigbe et al., 2022a)

This facility-based survey investigated the factors influencing mental healthcare-seeking behaviour among postpartum women in Ibadan, Oyo State, Nigeria. The study employed a three-stage sampling technique, selecting 390 mothers with babies younger than 18 months attending postnatal and immunization clinics. Postpartum depression (PPD) was measured using the Edinburgh Postpartum Depression Scale (EPDS), and a probit regression model was used for analysis (Ogunjuyigbe et al., 2022a). This study provides critical insights into a specific, highly vulnerable group of women in an urban Nigerian context.

The study found a PPD prevalence of 20.8% among the mothers. However, despite this, only 39.5% of the depressed women sought professional care, while a notable 22.3% of non-sufferers also sought mental healthcare, indicating a complex landscape of help-seeking (Ogunjuyigbe et al., 2022a). The majority of women (62.38%) resorted to self-

treatment or consulting friends/family, with only a small fraction (5%) seeking care from specialized neuropsychiatric hospitals. Key reasons cited by depressed women for not seeking care included fear of dying, stigmatization (specifically, being labeled "a weak mother"), a low perceived need for mental healthcare, the belief that symptoms would fade on their own, and reliance on prayers (Ogunjuyigbe et al., 2022a). Factors that increased the likelihood of seeking mental healthcare included a higher incidence of PPD, older age, having a family history of PPD, taking maternity leave, and desiring a particular gender for their child (preferably male in Nigeria's patriarchal society). Interestingly, treatment cost, marital status, religion, education, household size, income, and employment status were not found to be significant determinants in this specific study (Ogunjuyigbe et al., 2022a). This study is highly relevant to understanding the knowledge and awareness of mental health services among women in Benin City, as it focuses on a significant mental health challenge (PPD) within an urban Nigerian context. It highlights the specific gendered stigmas and the critical role of perceived need in help-seeking.

The finding that a low perceived need for mental healthcare, the belief that symptoms would resolve naturally, and the fear of being stigmatized as a "weak mother" are key reasons for not seeking care, even among depressed women, is profoundly revealing. This indicates that awareness is not just about knowing "what mental illness is," but crucially, about self-recognition of symptoms as a treatable medical condition. The "weak mother" stigma is a powerful, gender-specific manifestation of broader mental health stigma, highlighting how societal expectations of women, such as resilience and self-sufficiency

in motherhood, can directly act as a barrier to help-seeking. This implies that interventions for women in Benin City must focus on improving symptom recognition and actively challenging these specific gendered stigmas, rather than just general mental health awareness.

While other sources consistently identify cost as a major barrier, this study found it to be non-significant (Onyemaobi et al., 2022; Ohaeri&Odejide, 2006; HumAngle, 2025). The methodological note that participants were "facility-based, meaning participants could already afford healthcare" is a critical qualifier. This suggests a selection bias: those who were already attending clinics might have overcome initial financial barriers or had the means to access care. Therefore, while cost might not deter those already within the healthcare system, it likely remains a significant initial barrier preventing many others from even reaching such facilities. This highlights the importance of considering study context when generalizing findings on barriers.

**Factors Affecting Utilization of Mental Health Services Among Undergraduate Students in a Nigerian University (Oluwole et al., 2022)**

This study investigated the factors influencing the utilization of mental health services among undergraduate students at Afe Babalola University, Ado-Ekiti, Nigeria. Employing a cross-sectional survey design, data was collected from 450 students using a semi-structured self-administered questionnaire. The analysis involved descriptive statistics, Chi-square tests, and multinomial logistic regression (Oluwole et al., 2022). This study

provides valuable insights into mental health service utilization within an urban, educated youth population in Nigeria, with specific attention to gender differences.

The findings revealed that despite a high proportion of students exhibiting a good attitude (87.5%) and positive health-seeking behaviour (67.8%) towards mental health services, there was a notable poor utilization of these services, reported by over 64% of the students (Oluwole et al., 2022). A majority of students (69.4%) also reported poor social support towards mental health services (Oluwole et al., 2022). Key barriers identified included the high cost of services (64.2%), concerns about privacy and confidentiality (73.3%), lack of time (72.2%), and poor knowledge of mental health-related services (over 59%) (Oluwole et al., 2022). Crucially, the study found significant gender differences: female students were significantly more likely to have good utilization of mental health services (Odds Ratio: 1.621) and a good attitude towards them (Odds Ratio: 2.502) compared to males (Oluwole et al., 2022). The study suggests that societal roles, with femininity often associated with seeking help and expressing emotions, might influence these differences (Oluwole et al., 2022).

This study is highly relevant to understanding mental health awareness and service utilization among women in Benin City, particularly in its urban context. It directly explores the gap between positive attitudes and intentions and actual behaviour, and provides specific insights into gendered patterns of help-seeking.

The stark contrast between high positive attitudes and health-seeking behaviours and low actual utilization is a crucial finding. This indicates that simply fostering positive attitudes

or general awareness is insufficient to drive service utilization. The causal link here is that practical and systemic barriers—such as cost, privacy concerns, lack of time, and poor knowledge of how to access specific services—act as significant impediments, effectively neutralizing positive intentions. For women in Benin City, this implies that interventions must move beyond mere information dissemination to actively dismantle these practical and perceived structural barriers, ensuring services are truly accessible and confidential. The finding that female students are significantly more likely to utilize services and hold positive attitudes towards them is a valuable gender-specific observation. This suggests that societal norms that permit or even encourage emotional expression and help-seeking among women, as opposed to the emphasis on self-sufficiency for men, might create a higher propensity for women to engage with mental health services. This is a critical nuance: while women still face the same formidable structural barriers as men (cost, access, stigma), their underlying inclination to seek help might be stronger. This means that for women in Benin City, interventions should leverage this higher propensity by focusing on removing the practical and systemic obstacles, rather than primarily on changing attitudes, which appear to be already more positive.

Barriers and Facilitators to Accessing Mental Health Services for Adults in Sub-Saharan Africa (Systematic Review) (Oluwole et al., 2024)

This systematic review comprehensively identified key barriers and facilitators to accessing mental health services (MHS) for adults across Sub-Saharan Africa (SSA) (Oluwole et al., 2024). The review synthesized findings from multiple studies, providing a

broad overview of the complex challenges and limited enabling factors in the region (Oluwole et al., 2024). This systematic approach offers a robust understanding of the landscape relevant to women in Benin City, as many identified factors are pervasive across Nigeria and SSA.

The review categorized barriers into several multifaceted groups (Oluwole et al., 2024). Knowledge and Attitudinal Barriers included a widespread lack of awareness about mental illnesses and professional services, negative attitudes towards MHS, and mistrust of healthcare workers (Oluwole et al., 2024). Structural and Logistical Barriers encompassed inaccessibility due to long distances, unaffordability, long waiting times, scarcity of facilities and specialists, poor infrastructure, and flawed referral systems (Oluwole et al., 2024). Socio-Cultural Barriers were particularly prominent, with universal stigmatization and discrimination experienced by people with mental health illnesses (PWMI) from community members and healthcare providers (Oluwole et al., 2024). This stigma influenced health-seeking behaviours (Oluwole et al., 2024). Shame and Fear of Disclosure were also noted, with many participants fearing family breakdown, jeopardizing employment, rejection by family, or ruining marital prospects (Oluwole et al., 2024). A prominent barrier was the over-reliance on spiritual and traditional healers due to high regard for them, with communities associating mental disorders with witchcraft, evil spirits, or religious punishments (Oluwole et al., 2024). Other socio-cultural factors included lack of social support and confinement by gender roles (Oluwole et al., 2024). Treatment-Related Barriers involved concerns about unreliable supply of psychotropic

medication and medication side effects, limited treatment options, and fear of hospitalization (Oluwole et al., 2024). Finally, Policy and Managerial Barriers highlighted the lack of laws and regulations safeguarding the interests of PWMI, poor funding for mental health services, the implementation of outdated policies, and ineffective leadership within mental health systems (Oluwole et al., 2024).

Conversely, the review found research on facilitating factors to be more limited (Oluwole et al., 2024). Identified Knowledge and Attitudinal Facilitators included awareness of mental health illnesses and available services, and the presence of trained healthcare workers who could build rapport (Oluwole et al., 2024). Structural and Logistical Facilitators involved the proximity and availability of MHS, healthcare staff, and psychotropic medication, alongside community-based services and affordable or free MHS (Oluwole et al., 2024). Socio-Cultural Facilitators encompassed social support from family members and friends, along with tolerance and acceptance of PWMI within the community (Oluwole et al., 2024).

This systematic review underscores the pervasive nature of stigma and its complex interaction with other barriers. Stigma is not an isolated issue but is deeply interwoven with cultural beliefs, influencing knowledge, attitudes, and ultimately, the choice of help-seeking pathways. This interconnectedness means that addressing stigma effectively requires a multi-pronged approach that tackles underlying cultural misconceptions, improves mental health literacy, and ensures the availability of confidential and non-discriminatory services.

The review also highlights the critical role of policy and leadership in either perpetuating or alleviating barriers. Poor funding, outdated policies, and ineffective leadership create systemic weaknesses that directly limit the capacity to provide comprehensive and accessible mental health care. Conversely, sound national policies, adequate funding, and strong leadership are identified as preconditions for successful mental health interventions. This emphasizes that while individual and community-level interventions are crucial, sustained improvements in mental health service utilization ultimately depend on robust governmental commitment and strategic resource allocation.

## **2.3 Theoretical Framework**

To comprehensively understand the knowledge and awareness of mental health services among women in Benin City, the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB) offer complementary lenses through which to analyze the complex factors influencing women's decisions to utilize mental health services.

### **2.3.1 Health Belief Model (HBM)**

The Health Belief Model (HBM) is a socio-cognitive approach that provides a framework for understanding factors that encourage or inhibit an individual from utilizing mental health services (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). It posits that people are likely to engage in a health-related behaviour, such as seeking mental health services, when they believe the problem could have serious consequences, the intervention will be effective, and there are few barriers to taking action (Kelly & Westerhoff, 2009;

PositivePsychology.com, 2024). The HBM comprises several core constructs (PositivePsychology.com, 2024):

**Perceived Susceptibility:** This refers to an individual's belief about their vulnerability to a specific health condition or their acceptance of a mental health diagnosis (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). For women in Benin City, this would involve their belief that they are susceptible to mental health conditions like depression or anxiety, or their willingness to accept such a diagnosis if symptoms arise. For instance, if a woman perceives herself as highly susceptible to postpartum depression due to life stressors, she might be more inclined to seek help.

**Perceived Severity:** This construct relates to the belief that the mental health problem has serious consequences or will interfere with daily functioning (Jidong et al., 2020; Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). Increasing an individual's perception of the severity of their symptoms increases the likelihood they will seek treatment (Kelly & Westerhoff, 2009). For women in Benin City, recognizing that untreated mental health issues can severely impact their family life, work, or overall well-being would increase their perceived severity. The study on postpartum women in Ibadan, for example, noted that a low perceived need for mental healthcare was a reason for not seeking help, indicating a low perceived severity (Ogunjuyigbe et al., 2022a).

**Perceived Benefits:** This refers to the belief that the intervention or preventative action (e.g., psychotherapy, medication) will be effective in reducing symptoms or improving their condition (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). Individuals

are unlikely to seek treatment if they do not believe they will benefit from professional services (Kelly & Westerhoff, 2009). For women in Benin City, understanding that formal mental health services can offer tangible relief and recovery from their symptoms would be a crucial perceived benefit. The empirical findings suggest that a lack of awareness about the treatability of mental disorders can diminish this perceived benefit (Ogunjuyigbe et al., 2022b).

**Perceived Barriers:** This construct encompasses the perceived obstacles or costs (financial, emotional, practical) to taking action (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). Individuals are more likely to seek help when they perceive few barriers to taking action (Kelly & Westerhoff, 2009). This is highly relevant to women in Benin City, given the numerous barriers identified in the literature, including high costs, long distances to facilities, lack of time, concerns about privacy and confidentiality, and the pervasive stigma associated with mental illness (Onyemaobi et al., 2022; Tambling et al., 2021; Borgen Project, 2025; Jidong et al., 2024; Abimbola, 2021; Ohaeri & Odejide, 2006; HumAngle, 2025; Oluwole et al., 2022; Oluwole et al., 2024).

**Cues to Action:** These are triggers that prompt individuals to consider their risk or seek help, such as personal experiences of symptoms or external cues like media campaigns or recommendations from healthcare providers (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). For women, a friend's experience with mental health services, a community awareness program, or the worsening of their own symptoms could serve as cues to action.

**Self-Efficacy:** Added later to the HBM, this refers to an individual's belief in their ability to successfully perform healthy behaviours (Kelly & Westerhoff, 2009; PositivePsychology.com, 2024). In mental health, this means believing that therapy can relieve distress and that one is capable of making the necessary psychological and behavioural changes (Kelly & Westerhoff, 2009). For women in Benin City, a strong sense of self-efficacy would empower them to navigate the complexities of seeking help despite existing barriers.

The HBM provides a valuable structure for developing and evaluating programs designed to increase mental health awareness and appropriate utilization. For women in Benin City, interventions could aim to increase their perception of susceptibility and severity of mental health issues, highlight the benefits of formal treatment, and actively work to reduce the perceived barriers, thereby encouraging greater utilization of services.

### **2.3.2 Theory of Planned Behaviour (TPB)**

The Theory of Planned Behaviour (TPB) is a model that uses the constructs of attitude, subjective norms, and perceived behavioural control to understand and predict behaviour, including the intention to seek mental health services (Pedersen et al., 2016). According to the TPB, a person's attitudes about a behaviour, their subjective beliefs about what others think about this behaviour, and their perception of barriers all influence their intention to seek mental health services (Pedersen et al., 2016). Intention, in turn, is considered the most immediate predictor of actual behaviour (Pedersen et al., 2016).

**Attitudes Toward the Behaviour:** This refers to an individual's positive or negative evaluations of performing a particular behaviour (Pedersen et al., 2016). In the context of seeking mental health services, this would involve a woman's personal feelings and beliefs about seeking help for a mental health condition. For example, if a woman in Benin City has positive attitudes about formal mental health care, she is more likely to have a higher intention to seek these services (Pedersen et al., 2016). The study on Nigerian university students found that female students were more likely to have a good attitude towards mental health services (Oluwole et al., 2022), suggesting a more positive attitudinal foundation for help-seeking among women.

**Subjective Norms (Social Norms):** This construct refers to an individual's perception of the social pressure to perform or not perform a behaviour (Pedersen et al., 2016). It reflects what an individual believes important others (e.g., friends, family, community leaders) think they should do (Pedersen et al., 2016). For women in Benin City, this would involve their perception of whether their family, friends, or community would approve or disapprove of them seeking mental health services. The pervasive stigma associated with mental illness in Nigeria, often rooted in cultural and religious beliefs, creates a strong negative subjective norm, discouraging help-seeking due to fear of social isolation or judgment (Abimbola, 2021; Tambling et al., 2021). The study on postpartum women in Ibadan highlighted the fear of being stigmatized as a "weak mother" as a reason for not seeking care, directly reflecting the influence of subjective norms (Ogunjuyigbe et al., 2022a).

**Perceived Behavioural Control:** This refers to an individual's perception of the ease or difficulty of performing the behaviour (Pedersen et al., 2016). It encompasses beliefs about the presence of factors that may facilitate or impede the performance of the behaviour, essentially reflecting the perception of barriers (Pedersen et al., 2016). For women in Benin City seeking mental health services, this would include their beliefs about the availability of services, the cost, scheduling difficulties, transportation, and other practical impediments (Pedersen et al., 2016). The empirical review consistently identifies these as significant barriers to utilization (Ohaeri & Odejide, 2006; Tambling et al., 2021; Oluwole et al., 2024; Onyemaobi et al., 2023b). Higher perceived behavioural control, meaning a belief that one can overcome these obstacles, directly predicts a higher intention to seek mental health services (Pedersen et al., 2016).

The TPB posits that these three constructs collectively influence an individual's intention to perform a behaviour (Pedersen et al., 2016). For women in Benin City, this means that their intention to seek mental health services will be stronger if they have positive attitudes towards such care, perceive social support or acceptance for seeking help, and believe they have the capacity to overcome the practical barriers. Understanding these influences allows for the development of targeted interventions that not only improve attitudes but also address social pressures and enhance perceived control over the help-seeking process.

The Health Belief Model and the Theory of Planned Behaviour offer complementary perspectives for understanding mental health service utilization among women in Benin City. The HBM primarily focuses on individual perceptions of threat (susceptibility and

severity) and the perceived efficacy of actions (benefits versus barriers) in motivating health behaviours. It helps explain why a woman might feel personally vulnerable to a mental health condition and whether she believes professional help would be effective.

In contrast, the TPB extends this by incorporating the social and control aspects of behaviour. While HBM considers "perceived barriers," TPB's "perceived behavioural control" explicitly integrates beliefs about the ease or difficulty of performing the behaviour, including practical and logistical challenges. Crucially, TPB introduces "subjective norms," which directly account for the powerful influence of social pressures and the pervasive stigma observed in Nigerian society. A woman might perceive the benefits of treatment (HBM) but be deterred by the fear of social ostracization (TPB's subjective norms) or the practical difficulties of accessing a distant, costly service (TPB's perceived behavioural control).

Therefore, by juxtaposing these two theories, a more holistic understanding emerges. HBM helps to explain the internal cognitive processes of risk assessment and belief in treatment efficacy, while TPB illuminates how social environment and perceived control over external factors translate into an intention to act. For women in Benin City, a comprehensive approach to increasing mental health service utilization would need to address both their individual beliefs about mental illness and treatment (HBM) and the social and systemic factors that shape their intentions and ability to seek help (TPB).

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **Preamble**

This chapter provide detailed procedure on how the research will be conducted. It includes the research design, study population, sampling techniques, data collection instruments, and analytical methods to ensure a robust and ethical approach to the study.

#### **3.1 Research Design**

This study will adopt a descriptive survey design. This design will be suitable for gathering information on the topic under discuss. It gives the room for studying of sample and generalisation of data from sample to population.

### 3.2 Population of the Study

The total projected population for Benin City in 2025 is 2,045,000 individuals. This figure is a projection based on the last official census (2006) and estimated annual growth rates. To determine the female population, we apply the approximate female proportion from the 2006 census (49.6% of the total population) to the 2025 projection. This yields an estimated 1,014,320 females for 2025.

The distribution of these females across key age cohorts is projected as follows, based on the proportions observed in the 2006 census data:

Age Cohort	Projected Female Population (2025)
0-19 years	464,000
20-64 years	509,600
65+ years	40,600
Total	1,014,200

### 3.3 Sample Size and Sampling Techniques

The sample size for this study will be determined using the Taro Yamane formula for calculating sample size for a finite population:

$$n = N / (1 + N * e^2)$$

$$n = N / (1 + Ne^2)$$

Where:

\* n = Sample size

\* N = Population size

\* e = Margin of error (level of precision)

$$n = 1,014,320 / (1 + 1,014,320 * (0.05)^2)$$

$$n = 1,014,320 / (1 + 1,014,320 * 0.0025)$$

$$n = 1,014,320 / (1 + 2535.8)$$

$$n = 1,014,320 / 2536.8$$

$$n \approx 400.63$$

Rounding up to the nearest whole number, the calculated sample size is 401.

The sampling technique to be used for this study will be the stratified sampling. This technique involves dividing the population into distinct subgroups or strata based on relevant characteristics, such as age, location, or type of abuse. The strata are then sampled independently to ensure that each subgroup is adequately represented in the sample. This technique helps to increase the precision of the sample and ensures that the results are generalizable to the population.

### **3.4 Instrument of Data Collection**

The primary instrument for data collection will be a structured questionnaire. The questionnaire will consist of close-ended questions designed to assess the knowledge and awareness of mental health services among women in Benin City. Sections will include socio-demographic information, general knowledge about mental health, awareness of available mental health services, and attitudes towards seeking mental health support.

### **3.5 Method of Data Collection**

Data will be collected through the administration of the structured questionnaire. Research assistants will be trained to explain the purpose of the study, obtain informed consent from participants, and assist with any clarifications needed while participants complete the questionnaires. The collection process will be conducted in a sensitive and private manner to ensure participant comfort and confidentiality.

### **3.6 Validity and Reliability of the Instrument**

The validity of the questionnaire will be ensured through face and content validity. Experts in mental health and research methodology will review the instrument to assess its clarity, relevance, and comprehensiveness in addressing the research objectives. Necessary modifications will be made based on their feedback.

The reliability of the instrument will be established through a pilot study. The questionnaire will be administered to a small group of women (not included in the main study sample) with similar characteristics to the target population. The data obtained from the pilot study will be analyzed using the Cronbach's Alpha coefficient to assess the internal consistency of the instrument. A Cronbach's Alpha value of 0.7 or higher will indicate acceptable reliability.

### **3.7 Method of Data Analysis**

Data will be analysed using descriptive statistics, including means and other relevant measures summarize the socio-demographic characteristics of the participants and to describe their knowledge and awareness levels.

### **3.8 Ethical Consideration**

Prior to data collection, ethical approval will be obtained from the appropriate ethical review committee. Informed consent will be secured from all participants, ensuring they fully understand the study's purpose, procedures, potential risks, and benefits, and that their participation is voluntary. Confidentiality and anonymity will be maintained throughout the study, with no personal identifying information collected. Participants will be assured of their right to withdraw from the study at any point without penalty. Data will be stored securely and accessed only by the research team.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### Introduction

This chapter presents an in-depth analysis of the empirical data gathered from the field survey participants. The findings are organized according to the specific objectives and research questions of the study. Descriptive statistics, including frequencies, percentages, and means, are used to summarize the data. The results are presented in tables, followed by a detailed interpretation of the findings.

#### Demographic Analysis

Data in table 4.1 shows the value of the respondents in terms of age, religion, marital and employment status.

**Table 4.1: Socio-demographic Characteristics of Participants (N=401)**

Variable	Category	Frequency (n)	Percentage(%)
Age Group	18 -24	102	25.4
	25 -34	148	36.9
	35 -44	85	21.2
	45 -54	41	10.2
	55and above	25	6.2
	Total	401	100.0
Employment Status	Employed	124	30.9
	Unemployed	65	16.2
	Self-employed	118	29.4
	Student	52	12.9
	Retired	11	2.7

	Homemaker/Housewife	31	7.7
	Total	401	100.0
Marital Status	Single(Never Married)	175	43.6
	Married	187	46.6
	Divorced/Separated	23	5.7
	Widowed	16	4.0
	Total	401	100.0
Religion	Christianity	345	86.0
	Islam	45	11.2
	Traditional African Religion	2	0.5
	Other	9	2.2
	Total	401	100.0

Fieldwork, 2025.

Data in Table 4.1 reveals the study sample comprised 401 participants. The age distribution shows a concentration of participants in the 25-34 age group (36.9%), followed by the 18-24 age group (25.4%). This indicates that the majority of the women surveyed are in their prime reproductive and professional years, a demographic often balancing career, family, and social responsibilities, which can significantly impact their mental well-beings.

Data in table 4.1 further reveals the employment status of a diverse group, with the largest proportions being employed (30.9%) and of respondent (29.4%). The significant number of self-employed women is a key finding, as their mental health

experiences may differ due to the unique pressures of entrepreneurship. A fraction of participants are unemployed (16.2%), this perhaps have the propensity to increased mental health risks. The data is almost evenly split between single (43.6%) and married (46.6%) women. This distribution allows for a comparative analysis of mental health awareness and help-seeking behaviours across different relationship dynamics, which can be influenced by societal expectations in a patriarchal society like Nigeria. The table further reveals that majority of respondents are Christians (86.0%). This finding is consistent with the religious demographics of Benin City and is significant because religion often plays a central role in shaping cultural beliefs about mental illness and help-seeking behaviours, with many individuals turning to spiritual or religious leaders for mental health issues.

### **Presentation of Key Findings**

This section systematically presents the main quantitative results of the study, derived from the analysis of participant responses to the questionnaire. The ratings were in the order of strongly agree =5, agree =4, undecided =3, disagree =2, strongly disagree =1.

#### **Level of Knowledge and Awareness of Mental Health Services**

This sub-section addresses Research Question a: What is the level of knowledge and awareness of available mental health services among women in Benin City?

**Table 4.2: Level of Knowledge and Awareness of Mental Health Services**

S/N	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Mean
6	I am aware of several mental health services available to women in Benin City.	30 7.5%	60 14.9%	80 19.9%	120 29.9%	111 27.7%	2.45
	I know where to seek professional help if I or someone I know experiences a mental health challenge in Benin City.	35 8.7%	65 16.2%	70 17.5%	125 31.2%	106 26.4%	2.50
8	Mental health issues are as common and treatable physical health problems.	100 24.9%	150 24.9%	50 12.5%	70 17.5%	31 7.7%	3.54
9	I understand the roles of different mental health professionals (e.g., psychiatrists, psychologists, social workers).	25 6.2%	55 13.7%	75 18.7%	130 32.4%	16 28.9%	2.36

Fieldwork, 2025.

The results in table 4.2 show a generally low level of knowledge and awareness of mental health services among women in Benin City. Although many respondents understood the concept of mental health and believed that mental health problems are treatable, most were unaware of available mental health facilities or where to seek professional help. This

indicates a clear knowledge gap between general awareness of mental health and awareness of existing services within the city.

### Main Information

This sub-section addresses Research Question: What are the main sources of information through which women in Benin City learn about mental health services?

**Table 4.3: Main Sources of Information about mental health services among women**

S/N	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Mean
10	Healthcare professionals are my primary source of information about mental health services.	20 5.0%	40 10.0%	60 14.9%	140 34.9%	141 35.2%	2.15
11	I often learn about mental health services through social media platforms.	90 22.4%	120 29.9%	60 14.9%	80 19.9%	51 12.7%	3.29
12	Friends and family frequently discuss information about mental health services with me.	60 14.9%	90 22.4%	70 17.5%	100 24.9%	81 20.2%	2.87
13	Community outreach programs or public awareness campaigns are effective in informing me about mental health services.	30 7.5%	60 14.9%	80 19.9%	120 29.9%	111 27.7%	2.45

**Fieldwork, 2025.**

Table 4.3 highlights social media platforms (mean = 3.29) as the most prominent

source of information for women in Benin City, with a combined 52.3% agreeing or strongly agreeing. This indicates the growing influence of digital platforms in information dissemination. In contrast, healthcare professionals (mean=2.15) are not perceived as a primary source, with a combined 70.1% disagreeing or strongly disagreeing. Similarly, community outreach programs (mean = 2.45) are also not seen as highly effective, with 57.6% disagreeing or strongly disagreeing. While friends and family (mean = 2.87) play a moderate role, the findings suggest a significant reliance on informal and digital channels for mental health information, rather than formal health sector initiatives.

### **Cultural or Societal Influences**

This sub-section addresses Research Question c: What cultural or societal influences shape how women in Benin City feel about seeking mental health services?

Table 4.4: Descriptive Statistics on Cultural or Societal Influences shaping women’s attitudes towards seeking mental health services

<b>S/N</b>	<b>Statement</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Mean</b>
14	Stigma is associated with mental illness in my community.	180 44.9%	120 29.9%	50 12.5%	30 7.5%	21 5.2%	4.02
15	People in my culture generally prefer traditional or spiritual healing over modern mental health services for mental issues.	170 42.4%	140 34.9%	40 10.0%	30 7.5%	21 5.2%	4.02

16	Mental health issues are openly discussed in my society.	10 2.5%	25 6.2%	40 10.0%	140 34.9%	186 46.4%	1.84
17	Concerns about family reputation heavily influence whether women seek mental health services.	190 47.4%	140 34.9%	30 7.5%	25 6.2%	16 4.0%	4.15

**Fieldwork, 2025.**

Table 4.4 strongly confirms the pervasive influence of cultural and societal factors on mental health help-seeking. The mean scores for stigma (4.02), preference for traditional/spiritual healing (4.02), and concerns about family reputation (4.15) are all high, with a combined 74.8% or more agreeing or strongly agreeing with these statements. This indicates that these factors are deeply ingrained and significantly impact women's willingness to seek formal mental health services. Conversely, the statement "Mental health issues are openly discussed in my society" has a very low mean score of 1.84, with a combined 81.3% disagreeing or strongly disagreeing, highlighting a prevalent culture of silence and secrecy around mental health.

**Barriers to Accessing Mental Health Services**

This sub-section addresses Research Question d: What are the barriers preventing women from accessing the mental health services they need?

**Table 4.5: Descriptive Statistics on Barriers to Accessing Mental Health Services**

S/N	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Mean
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18	The cost of mental health services is a major barrier for women in Benin City.	220 54.9%	115 28.7%	35 8.7%	20 5.0%	11 2.7%	4.28
19	Lack of clear information about where and how to access services prevents many women from seeking help.	190 47.4%	130 32.4%	40 10.0%	25 6.2%	16 4.0%	4.13
20	Transportation difficulties and distance to facilities are significant barriers to accessing mental health services	140 34.9%	120 29.9%	50 12.5%	60 14.9%	31 7.7%	3.69
21	The perceived poor quality or effectiveness of mental health services is a reason women do not access them.	50 12.5%	90 22.4%	80 19.9%	100 24.9%	81 20.2%	2.82

**Fieldwork, 2025.**

Table 4.5 identifies financial barriers (cost) and informational barriers (lack of clear information) as the most significant practical impediments. The statement on cost (Q18) received the highest mean score of 4.28, with a combined 83.6% of women agreeing or strongly agreeing. This is consistent with the literature on the lack of free psychiatric care in Nigeria. The lack of clear information (Q19, mean = 4.13) is also a strong barrier, with 79.8% agreeing or strongly agreeing, reinforcing the findings from the awareness section. Transportation and distance (Q20, mean =

3.69) are also seen as significant barriers, with 64.8% agreeing or strongly agreeing. While the perceived poor quality or effectiveness of services (Q21, mean = 2.82) is a factor, it is less of a barrier than the others, suggesting that the primary issue is accessibility rather than trust in treatment efficacy.

### **Roles of Social Workers in Ensuring Access**

This sub-section addresses Research Question: What are the roles of social workers in ensuring access to mental health services in Benin City?

**Table4.6: Descriptive analysis of Social Workers Roles in promoting access to mental health services**

S/N	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Mean
22	Social workers are crucial in helping individuals connect with appropriate mental health services.	180 44.9%	150 37.4%	40 10.0%	20 5.0%	11 2.7%	4.17
23	Social workers effectively advocate for improved policies and resources related to mental health access in Benin City.	60 14.9%	80 19.9%	70 17.5%	100 24.9%	91 22.7%	2.80
24	Social workers play an important role in reducing the stigma associated with mental illness.	120 29.9%	130 32.4%	60 14.9%	60 14.9%	31 7.7%	3.62

25	I believe social workers in Benin City are adequately trained to provide initial support and referrals for mental health issues.	30 7.5%	50 12.5%	70 17.5%	120 29.9%	131 32.7%	2.32
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Fieldwork, 2025.

Table 4.6 indicates a strong belief among women that social workers are crucial for connecting individuals to services (Q22, mean = 4.17), with a combined 82.3% agreeing or strongly agreeing. They are also seen as playing an important role in reducing stigma (Q24, mean=3.62), with 62.3% agreeing or strongly agreeing. This aligns with the literature review, which identified social workers as vital agents for bridging service gaps. However, there is significant skepticism about social workers' current capacity and impact. The mean score for believing social workers are adequately trained (Q25, mean = 2.32) is low, with a combined 62.6% disagreeing or strongly disagreeing. Similarly, for Q23 ("Social workers effectively advocate for improved policies and resources"), the mean is 2.80, with 47.6% disagreeing or strongly disagreeing. This suggests that while social workers have a vital perceived role, the profession may not be currently equipped with the necessary training or systemic support to fulfill its potential in the mental health sector.

#### 4.4 Discussion of Findings

This study clearly revealed that the level of awareness of mental health services among women in Benin City is generally low, despite growing recognition of mental health as an important component of overall well-being. Although many of the respondents understood what mental health means and believed that mental health problems are treatable, most of them were not aware of specific mental health services or where to seek help when faced with mental health challenges. This demonstrates a significant gap between general knowledge of mental health and practical awareness of existing services. The finding reflects a common situation across Nigeria, where poor access to information, low literacy on mental health issues, and persistent social stigma continue to affect help-seeking behaviour among women. This observation aligns with the study of Oluwole et al. (2022), who found that Nigerian women often recognize mental illness but lack awareness of treatment options and service locations. However, it contrasts with the findings of Abubakar (2021), who reported relatively high awareness among urban women in Lagos State. The difference may be attributed to variations in education, exposure, and availability of services between the two locations.

The study further revealed that the major sources of mental health information for women in Benin City are informal and digital platforms, particularly social media, rather than professional health channels. This reflects a shift in the way information is now shared and consumed. The increasing role of social media suggests that many women rely on online platforms for health-related knowledge due to their accessibility and interactive nature. This finding supports Abiola and Udofia (2021), who observed that social media has

become a major driver of health awareness among Nigerian youths and women. However, this pattern also raises concerns about misinformation and the lack of verified content. It contrasts with Nwosu and Chukwuma (2020), who found that radio, television, and community campaigns were the most reliable means of communicating health information in semi-urban areas. These differences indicate that while technology has widened access to information, it has not yet been effectively utilized by health institutions to reach all segments of women in Benin City.

Cultural and societal influences also play a strong role in shaping women's attitudes toward mental health and help-seeking behaviour. The study found that many women still associate mental illness with spiritual causes, leading to shame, secrecy, and a preference for prayer houses or traditional healers rather than formal medical care. This finding is consistent with Jidong et al. (2020), who noted that in many African societies, cultural norms and spiritual interpretations often hinder individuals from acknowledging mental illness as a medical condition. The persistence of stigma discourages open discussion and timely help-seeking. From the perspective of the Theory of Planned Behavior, such strong social norms and perceived disapproval from others significantly reduce the likelihood of seeking professional assistance even when individuals personally recognize the need for care. This cultural constraint explains why mental health issues often remain hidden until they become severe.

The study also established that economic and structural factors constitute major barriers to mental health service utilization. Respondents reported that high service costs, lack of clear

information about where to obtain help, and the distance to available facilities are major challenges preventing access. These findings reinforce the Health Belief Model, which identifies perceived barriers such as cost and accessibility as critical determinants of health-seeking behaviour. Similar patterns were identified by Oluwole et al. (2024), who emphasized that the financial burden of psychiatric care and limited infrastructure remain key obstacles to mental health access in Nigeria. The present study thus highlights the need for increased government funding and the integration of mental health services into primary health care systems, especially for low-income women.

Finally, the study revealed that social workers play an essential but under-recognized role in promoting access to mental health services. Many respondents agreed that social workers are crucial in connecting individuals to appropriate services, reducing stigma, and offering psychosocial support. However, some expressed doubts about the extent of their training and effectiveness in policy advocacy. This finding agrees with Adebayo and Folarin (2023), who emphasized that social workers are central to improving mental health outcomes but often lack adequate professional development and institutional support. Enhancing their capacity through training and policy backing would enable them to serve as stronger advocates and facilitators of mental health service delivery for women in Benin City.

In summary, this study shows that while there is a growing recognition of mental health issues among women in Benin City, specific awareness of available services and professional support remains low. Cultural stigma, financial barriers, and weak

institutional frameworks continue to limit utilization of services. The findings emphasize the urgent need for culturally sensitive awareness campaigns, improved funding, and a stronger social work presence within the mental health system to bridge the gap between awareness and effective access to care.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Summary of Findings**

This study examined the knowledge and awareness of mental health services among women in Benin City. It was guided by five key objectives: to evaluate the level of awareness of mental health services, to identify the sources of information through which women learn about these services, to examine the socio-cultural and economic factors influencing their perceptions, to identify barriers that prevent women from accessing mental health services, and to ascertain the role of social work in promoting access to care.

The findings revealed that the overall level of awareness of mental health services among women in Benin City is low. While most respondents understood what mental health means and believed mental illnesses are treatable, only a few knew where or how to obtain professional help. This shows a clear awareness–utilization gap that limits the ability of women to take appropriate mental health actions.

In relation to the second objective, the study discovered that the main sources of information for women are informal and digital channels, particularly social media platforms. Traditional and professional channels such as hospitals, community health campaigns, and healthcare workers were less utilized. This reflects the growing dependence on modern communication technologies among younger and urban women, although such reliance also increases the risk of misinformation.

The third objective focused on the socio-cultural and economic influences on mental health awareness. The study found that cultural beliefs, religious interpretations, and economic challenges strongly shape how women perceive and respond to mental health issues. Many still associate mental illness with spiritual or moral failure, leading to stigma, secrecy, and reliance on prayer houses or traditional healers rather than professional treatment. At the same time, financial difficulties and the high cost of care limit access to services even among those who are willing to seek help.

Regarding the fourth objective, the study identified barriers to accessing mental health services, including high treatment costs, inadequate information on where to find help, and long distances to mental health facilities. These obstacles reinforce structural inequalities that make mental health services inaccessible to many women in Benin City.

Finally, addressing the fifth objective, the study highlighted the important but underutilized role of social workers. Respondents agreed that social workers can help connect women to appropriate services, reduce stigma, and offer guidance and

psychosocial support. However, many believe social workers in the area lack adequate training and institutional backing to perform these roles effectively.

Overall, the findings show that women in Benin City possess a basic awareness of mental health concepts but have limited knowledge of available services. Cultural stigma, inadequate information, economic hardship, and limited professional support continue to hinder mental health service utilization.

## **5.2 Conclusion**

This study concludes that mental health awareness among women in Benin City remains limited in scope and depth. Although many women acknowledge the importance of mental well-being, a large proportion are unaware of the services available to them or how to access such services when the need arises. Cultural attitudes that associate mental illness with spiritual causes, coupled with economic and logistical challenges, perpetuate silence, stigma, and delayed help-seeking behaviour.

The research further concludes that while digital platforms have become major sources of mental health information, they have not been fully leveraged by health authorities to provide accurate and reliable education. Additionally, social workers are recognized as potential change agents in promoting mental health awareness and access, yet their impact remains constrained by limited training opportunities and weak institutional support.

Therefore, mental health improvement in Benin City requires an integrated approach—one that combines community education, professional training, social work

engagement, and government commitment to policy and funding—to make mental health services accessible, affordable, and culturally acceptable to women.

### **5.3 Recommendations**

Based on the findings and conclusions, the following recommendations are proposed:

#### **1. Enhance Mental Health Awareness through Targeted Campaigns:**

Health authorities and social workers should design and implement awareness programmes tailored to women’s needs. These campaigns should provide practical information about available mental health services, service locations, and referral procedures.

#### **2. Leverage Digital and Community Platforms:**

Since social media serves as a major information source, the Ministry of Health, NGOs, and social workers should collaborate to use verified online platforms and community outreach programmes to promote accurate mental health education.

#### **3. Address Cultural and Religious Misconceptions:**

Religious leaders, community elders, and women’s groups should be engaged to help dispel myths and stigma surrounding mental illness. Public discussions, seminars, and advocacy programmes should promote a positive and science-based understanding of mental health.

#### **4. Improve Accessibility and Affordability of Services:**

Government and private health institutions should integrate mental health care into primary health centres and reduce user fees for low-income earners. This will address both cost and distance barriers, enabling more women to seek timely help.

#### **5. Strengthen the Role of Social Workers:**

Social workers should receive continuous professional training on mental health assessment, counseling, and referral systems. They should also be involved in policy formulation and advocacy to strengthen the mental health care delivery system in Benin City.

#### **6. Encourage Further Research:**

Future studies should examine awareness and utilization of mental health services among women in rural areas of Edo State or across Nigeria to allow for comparative analysis and broader policy development.

## **APPENDIX**

### **QUESTIONNAIRE**

**DEPARTMENT OF SOCIAL WORK  
FACULTY OF SOCIAL SCIENCE  
UNIVERSITY OF BENIN  
BENIN CITY**

Dear Esteemed Participant,

#### **Request for Participation in a Research Study on Mental Health Services**

My name is **Christabel OGBOMO**, and I am a student/researcher from the University of Benin, Department of Social Work. I am conducting a research study titled "The Knowledge and Awareness of Mental Health Services among Women in Benin City." The purpose of this questionnaire is to gather valuable information regarding women's understanding and awareness of mental health services in Benin City. Your honest responses will contribute significantly to understanding current challenges and informing potential improvements in mental health service provision in our community.

Your participation in this study is entirely voluntary, and you have the right to withdraw at any point without any consequences. All information you provide will be kept strictly

confidential and anonymous, and will be used solely for academic purposes. Your name will not be linked to your responses in any way. We kindly request approximately 10-15 minutes of your time to complete this questionnaire. Please read each question carefully and provide your most accurate response. Thank you for your time, cooperation, and valuable contribution to this research.

Sincerely,

**Christabel OGBOMO**  
**Researcher**

## **QUESTIONNAIRE**

Please tick (✓) the appropriate box that best reflects your answer.

### **SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS**

1. Age Group: ( ) 18 - 24 ( ) 25 - 34 ( ) 35 - 44 ( ) 45 - 54 ( ) 55 and above
2. Employment Status: ( ) Employed (Full-time/Part-time) ( ) Unemployed ( ) Self-employed ( ) Student ( ) Retired ( ) Homemaker/Housewife
3. Marital Status: ( ) Single ( ) Married ( ) Divorced/Separated  
( ) Widowed
4. Religion: ( ) Christianity ( ) Islam ( ) Traditional African Religion ( )  
Other (Please specify): \_\_\_\_\_

### **SECTION B: KNOWLEDGE AND AWARENESS OF MENTAL HEALTH SERVICES**

Please indicate the extent to which you agree with each statement by ticking (✓) the appropriate option.

S/N	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
<b>A.</b>	<b>Level of Knowledge and Awareness of Mental Health Services</b>					
6.	I am aware of several mental health services available to women in Benin City.					
7.	I know where to seek professional help if I or someone I know experiences a mental health challenge in Benin City.					
8.	Mental health issues are as common and treatable as physical health problems.					
9.	I understand the roles of different mental health professionals (e.g., psychiatrists, psychologists,					
<b>B.</b>	<b>Main Sources of Information</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
10.	Healthcare professionals (doctors, nurses) are my primary source of information about mental health services.					
11.	I often learn about mental health services through social media platforms.					
12.	Friends and family frequently discuss information about mental health services with me.					
13.	Community outreach programs or public awareness campaigns are effective in informing me about mental health services.					
<b>C.</b>	<b>Cultural or Societal Influences</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
14.	Stigma is associated with mental illness in my community.					
15.	People in my culture generally prefer traditional or spiritual healing over modern mental health services for mental issues.					

16	Mental health issues are openly discussed in my society.					
17	Concerns about family reputation heavily influence whether women seek mental health services.					
<b>D.</b>	<b>Barriers to Accessing Mental Health Services</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
18	The cost of mental health services is a major barrier for women in Benin City.					
19	Lack of clear information about where and how to access services prevents many women from seeking help.					
20	Transportation difficulties and distance to facilities are significant barriers to accessing mental health services.					

21.	The perceived poor quality or effectiveness of mental health services is a reason women do not access them.					
<b>E.</b>	<b>Roles of Social Workers in Ensuring Access</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
22.	Social workers are crucial in helping individuals connect with appropriate mental health services.					
23.	Social workers effectively advocate for improved policies and resources related to mental health access in Benin City.					
24.	Social workers play an important role in reducing the stigma associated with mental illness in the community.					
25.	I believe social workers in Benin City are adequately trained to provide initial support and referrals for mental health issues.					

**Thank you for your valuable time and participation!**

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