

**SOCIO-CULTURAL FACTORS AND STRESS MANAGEMENT AMONG
UNDERGRADUATES IN THE UNIVERSITY OF BENIN, EDO STATE, NIGERIA**

BY

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**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY
FACULTY OF SOCIAL SCIENCE
UNIVERSITY OF BENIN**

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**BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
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UNIVERSITY OF BENIN, BENIN CITY**

OCTOBER, 2025

CERTIFICATION

We the undersigned certify that **Esosa gift OSAMWONYI** with matriculation number **SSC2105976** completed the requirement for the research work for the award of Bachelor of Science Degree in Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City.

Dr. (Mrs) Amen Ilevbare
(Project Supervisor)

Date

Assoc. Prof. O. G. Igbinomwanhia
(Head of Department)

Date

DEDICATION

This work is dedicated to Almighty God for his unlimited grace

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I wish to express gratitude to God Almighty for His infinite mercies, tender love and kindness showered on me previously, now and always. I also would like to appreciate my personal resilience towards my academic journey, it has been a bitter sweet experience

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May God bless you all.

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ABSTRACT

This study examined the influence of socio-cultural factors on stress management among undergraduates in the University of Benin, Edo State, Nigeria. The research was motivated by the growing concern over the increasing rate of stress among university students and the limited attention given to the socio-cultural dimensions that influence stress experiences and coping mechanisms. The study adopted a descriptive survey design to allow for the collection of data from a large and diverse population of students. A structured questionnaire was developed and administered to a purposive sample of 100 undergraduates drawn from various faculties of the university. The instrument was divided into sections covering demographic characteristics, triggers of stress, stress prevalence, socio-cultural influences, and stress management techniques. Data collected were analyzed using descriptive statistics such as frequency counts and percentages to interpret students' responses. The findings revealed that academic workload, financial challenges, family expectations, and peer pressure were the major stressors among students. The study further showed that female students experienced higher levels of stress than their male counterparts. It was also found that socio-cultural factors such as family background, religious affiliation, ethnicity, and social networks had a significant influence on how students perceived and managed stress. Common coping strategies included prayer, relaxation, seeking social support, and engagement in recreational activities. The study concluded that socio-cultural factors play a crucial role in shaping students' stress experiences and management approaches. It therefore recommended that the university management, counselors, and social workers develop culturally sensitive stress management programmes and provide continuous psychosocial support to enhance students' mental health and academic performance.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Undergraduates are a special set of people who are passing through the most critical stage of their lives, during which they go through numerous stressful experiences (Buchanan, 2012). Students are subjected to more stressful scenarios as their education advances to a higher degree, including difficult coursework, rigorous job tasks and duties, and staying in student residence. These obstacles must be successfully handled (Asif, Mudassar, Shahzad, Raouf & Pervaiz, 2020). The complex interactions between a person and their environment result in stress, which is an unavoidable sensation. Stress happens when individual resources are inadequate to handle the requirements and pressures of their surroundings. Stress is a mood that everyone experiences differently depending on the situation. Furthermore, some persons might be more defenseless others to stress. Generally, stress can make it more difficult for people and organisations to accomplish their goals. Depression, anxiety, and stress can result in results including reduced functioning, burnout, and other health issues that can have a negative impact on both the individual and society at large (Hj Ramli, Alavi, Mehrinezhad, & Ahmadi, 2018). Stress has been connected to all of the major physical causes of death, including heart disease, cancer, and stroke (Cohen, Janicki-Deverts & Miller, 2007). In addition to having an adverse effect on academic performance, personal and professional growth, and self-esteem, excessive stress has also been linked to physical and mental health issues (Oku, Owoaje, Oku & Ikpeme, 2015). It foretells relapses as well as unhealthy habits including smoking, drinking too much alcohol, using illegal drugs, and having trouble sleeping (Herman, 2012; Ellis, Gehrman, Espie, Riemann & Perlis, 2012).

Significant physiological and psychological changes, including increased stress characterized the transitional stages of the twilight of adolescence and the dawn of adulthood; these

transitional stages capture the demographics of undergraduates ((Lally and Valentine-French, 2019; Barbayannis, Bandari, Zheng, Baquerizo, Pecor & Ming, 2022). For university students in especially, this form holds true. Three out of four college students reported feeling stressed in a 2015 American College Health Association-National College Health Assessment survey, and one out of five students reported having suicidal thoughts as a result of stress (Liu, Stevens, Wong, Yasui & Chen, 2019; American Psychological Association, 2020). According to studies (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015; Liu et al., 2019; Karyotaki, Cuijpers, Albor, Alonso, Auerbach, Banties, et al. 2020), a stressor experienced in college may be a predictor of mental health diagnoses.

College students' stress is multifaceted and has a number of causes, according to recent studies (Reddy, Menon & Thattil, 2018; Barbayannis et al., 2022). According to a growing body of research, academic stress in college is a significant factor (Bedewy and Gabriel, 2015; Barbayannis et al., 2022). For example, based on a poll of university students conducted nationwide by the American Psychological Association in 2020, schooling accounted for as much as 87% of their stressors. According to Byrd and McKinney (2012) and Barbayannis et al. 2022, college students must deal with a variety of new academic stressors, including a heavy course load, intense studying, time management, competitiveness in the classroom, financial worries, family demands, and adjusting to a new environment. Academic stress can lower motivation, impede academic success, and raise the likelihood that students will drop out of college (Pascoe, Hetrick & Parker, 2020; Barbayannis et al., 2022).

1.2 Statement of the Problem

Stress among undergraduates in Nigerian universities has been identified as a prevalent problem that negatively affects their academic performance, mental health, and overall well-being (Oladeji & Ogunwale, 2017; Ogunyemi, & Adeleke, 2018; Oyewumi, 2019). While previous studies have focused on academic-related factors contributing to stress among

undergraduates, there is a paucity of research that examines the role of socio-cultural factors in stress management (Ogbolu, 2017; Ogunnaike & Akinboye, 2018; Agberotimi, Akinsola, Oguntayo & Olaseni, 2020). The University of Benin is a culturally diverse institution, with students from different ethnic backgrounds, religious affiliations, and socio-economic status. However, little is known about the triggers of stress and how socio-cultural factors contribute to stress management among undergraduates in the University of Benin (Ogundele, Ola-Dauda, & Akinyemi, 2018). Therefore, the research problem is to investigate how socio-cultural factors, including ethnicity, religion, and socio-economic status, contribute to stress among undergraduates in the University of Benin, Edo State, Nigeria, References:

Stress is a common problem among undergraduates in Nigerian universities, including the University of Benin, Edo State, Nigeria (Oladeji & Ogunwale, 2017; Ogundele, Ola-Dauda, & Akinyemi, 2018; Oyewumi, 2019). However, there is a lack of empirical data on the prevalence level of stress among undergraduates in this institution. This study intends to address this research gap by investigating the prevalence level of stress among undergraduates in the University of Benin and exploring the socio-cultural factors that contribute to stress management among this population.

Stress is a popular experience among university students, and it can have negative impacts on their academic performance, mental health, and overall well-being (Yusuf, 2018). While previous studies have identified various factors that contribute to stress among undergraduates, the role of socio-cultural factors in the experiences of stress remains largely unexplored (Oyebode, Sadiq & Oladimeji, 2016; Nwosu, Ezenwankwo & Nduka, 2019; Ogunwale, Adewale, Owoeye, & Olatunji, 2019). Accordingly there is a lack of empirical data on how socio-demographic characteristics, such as gender, age, ethnicity, and socio-economic status, influence the experiences of stress among undergraduates in this institution (Oladeji & Ogunwale, 2017; Ogundele, Ola-Dauda & Akinyemi, 2018; Adeosun &

Ogunyemi, 2019). Therefore, this study aims to investigate the role of socio-demographic characteristics on the experiences of stress among undergraduates in the University of Benin and explore how these factors can inform stress management strategies.

Stress is a frequent challenge experienced by undergraduates in tertiary institutions, including the University of Benin, Edo State, Nigeria. Coping with stress is essential to maintain good mental health and academic performance (Adewale & Alade 2018; Adeniyi, Ajayi & Bello, 2019; Ogbolu & Ogunsemi, 2019). There are studies that have explored the prevalence of stress among this population, there is a gap in knowledge on how undergraduates in this institution manage stress, and little is known about the coping mechanisms used by undergraduates in the University of Benin to manage stress (Oladeji & Ogunwale, 2017; Ogundele, Ola-Dauda & Akinyemi, 2018; Oyewumi, 2019; Ogunyemi & Adeleke, 2018; Akpan-Obong & Etodike, 2019). This research aims to investigate the coping mechanisms used by undergraduates in the University of Benin to manage stress and provide insights into the effectiveness of these mechanisms.

Just as it has been found that stress is a significant challenge among undergraduates in Nigerian universities, studies have identified the prevalence and sources of stress among undergraduates (Oladeji & Ogunwale, 2017; Ogunyemi & Adeleke, 2018; Adeosun & Ogunyemi, 2019). Stress has been identified as a major health concern among university students, with several studies reporting its adverse effects on academic performance and overall well-being. In Nigeria, socio-cultural factors such as family expectations, peer pressure, and cultural beliefs have been identified as significant sources of stress among undergraduates (Aloba, Olabisi & Akinsola, 2012; Owojuyigbe, Ogunsemi, Oladejim & Adegoke, 2014; Ibrahim, Tukur & Yusuf, 2019). Despite the importance of socio-cultural factors in stress management, there is a paucity of research on the relationship among socio-demographic characteristics, socio-cultural factors and stress management among

undergraduates in the University of Benin, Edo State, Nigeria (Tukur & Yusuf, 2019). Therefore, this study aims to investigate the role of socio-demographic characteristics on stress management strategies adopted by undergraduates in the University of Benin and explore how these factors can inform stress management interventions and policies.

1.3 Research Questions

1. What are the triggers of stress among undergraduates in the University of Benin?
2. What is the prevalence level of stress among undergraduates in the University of Benin?
3. What is the role of socio-cultural factors in how undergraduates in the University of Benin experiences stress?
4. How do undergraduates in the University of Benin manage stress?
5. What is the role of socio-cultural factors in stress management by undergraduates of the University of Benin?

1.4 Objectives of the Study

The main objective of the study is to explain stress management among undergraduates in the University of Benin with sociocultural factors. The specific objectives are to:

1. Determine the triggers of stress among undergraduates in the University of Benin.
2. Ascertain the prevalence level of stress among undergraduates in the University of Benin.
3. Evaluate the role of socio-cultural factors in how undergraduates in the University of Benin experiences stress.
4. Identify how undergraduates in the University of Benin manage stress.
5. Evaluate the role of socio-cultural factors in stress management by undergraduates of the University of Benin.

1.5 Significance of the Study

The study on stress management among undergraduates in the University of Benin with socio-cultural factors has significant implications for social work practice. Understanding the triggers, prevalence, and management of stress among undergraduates is essential for social workers to provide appropriate interventions and support to students. The study's specific objectives have different implications for social work practice. The first objective, determining the triggers of stress among undergraduates, helps social workers identify specific stressors that affect students. This information can inform the development of targeted interventions and preventive measures to mitigate these stressors.

The second objective, ascertaining the prevalence level of stress among undergraduates, provides information on the extent of stress among students. This information is crucial in developing a comprehensive understanding of the problem, enabling social workers to develop appropriate strategies to address it. The third objective, evaluating the role of socio-cultural factors in how undergraduates experience stress, helps social workers understand how social and cultural factors influence stress levels among students. This understanding can help social workers develop culturally sensitive interventions that consider the unique experiences and backgrounds of individual students.

The fourth objective, identifying how undergraduates manage stress, provides valuable information for social workers to develop effective stress management programs for students. Knowing how students manage stress can inform the development of interventions that build on existing coping strategies or introduce new, more effective ones. The fifth objective, evaluating the role of socio-cultural factors in stress management by undergraduates, helps social workers identify the impact of culture and social factors on stress management. This information can inform the development of culturally sensitive stress management interventions that align with students' cultural backgrounds and practices.

Overall, the study's findings can inform social work practice by providing a deeper understanding of the stressors, prevalence, management, and sociocultural factors affecting undergraduate students in the University of Benin. The results of the study can help social workers develop evidence-based interventions and programs that better address the stress and mental health needs of students in this context.

1.6 Scope of the Study

The scope of this study aims to explore stress management among undergraduates in the University of Benin with sociocultural factors. The study aims to explain how sociocultural factors influence stress levels and stress management techniques among undergraduates in the University of Benin. The different factors that cause stress among undergraduates in the University of Benin will be examined. How widespread stress is among undergraduates in the University of Benin will be determined. How socio-cultural factors such as family background, cultural beliefs, and social norms contribute to the experience of stress among undergraduates in the University of Benin will be examined. The different stress management techniques that undergraduates in the University of Benin use to cope with stress will be explored. This may include exercise, meditation, seeking social support, or engaging in hobbies and other recreational activities.

1.7 Area of the Study

The University of Benin (UNIBEN) is a renowned higher education institution located in Benin City, Edo State, Nigeria. Established in 1970, UNIBEN is one of Nigeria's leading universities and has gained recognition both nationally and internationally for its academic excellence and research contributions.

Academic Programs: UNIBEN offers a wide range of undergraduate, postgraduate, and doctoral programs across various fields of study. These include faculties and schools in areas

such as Agriculture, Arts, Education, Engineering, Law, Life Sciences, Management Sciences, Pharmacy, Physical Sciences, Social Sciences, and more.

Research and Innovation: The university has a strong focus on research and innovation, with numerous research centers, institutes, and departments dedicated to advancing knowledge and addressing societal challenges. UNIBEN encourages faculty and students to engage in impactful research across various disciplines.

Facilities and Infrastructure: UNIBEN boasts modern facilities and infrastructure to support teaching, learning, and research activities. The university has well-equipped laboratories, libraries, lecture halls, sports facilities, hostels, and a medical center to cater to the needs of its students and staff.

Student Life and Culture: UNIBEN provides a vibrant campus life with various student organizations, clubs, and societies that cater to different interests and hobbies. The university hosts cultural events, sports competitions, and academic conferences, fostering a rich and diverse learning environment.

Community Engagement: UNIBEN is actively involved in community development and engagement, working closely with local communities to address societal challenges and promote sustainable development. The university collaborates with industry partners, government agencies, and non-profit organizations to create meaningful impact in the region.

Alumni Network: The University of Benin boasts a strong network of alumni who have excelled in various fields both in Nigeria and abroad. The alumni community actively contributes to the growth and development of the university, providing mentorship, scholarships, and career opportunities for current students.

Overall, the University of Benin is known for its academic rigor, research contributions, and commitment to producing well-rounded graduates who can contribute to society. It continues

to be a prestigious institution of higher learning in Nigeria, attracting students from across the country and beyond.

1.8 Operational Definition of Terms

1. **Stress:** Stress can be operationally defined as a physiological and psychological response to external or internal stimuli that exceeds an individual's ability to cope effectively. It typically manifests as a state of heightened arousal, accompanied by feelings of tension, anxiety, and pressure.
2. **Socio-cultural:** Socio-cultural can be operationally defined as the intersection between society and culture, encompassing the influence and impact of social and cultural factors on individuals and groups. It refers to the social norms, values, beliefs, customs, and practices that shape human behavior within a specific societal and cultural context.
3. **Undergraduates:** Undergraduates can be operationally defined as individuals who are enrolled in a bachelor's degree program at a college or university and have not yet completed their undergraduate studies. This definition typically includes students pursuing their first degree after completing high school or an equivalent level of education.
4. **Stress Management:** Stress management can be operationally defined as a set of strategies, techniques, and interventions employed to alleviate or reduce the negative effects of stress on individuals. It involves various practices aimed at enhancing coping skills, promoting relaxation, improving overall well-being, and mitigating the impact of stressors on physical, emotional, and mental health. These may include activities such as exercise, mindfulness, time management, problem-solving, and seeking social support.

CHAPTER TWO

LITERATURE REVIEW

2.1 An Overview of Stress

2.1.1 Meaning of Stress

For different individuals and circumstances, stress can indicate various things. Hans Selye's initial and "broadest definition" of stress is as follows: "stress is the nonspecific response of the body to any demand (Selye, 1975 in Fink, 2009). Selye repeatedly emphasized the fact that the continued use of the word stress as a nonspecific response to any demand was most appropriate. Selye argued that stress is not identical to emotional arousal or nervous tension since stress can occur under or in response to anesthesia in man and animals, and it can also occur in plants and bacteria that have no nervous system (Fink, 2009). This point is elaborated later in the context of stress-induced heat shock proteins (Hsps) that play a key role in cytoprotection across all three phylogenetic domains of organisms on Earth. The word stress, as used by Selye, is accepted in all foreign languages, including those in which no such word existed previously.

Stress, Selye underscored, is not something to be avoided. Indeed, it cannot be avoided, since just staying alive creates some demand for life-maintaining energy (Fink, 2009). Even when man is asleep, his heart, respiratory apparatus, digestive tract, nervous system, and other organs must continue to function. Complete freedom from stress can be expected only after death. There has been much controversy and debate about Selye's concepts and particularly Selye's view that stress is best regarded as a nonspecific response (Fink, 2009).

Fink (2009) noted that Lazarus underscores the difficulties of reaching a precise overarching definition of stress by setting out the following different meanings of the term: Despite persistent misunderstandings regarding the term's exact definition, stress is universally

acknowledged as a major issue in daily living. Scientists from a variety of fields have conceptualised stress, although the definition of the term seems to vary depending on the discipline. Social disequilibrium, or disruptions in the social system in which individuals live, is what the sociologist refers to. When applied to materials, stress is viewed by engineers as an external force that induces strain in those materials. Physiologists deal with physical stresses, which include various stimuli and physically harmful situations. Physical stresses that harm biological tissue systems and psychological stressors that cause their disruption have not always been clearly distinguished in the history of psychological stress research.

Selye's definition and conception of stress has continue to be debatable. For some, his definition is too biological and ignores cognitive and psychological factors, a criticism that seems to stem from the mistaken idea that cognition is not a function of the brain (a reversion to Rene Descartes' outmoded doctrine that mind and body are separate) (Fink, 2009). For others, Selye's definition is too general. This section reviews the basis for Selye's definition of stress and considers whether the criticisms leveled at Selye's stress concept are valid (Fink, 2009). It has been made simpler to undertake molecular, genotypic, and phenotypic assessments of stress and stress reactions in all species, from bacteria to humans, thanks to Selye's notion of stress's generality. This supports the assumption that Selye fully understood known psychological or cognitive stress.

Arnold and Feldman in Olusegun, Oluwasayo and Olawoyim (2014) define stress as “the reactions of individuals to new or threatening factors in their work environment”. This definition implies that “stress is unavoidable because new situations frequently exist in our working contexts.” This term also “emphasises how each person's response to a stressful circumstance is unique and can cause changes in emotions, perceptions, behaviours, and even physical characteristics.” McGrath (2014) provided a description based on the prerequisites for stress in Olusegun, Oluwasayo, and Olawoyim. Consequently, there is a likelihood for

stress when a person believes that an environmental circumstance presents a demand that may be greater than his or her capacity to meet it, especially when they believe that there will be a big variation between the costs and benefits of meeting the demand compared to not meeting it. McGrath's definition implies that the degree of stress is correlated with a person's perceived inability to deal with an environmental demand (Olusegun, Oluwasayo and Olawoyim, 2014). This would imply that a person's appraisal of their own abilities and degree of self-assurance affects their level of stress. Stress and a person's fear of failing are related.

The term "stress" refers to a person's physiological, psychological, and emotional response to a particular stimulus, sometimes referred to as a "stressor." Stress is our bodies' way of responding to any type of demand (Sujaritha, Deepa, Nandhini, Vandhana, & Mahalakshmi, 2022). A stressor is an element or stimulus that induces stress. Some of the stresses are noises, unpleasant individuals, a speeding car, a job, money problems, and family issues. Any circumstance could be stressful. Stress has a negative impact on the feeling first, which causes psychological illnesses. Anxiety, distracting anxiety, excessive worry, changes in sleep patterns, impatience, anger, sadness, intolerance, thoughts of harming oneself or others, palpitation, stress headache, and internal pressure are all early signs of stress (Sujaritha et al., 2022). Headaches, severe fatigue, nausea and vomiting, diarrhoea, tachycardia, chest discomfort, elevated blood pressure, flushing or disorientation, shortness of breath, restlessness, choking sensation, or hyperventilation are some of the other symptoms (Yaribeygi, Panahi, Sahraei, Johnston, Sahebkar, 2017). Some of the several types of stress are eustress, distress, acute stress, and chronic stress. According to Dhabhar (2018), when we are stressed, our bodies move into flight or fight mode. Short-term and long-term fight-or-flight responses are the two phases of the fight-or-flight response.

Stress hormones such as adrenaline and cortisol are released during this reaction (Ranabir and Reetu, 2011).)When this occurs, our body prepares for action by increasing heart rate, decreasing digestion, shunting blood flow to main muscle groups, and altering numerous other autonomic nerve activities, providing a burst of energy and strength to the body (Sujaritha et al., 2022). As a result, stress management is critical. Stress management encompasses a wide range of approaches and psychotherapies aimed at controlling a person's stress levels, particularly chronic stress, with the goal of controlling and reducing the tension that arises in stressful situations while also affecting emotions and bodily changes (Sujaritha et al., 2022)

2.1.2 Stressor and Types of Stress

Sujaritha et al. (2022) noted that the term "stressor" refers to situations that are thought to be stressful. There are four basic sources of stress that we can encounter (Sujaritha et al., 2022).

Sujaritha et al. (2022) noted that Stress is of four types:

i. Eustress

Eustress is the "good" or "positive" stress that occurs in pleasurable settings. It may come as a surprise, but certain stressors can have a positive impact (Kupriyanov & Zhdanov, 2014). Do you still recall how you felt earlier when you thought of getting that fantastic new job? That just serves as one example of "eustress." Other instance include the excitement of moving into a new house, getting married, or feeling good after a hard workout. Eustress can help you gain confidence, learn new abilities, and be more motivated (Sujaritha et al., 2022).Even though this kind of stress is frequently disregarded "when thinking about stress management," understanding, healthy coping skills can help you deal "distress" more effectively.

ii. Distress

The "bad" or negative type of stress is called distress and it develops when you believe stress to be dangerous, strange, unfair, or uncomfortable. Job loss, the death of a loved one, long-term illness, catastrophic injury, divorce, and depression are all examples (Holland et al., 2013; Sujaritha et al., 2022).

Bienertova-Vasku, Lenart and Scheringer (2022) attempted drawing a line of difference between Eustress and Distress. Eustress is copied from the Greek root "eu," which means "excellent" in the sense of euphoria. Eustress is a term used to describe a stressor that a person finds enjoyable. Distress is derived from the Latin root "dis," which also refers to disharmony or disagreement (Bienertova-Vasku, Lenart and Scheringer, 2022; Sujaritha et al., 2022). Life quality is negatively impacted by distress. When a demand greatly exceeds a person's capabilities, it happens.

iii. **Acute Stress**

Acute stress is a type of stress that lasts for a short period of time; it could be either eustress or distress (Sujaritha et al., 2022). An instance of acute stress is giving a presentation in front of a group of people. You perspire more while you're under stress, and your respiration and pulse rate also quicken. These emotions are transient, and the body quickly heals. "Acute stress is the most typical type of stress. It results from current needs and stresses as well as anticipated demands and tensions in the near future. In small doses, acute stress is thrilling and exciting, but too much is draining (Sujaritha et al., 2022). For instance, a brief run down a challenging ski hill early in the day is thrilling. The same ski run is challenging and demanding late in the day. Skiing beyond your skill level could lead to falls and broken bones. On the other side, experiencing too much short-term stress might result in symptoms including psychological anguish, tension headaches, stomachaches, and others."

iv. **Chronic stress**

This kind of stress lasts for a very long period. This kind of stress can result from significant occurrences, but it can also happen when numerous smaller stresses add up and you are unable to cope with them (Sujaritha et al., 2022). Chronic stress can manifest itself in a variety of ways, including long-term illness, corporate reduction or restructuring, and marital issues. Chronic stress is the most hazardous to your health, as it increases your risk of burnout and other bad consequences (Sujaritha et al., 2022). Stress that persists over time is not exciting or fascinating; only acute stress is. This is the kind of constant anxiety that drains people day in and day out, year after year. Our bodies, minds, and lifestyles are severely damaged by chronic stress. Over time, attrition causes destruction to occur. “It's the stress that never-ending troubles have caused in Northern Ireland, the tensions between Arabs and Jews in the Middle East, and the never-ending ethnic rivalries in Eastern Europe and the former Soviet Union. When a person is unable to envision a way out of a challenging situation, chronic stress develops. The stress caused by never-ending obligations and demands lasts for what seems like an eternity. When someone loses hope, they stop looking for solutions.”

Some chronic stresses are the result of traumatic experiences experienced in early infancy that become internalised and endure as unpleasant reminders throughout the remainder of one's life. One's personality can be significantly impacted by certain circumstances (Sujaritha et al., 2022). A worldview or belief system develops, which causes the person to be under constant stress. When personality traits or deeply held ideas and beliefs need to be reconstructed, recovery demands active self-examination, often with professional aid. The worst aspect of chronic stress is that individuals get used to it. They are not even aware that it is there. Acute stress is seen right away because it is new; chronic stress, on the other hand, is ignored because it is old, familiar, and sometimes almost comforting (Sujaritha et al., 2022).

2.1.3 The Effect of Stress

The human body generate stress hormones when it is stressed. Infection and disease may be exacerbated by stress and the accumulation of stress hormones over time (Yaribeygi, Panahi, Sahraei, Johnston and Sahebkar, 2017).

Effect of stress on body

Heart disease: Possible results include “coronary artery disease, high blood pressure, irregular heartbeats, high cholesterol, heart attacks, and heart failure.” Researchers have long thought that people with a stressed-out attitude had a higher risk of heart disease and high blood pressure we are not sure why, exactly(Sujaritha et al., 2022). The “release of triglycerides and cholesterol into the bloodstream as a result of stress raises heart rate and blood flow. It's also likely that stress is connected to other problems, such a higher likelihood of smoking or obesity,” which indirectly increases the risk of heart disease. According to medical professionals, sudden emotional stress can contribute to serious cardiac issues, including heart attacks. Chronically ill people with cardiac problems must avoid acute stress and learn to cope with life's inevitable stressors (Sujaritha et al., 2022).

Asthma: It can aggravate asthma and COPD symptoms (chronic obstructive pulmonary disease) (Sujaritha et al., 2022). “Stress has been demonstrated in numerous research to aggravate asthma. According to some data, a parent's chronic stress may raise the probability of their children having asthma. In one study, researchers looked at how parental stress influenced the asthma rates of young children who were exposed to pollution or whose mothers smoked during pregnancy.” (Sujaritha et al., 2022). Children whose parents were stressed had a significantly increased risk of having asthma (Sujaritha et al., 2022).

Obesity: Excess “belly fat appears to be more harmful to one's health than fat on the legs or hips, and regrettably, that's where people who are under a lot of stress tend to keep it. Overeating and inactivity may be caused for some people by stress, and if this persists for a long time,” these habits may become difficult to break, leading to weight gain and obesity."Higher amounts of the hormone cortisol are caused by stress," explains Winner, "and this appears to increase the amount of fat accumulated in the abdomen" (Tomiyama, 2019).

Diabetes: “Diabetes can be aggravated by stress in two ways. For starters, it increases the likelihood of harmful habits like unhealthy eating and binge drinking.” Second, stress appears to directly boost glucose levels in persons with type 2 diabetes (Sujaritha et al., 2022).

Headaches: One of the most prevalent causes of headaches—not just tension headaches, but migraines as well—is stress (Martin, 2016).

Anxiety and depression: Among other “mental and emotional problems, it can lead to anxiety, personality changes, depression, irritability, insomnia, and memory loss. It should come as no surprise that persistent stress is associated with greater rates of anxiety” and depression. According to a review of recent studies, those who experience stress at work, such as rigorous labour with few incentives, have an 80 percent higher chance of getting depression within a few years than people who experience less stress (Sujaritha et al., 2022).

Gastrointestinal problem: “It can cause nausea, diarrhoea, and other digestive issues. (peptic ulcers or irritable bowel syndrome) One thing stress does not do: it does not induce ulcers. However, it has the potential to aggravate them.” Many other gastrointestinal diseases, such as chronic heartburn (GERD) and IBS, are linked to stress, according to research (Sujaritha et al., 2022).

Alzheimer’s disease: “According to one animal study, stress may exacerbate Alzheimer's disease by hastening the formation of brain lesions.” According to some researchers, lowering stress may help to decrease the growth of the disease (Escher, Sannemann, Jessen, 2019)

Accelerated ageing: Stress has been shown to have an impact on how you age. One study contrasted the DNA of mothers who were under a lot of stress—caring for a chronically unwell child—and mothers who were not (Takahashi, 2012).

Reproductive organs: “Menstrual irregularities, diminished fertility, and erectile dysfunction are all possible side effects.” Stress hormones can make it more difficult to conceive since they impact oestrogen and progesterone levels as well as menstrual cycles (Sujaritha et al., 2022). “Dealing with infertility may be extremely stressful, ranging from the sadness of negative pregnancy tests to the physical and mental toll of undergoing therapies in the hopes of becoming pregnant.” The loss of a baby during pregnancy, known in the medical field as a spontaneous abortion, is a pregnant woman's worst dread (Takahashi, 2012).

PTSD and pregnancy: “PSTD, or post-traumatic stress disorder, is an anxiety disorder that arises after a psychologically distressing experience.” Flashbacks, insomnia, and difficulty functioning in daily life are all symptoms of PSTD (Sujaritha et al., 2022). “They may also have additional issues, such as drug usage, that make it difficult to sustain a safe pregnancy. PTSD can be successfully treated with a variety of therapies ranging from medication to talk therapy for mothers who are experiencing other difficulties in their everyday lives.” They may also have additional issues, such as drug usage, that make it difficult to sustain a safe pregnancy (Sujaritha et al., 2022).

2.2 Triggers of Stress among Undergraduates

Weerasinghe, Batagoda, Chandrika andSiriwardana (2012) noted that “stress not only affects the social relations within or outside the university, but it affects the individual” student’s life in terms of “commitment in achieving personal goals also.” Research findings sources of stress or stressors can be mainly divided into two categories; they are environmental factors and individual factors (Weerasinghe et al., 2012). Economic, technical, and political uncertainties are only a few of the environmental stressors. Some people are more prone to stress than others, which can be accounted for by personal preferences and variances, such as family issues, financial difficulties, attitudes, values, and personalities. According to Baltas in

Weerasinghe et al. (2012) most probably personality type X people suffer from stress than personality type Y people.

Agolla (2009) identified sources of stress among undergraduates; as poor academic performance, poor interpersonal relationships or skills, inadequate resources to learn, and inadequate time to perform given assignments and review what has been learnt, uncomfortable learning setups, overcrowded lecture halls and excessive paperwork. Yosff et al. (2009) discovered that academic related problems were most likely the major source of stress among undergraduates in Malaysia. Ongori and Agolla (2009) found that the major causes of stress among students are academic workload, inadequate resources, low motivation to learn and poor performance in academic work, continuous assignments, overcrowded lecture halls, and uncertainty of getting a job after the graduation from the university. However, Weerasinghe et al. (2012) submitted that the major sources of stress among undergraduates are labeled as academic related.

Moreover, academic workload, poor academic performance, fear of failing are rated as top three stressors among university students in USA (Awino and Agolla, 2008). Inadequate resources, financial problems, poor relationship with girlfriend or boyfriend, family Vs academic life conflicts and fear of getting a job after completing studies also identified by Ongori (2003) as most prominent stressors of undergraduates. According to Misra and McKean in Weerasinghe et al. (2012), academic “workload, short semesters coupled with too many assignments, tests and quick preparation for the final semester examination were the major stressors. They stated that too much of academic work to be accomplished within short time that leaves students with no time to enjoy their personal and social life can be a potential reason for huge stress among university students.”

Acharya (2009) found that “the main three sources of stress among undergraduates were the fear of facing parents after the failure, full loaded day and fear of failing course/s or year.” Additionally, he stated that “male undergraduates were under more stress than girls. Numerous stressors or factors have been identified in earlier studies as the strongest predictors of stress among college students.” According to Yusoff et al. (2009), “the year of study is the best indicator of a student's stress level,” but Acharya in Weerasinghe et al. (2012) stated that the “amount of academic work load is the best indicator of a student's stress level.” Ongori and Agolla (2009) found the fear of getting a job after the graduation also a best predictor of stress among undergraduates.

2.3 The Prevalence Level of Stress among Undergraduates

The complex interactions between a person and their environment result in stress, which is an unavoidable sensation. When “a person's resources are insufficient to deal with the demands and pressures of their environment, stress results. Stress is a subjective feeling that happens more frequently in some circumstances than others. Additionally, some people may be more vulnerable to stress than others. Overall, stress can make it more difficult for people and organisations to accomplish their goals.” According to research by Hj Ramli, Alavi, Mehrinezhad, and Ahmadi (2018), depression, anxiety, and stress can result in results including reduced functioning, burnout, and other health issues that can have a negative impact on both the individual and society at large. According to Cohen, Janicki-Deverts, and Miller (2007), stress has been connected to all of the major physical causes of death, including heart disease, cancer, and stroke. In addition to having an adverse effect on academic performance, personal and professional growth, and self-esteem, excessive stress has also been linked to physical and mental health issues (Oku, Owoaje, Oku & Ikpeme, 2015). It foretells relapses as well as unhealthy habits including smoking, drinking too much

alcohol, using illegal drugs, and having trouble sleeping (Herman, 2012; Ellis, Gehrman, Espie, Riemann & Perlis, 2012).

Medical training has long been globally recognised as involving numerous stressors that can affect the well-being of students (Oku, Owoaje, Oku & Ikpeme, 2015). In “different stages (first year to final year) of medical training, the prevalence of stress varies from 21% to 94.5%” (Amr, El Gilany & El-Hawary, 2008; Dyrbye and Shanafelt, 2011; Yusoff, Rahim, Baba, Ismail & Pa, 2013). These high incidence rates among medical students demonstrate the serious public health issue that stress poses. The level of stress among medical students has been reported to depend on the medical curriculum, examination system, and the administration of the medical school (Soliman, 2014). Stress can influence medical students’ academic performance by decreasing attention span and affecting decision-making (Soliman, 2014). A study reported that psychological stress in the initial years of medical education could predict occupational stress in later years (Rada & Johnson-Leong, 2004).

In higher education institutions in Nigeria, studying medicine is regarded as requiring more attention and focus than any other university-level course. The extensive course requirements and demand for participation in didactic academic activities are to blame for this. The number of students enrolling in Nigerian medical schools has increased, which can be attributed to a noticeable rise in the number of students who want to become doctors. Because the number of students outnumbers the facilities and quotas of most schools, there is a propensity to drop enrollees, especially when going from the first to the second year, which adds to students’ stress, whether directly or indirectly. “These students dropped from the medical school are then offered other courses of study.” Past studies showed that the prevalence of stress was highest among first-year medical students, which adversely affected their physical and

cognitive capacities (Shah, Hasan, Malik & Sreeramareddy, 2010; Abdulghani, AlKanhal, Mahmoud, Ponnampereuma, Alfaris, 2011; Ranade, Kulkarni, Dhanumali, 2015).

There are not many studies on perceived stress and the elements that contribute to it among Nigerian first-year medical students. This study, the first of its type to be conducted among first-year medical students at any private university in Nigeria, aims to identify the stressors and factors that affect this population's perception of stress.

2.4 The Role of Socio-cultural Factors in how Undergraduates Experience Stress

Health consequences are multifaceted outcomes from complex interactions of socio-cultural, environmental, economic and psychosocial factors (Gallagher et al., 2016; Hossain, Anjum, Uddin, Rahman, and Hossain, 2019). “Both individual and community health is affected by the combined effect of these factors.” Our living place and its environmental condition, educational background, income, relationship with friends and family, and genetic factors – all have significant impacts on our health, which may determine whether people are healthy or not (WHO, 2013). “Studies show that socio-cultural environment has a significant influence on peoples’ lifestyle (e.g., physical activity (PA), sedentary behaviour (SB), unhealthy diet, tobacco use, etc.),” physical health (e.g., overweight/obesity, hypertension, other non-communicable diseases (NCDs)), quality of life, and psychological well-being (Cerin et al., 2016; Hossain et al., 2019).

Psychological health “is the most significant part of human health, and various psychological disorders constitute one of the biggest public health concerns.” Research evidences indicate that these disorders are largely determined by social factors (Hossain et al., 2019). The social determinants of psychological health hazards include social and economic conditions directly influencing the prevalence and severity of psychological disorders in men and women throughout their life (Hossain et al., 2019). Depression, anxiety and stress – the major

psychological disorders across the globe – are the leading causes of disability and major contributors to the overall global burden of diseases (ul Haq et al., 2017). More than 300 million people of all ages suffer from depression globally (Hossain et al., 2019). Again, 264 million people around the world suffer from anxiety disorders (WHO, 2017). Of all the age groups, the youth are particularly more vulnerable to psychological health disorders, especially depression and anxiety as they pass through a transitional period of self-development (Hossain et al., 2019). Furthermore, the onset of these psychological disorders is reported to occur in the very early stage of life, especially during adolescence, and the susceptible development occurs between the age of 18 and 25 years, which includes the university life for many young adults (Hossain et al., 2019).

Young adults “are one of the groups most vulnerable to the adverse effects of the sociocultural environment.” Evidence shows that the influence of social and cultural variables on health involves dimensions of both time, i.e., critical stages in the life course, and place (Hossain et al., 2019). The transition from the higher secondary to the university education involves changes in both the time and place dimensions as most of the students start living alone with a new environment, social situations and peer groups away from their parents for the first time with plenty of freedom; hence the beginning years of university life are recognized as a risk period for young adults (Deforche et al., 2015). During this period students develop the habits of unhealthy food consumption, smoking, drinking alcohol, sedentary lifestyle, and poor sleeping, alongside demonstrating other behavioural changes (Hossain et al., 2019). They are also bothered by the difficulties of developing new relationships and making emotional adjustments, particularly in unfamiliar locations, as well as learning to live alone. University students show greater levels of psychological stress than their non- university peers (Sayiner, 2006). If stress isn't properly managed at the right time

before it builds up within the student, it can lead to suicide, drug misuse, depression, anxiety, and many other physical and mental diseases.

In their study, Alsaleem, Alsaleem, Shehri, Awadalla, Mirdad, Abbag and Mahfouz (2021) observed high perceived stress among 12.7% of university students in south-western Saudi Arabia. According to the literature, university students experience varied degrees of excessive stress. According to a recent comprehensive review, the prevalence percentage varied greatly, from 14.3% to 56%. The variations might be explained by cultural differences. In the study, “the average PSS of the students was 19.13 6.56 (19.45 and 18.85 for schools of health and non-health care, respectively).” Their results were “somewhat higher than those reported in France (15.9), the USA (16.0), Romania (17.3), and England (17.9) but similar to those found among university students in India (19.2), Nigeria (19.6), and Iran (20.04).” The mean score was largely lesser than what was recorded in universities in Jeddah (28.5) and Riyadh (27.0) in Saudi Arabia. Additionally, it is significantly lower than that (27.5) found in Malaysia. The vast range in stress levels may be due to the various stress study designs being employed in various populations as well as the variations in the intensity of stressors in the personal, familial, academic, financial, and university environments.

According to Alsaleem et al. (2021) research results, female students are exposed to a higher risk of perceived stress than males. They claimed that numerous research including college students from “Saudi Arabia, Malaysia, Turkey, Lebanon, the UK, and the USA” had found this. Uncertainty surrounds the cause of the elevated risk among female pupils. Despite the fact that studies have shown that female students do not experience more academic pressures than male students, they may find difficult and unfavourable situations to be more stressful. Another study suggests that socially, male expression of emotions may be considered a symbol of weakness and low masculinity (Alsaleem et al., 2021).

The positive association between perceived stress and smoking in the present study confirms previous studies (Alsalem et al., 2021). Some data suggests that stress may have a role in behavioural issues including smoking and drug usage. Smoking was perceived by smokers as a coping mechanism for stressful situations at school because it relieves tension and allows for brief social interactions during the study day and nonverbal expression of distress. Students' tobacco smoking in response to stress can lead to a greater risk of lifetime nicotine addiction (Alsalem et al., 2021). According to our study's findings, there is a correlation between students' perceptions of having an inadequate family income and a higher likelihood of experiencing high levels of perceived stress. For students seeking to attain academic goals despite their financial limitations, university life may be enough stressful.

Alsalem et al. (2021) also found that the higher risk of high perceived stress observed in the present study among health care students compared to students in other colleges is following previous reports. Earlier studies found that healthcare students, particularly medical students, are exposed to more frequent stressors, including too many examinations, time urgency, shortage of leisure time, academic pressure, and work overload (Alsalem et al., 2021). In their current study, Alsalem et al. (2021) reported that high perceived stress was negatively associated with the GPA score, used as a proxy for academic performance. A pupil will be more motivated and perform better when they are under an appropriate amount of stress. On the other side, high amounts of stress may have a bad effect on students' physical and mental health, which could result in poor academic performance.

2.5 Stress Management among Undergraduates

All life events resulted in a reaction, but there were different ways that people responded to them, according to Anspaugh et al. (2003). For them, “coping with stress refers to making an effort to control or handle it; coping does not always lead to success.” Recognising stressors

is understanding how your body reacts to stress. Coping involves becoming aware of happenings and situations that one perceives as stressful. According to Anspaugh et al. (2003), employing several approaches may be necessary for dealing with stress effectively.

Esia-Donkoh, Yelkperri and Esia-Donkoh (2011) in their study on how undergraduates in Winneba Campus of University of Education, Winneba, Ghana coped with stress found that most students in coping with stress adopted active coping which entails “taking steps to try to remove the stressor to improve its effects by initiating direct action, increasing one’s efforts and trying to cope in a systematic way; seeking advice, assistance or information on the problem at hand;” getting moral support, sympathy or understanding on a problem at hand; “thinking about how to cope with a stressor by drawing action strategies, thinking about what steps to take and how best to handle the problem; and restraint coping which entails waiting until an appropriate opportunity to act presents itself, holding oneself back, and not acting prematurely.” They discovered that pupils frequently felt responsible for the issue rather than blaming others. As a result, some students work to pinpoint the origin of their stress and isolate its causes, including exhaustion, before coming up with solutions to each issue one at a time. Active coping and the “suppression of competing activities, on the other hand, had low standard deviations of 0.96 and 0.99, indicating that the responses were more homogeneous and extremely near to the mean. While seeking social assistance for practical reasons had a standard deviation of 1.18, restrict coping, planning, and restrain coping each had values of 1.11, indicating that the responses for their use were uniform and dispersed. This suggests that respondents preferred to utilise restraint coping, planning, and social support for practical reasons as stress management techniques.”

In addition, Esia-Donkoh, Yelkperri, and Esia-Donkoh (2011) noted that “among undergraduates, positive reinterpretation and growth strategy of stress management received

the highest mean score of 3.88 (standard deviation of 0.96), while seeking social support for emotional reasons received the lowest mean score of 2.61 (standard deviation of 1.18) among the group. This suggests that positive reinterpretation and growth, mental disengagement, acceptance, and denial are the strategies used the most frequently by students at the UEW Winneba Campus for the emotion-focused style of coping with stress, while seeking social support for emotional reasons is the least frequently used. Additionally, the results from the study portray that apart from seeking social support for emotional reasons which was sometimes used, all the other strategies under the emotion-focused style of coping with stress were often used, even though they were with varying degrees” (Esia-Donkoh, Yelkpereri & Esia-Donkoh, 2011).

This finding from Esia-Donkoh, Yelkpereri, and Esia-Donkoh's (2011) research suggests that “students primarily manage their stress by seeking out the positive aspects of the problem at hand, attempting to cast the stressful situation in a new light to make it seem more positive, taking some lessons from the stressful experience, and attempting to develop personally as a result of the experience.” Students typically come up with positive meanings related to personal development in order to solve their challenges. Students believe that their challenges have the potential to alter them for the better rather than approaching the stressful circumstance with a negative attitude. Positive reinterpretation and growth “(standard deviation: 0.98), as well as denial (standard deviation: 0.78), suggested that the responses were more homogeneous and close to the mean. However, the standard deviations for mental disengagement (1.11), acceptance (1.06), and seeking social assistance for emotional reasons (1.18) were all greater than 1, indicating that answers for the use of these management techniques were uniform and dispersed. The consequence is that common management techniques employed by respondents included mental disengagement, acceptance, and seeking social support for moral grounds.”

In their study, Jamaluddin, Harun, Salim, Lokman, Zailan, Yunus, and Nor (2019) reported that there are many ways or methods to relieve stress. The personal methods to relieve stress among majority of undergraduates is choosing to sleep; this is their foremost method to ameliorate stress. Talking to someone is the second-best alternate method of reducing stress, chosen by 38 of the 65 students. 34 students selected eating as their second approach, which came next. Overall, the majority of students choose to sleep off their stress. Additionally, Jamaluddin et al. (2019) found that the majority of students were able to control or cope with their stressful circumstances. The majority of pupils are able to handle difficult events on their own by developing own coping mechanisms for daily life.

2.6 The Role of Socio-cultural Factors in Stress Management by Undergraduates

The majority of the literature focuses on strategies to reduce stress, but a more relevant approach could be to look at ways to optimise stress. Managers of organisations have a dual viewpoint on stress, and they need to be aware of both their own levels of stress as well as those of their subordinates. The issue, according to French, Kast, and Rosenzweig in Olusegun, Oluwasayo, and Olawoyim (2014), is to reduce stress while maintaining equilibrium. They emphasised how the dynamics of organisational life produce a number of paradoxes that show the necessity of equilibrium and balance. By creating a positive work environment, performing well in areas like performance planning, role analysis, work redesign/job enrichment, ongoing feedback, ecological considerations, and interpersonal skills training, management's role changes to maintaining an appropriate level of stress (Olusegun, Oluwasayo, & Olawoyim, 2014).

There are essentially three strategies for dealing with stress in organizations (Jick and Payne in Olusegun, Oluwasayo & Olawoyim, 2014). Treat the symptoms, change the person and remove the cause of the stress. When the person is already suffering from the effects of stress,

the first priority is to treat the symptoms, this include both the identification of those suffering from excessive stress as well as providing health care and psychological counselling services (Olusegun, Oluwasayo & Olawoyim, 2014). The second tactic involves helping people gain skills for managing stress so they are less vulnerable to its consequences. Examples include giving staff advice on healthy eating and exercise, as well as teaching them time management and relaxation techniques. The third strategy is to alter production schedules and workloads, lessen environmental stressors like noise and pollution, or eliminate the environmental scenario that is causing the stress(Olusegun, Oluwasayo & Olawoyim, 2014).

The management of stress is seen by many contemporary organisations as a personal issue. Monitoring employee stress levels would be regarded as a privacy invasion. However, nine out of ten employees felt that it was the employer's responsibility to reduce worker stress and provide a health plan that covers stress illness (Olusegun, Oluwasayo & Olawoyim, 2014). Employees have no doubt that stress related illnesses and disability should be taken seriously; employees expect substantive action by their employer and hold employer financially responsible for the consequences of job stress (Olusegun, Oluwasayo & Olawoyim, 2014).

In organizations, organization members can take active steps to minimize undesirable stress in themselves and the people around them. Williams and Huber in Olusegun, Oluwasayo and Olawoyim (2014) suggested five managerial actions that can be used to reduce stress in workers;

- i. Clarifying task assignments, responsibility, authority, and criteria for performance evaluation.
- ii. Introducing consideration for people into one's leadership style.

- iii. Delegating more effectively and increasing individual autonomy where the situation warrants it.
- iv. Clarifying goals and decision criteria.
- v. Setting and enforcing policies for mandatory vacations and reasonable working hours.

Clarifying one's values, or setting priorities, is a crucial first step in reducing stress. The demands of many managerial positions cause the neglect of other areas of one's life such as family, friends, recreation, and religion; this neglect creates stress, which in turn affects job performance and health (Olusegun, Oluwasayo and Olawoyim, 2014). Since we often divide our time among our priorities, value clarification and time management are related. Managers and employees can lessen this stressor by establishing personal priorities.

2.7 Review of Empirical Literature

In terms of triggers of stress among university students, Jia and Loo (2018) in their study conducted a multivariate logistic regression model to identify the determinants of perceived stress. The findings showed that the participants' perceptions of stress were significantly influenced by their gender and the research year. Particularly, first-year undergraduates (OR 2.383, 95% CI 1.047-5.422) and female undergraduates (OR 1.995, 95% CI 1.313-3.031) had higher odds of being in the stressed group. According to the findings, neither race nor the four main stressors were significant predictors of reported stress among undergraduate students. None of the stressors examined in the study significantly predicted participants' perceptions of stress. This unexpected outcome could be attributed to the SSS's measurement of the quantity of stressors but not their severity. Even though waiting in a long queue and going through a parental divorce are both stressful experiences, the SSS only counted one stressor for each of these situations. Due to the severity of the stresses, it is necessary to expand the study to incorporate additional validated instruments.

In terms of the prevalence among undergraduates, Jia and Loo's (2018) study was also aimed at identifying the prevalence rate and the determinants of perceived stress among undergraduate students in general. It was discovered that 37.7% of undergraduate students reported feeling stressed, with one-third reporting very significant stress. The prevalence rate was lower than the rates for medical students in Pakistan (58.9%) and India (42.5%), which indicates that medical students are under more stress. The prevalence rate was higher than that of secondary school pupils, who had a rate of 26.1% (38). This demonstrated the increase in stress throughout the transition to university. The study also discovered that the year of study and gender were important predictors of reported stress. In comparison to the male students, female students were nearly twice as likely to report feeling stressed. This gender difference was consistent with many of the past studies (17, 39), which suggested that the female undergraduates were more vulnerable to stress than their male fellow students (Jia and Loo 2018). The findings also supported a previous study which suggested that first-year students were exposed to higher stress than the students in the other years of study (Jia and Loo, 2018). The first year students were "2.383 times more likely to be stressed than the fourth year students."

Fasoro, Oluwadare, Ojo, and Oni (2019) reported that "67% of first-year medical students felt that their medical training was stressful in their study on the incidence of stress among university students. This is less than the percentage (94.2%) found among medical students at the Federal University of Calabar in Nigeria. However, because the aforementioned study concentrated on students who were in their preclinical and clinical years," these results cannot be compared. Stress can be expected to increase with progress in medical training (Fasoro, Oluwadare, Ojo & Oni, 2019). The prevalence of perceived stress in our study is lower compared to the 82% reported among first-year medical students in Tamil Nadu, India, 96.8% across India, 90% in Pakistan, and 85% in Maharashtra, India (Fasoro,

Oluwadare, Ojo & Oni, 2019). The prevalence in “our study is a little higher than the 61.4% reported among medical students in Thailand. However, as all these studies have used different instruments to measure stress, comparability is limited.”

One of the reasons for the high prevalence of perceived stress in our study could be that most of these students were not adequately prepared for medical training (Fasoro, Oluwadare, Ojo & Oni, 2019). Another explanation would be that the majority of these students were teenagers, who may have just been adjusting to living independently while dealing with scholastic pressure and adjusting to a whole new environment. Stress levels were found to be higher in females (68.6%) than in males (62.7%). The statistical significance of this connection, however, was insignificant ($p = 0.412$). George and Joseph also found females to experience greater degree of stress than males in their study among first-year dental students in Kollam, India, though the association was also not statistically significant ($p = 0.058$) (Fasoro, Oluwadare, Ojo & Oni, 2019). Students studying medicine in Pakistan and Nigeria reported experiencing the same results. However, a different study found that male dentistry students were more worried than female counterparts. There is no logical explanation for this gender disparity.

Academics were cited as the main stressor by most participants (52.8%) in the study by Fasoro, Oluwadare, Ojo, and Oni (2019). Nevertheless, it was determined that this was not statistically significant ($p = 0.080$). Many studies have reported academic-related factors as sources of stress; these include the vast syllabus and the frequency of and performance in examinations (Fasoro, Oluwadare, Ojo & Oni, 2019). The fact that academics are a source of stress for 52.8% of these first-year medical students is highly concerning. This is so because first-year students at the College of Medicine and Health Sciences attend the same courses as students from other departments. If they find academics stressful before actually beginning

basic medical science courses such as anatomy, physiology, biochemistry, and integrated medical science, they may find it more difficult to cope when they get to their second and third years (Fasoro, Oluwadare, Ojo & Oni, 2019). Counselling, orientation, and teaching these students various coping strategies that they could require for the completion of their medical study are unquestionably necessary.

Fasoro, Oluwadare, Ojo, and Oni (2019) assessed the parameters linked to perceived stress among these undergraduate students and discovered that those aged 18 and over (71.9%) reported feeling more stressed than those under the age of 18. All (100%) of those with monthly incomes under 10,000 were under stress. These correlations weren't statistically significant, though. The only variables “statistically linked to individuals' perceptions of stress were ethnicity ($p = 0.021$) and intrapersonal problems ($p = 0.019$). Some ethnic groups may have specific sociocultural problems that could stress them out. The university in question has a multicultural setting, and each year, applicants from around the nation are admitted to the medical college. This accounts for various cultural, socio-economic, and religious diversities among the students.”

Intrapersonal issues also stood out as a significant stressor among these students; about 80.4% of those who reported intrapersonal issues to be stressors were perceived to be truly stressed (Fasoro, Oluwadare, Ojo & Oni, 2019). The stressors mentioned by students in the closed-ended questions included intrapersonal issues like trying to feel okay about themselves, dealing with a fear of failing, dealing with their personal issues, not being able to think clearly, feeling like they were not smart enough to be in medical school, uncertain of whether they had made the right degree choice, isolation, and their physical health. All of these intrapersonal issues can be resolved with the assistance of the university's counselling centre and its robust social network.

According to Asif, Mudassar, Shahzad, Raouf, and Pervaiz (2020), their study sought to determine the severity of each issue in the current sample as well as the prevalence of mental health concerns (such as depression, anxiety, and stress) among students. Their research revealed that the average levels of stress, anxiety, and depression were $M=15.08$, $M=18.25$, and $M=19.03$, respectively. According to the current study, university students experience depression, anxiety, and stress on average at rates of 75%, 88.4%, and 84.4%, respectively. These overall frequencies were calculated by adding all the severity categories from mild, moderate, severe and very severe of each of the sub-scale (Asif et al., 2020). The most common problem among the current sample, as indicated by the current statistics, is anxiety, which accounts for the highest percentage, or 88.4%. The second “most common issue among university students in Sialkot was stress, at 84.4% prevalence. The results indicated that psychological morbidities such as depression, anxiety, and stress were prevalent among students in Sialkot, Pakistan, both in terms of frequency and severity. In the current sample, the prevalence of Depression varied from normal (25%), mild (16%), moderate (35.8%), severe (14.6%), and extremely severe (8.6%). The prevalence of anxiety was found to be in the range of normal (11.6%), mild (4.4%), moderate (19.4%), severe (17.8%) and extremely severe (46.8%) (Asif et al., 2020). In the current research, stress was classified as normal (15.6%), mild (33.8%), moderate (35.4%), severe (13.2%), and extremely severe (2.8%). These results are consistent with other past findings that looked at the mental health of students in Pakistan and other nations.” The current analysis, in contrast, focused exactly on the total population of university students in the Sialkot city.

Students all around the world are more likely to suffer from mental health conditions like depression, anxiety, and stress. As a result, it might be regarded as a topic for investigation by scientists who are more concerned with the psychological well-being of the student sample (Asif et al., 2020). The results of the current study are relevant since they show that students

in Sialkot, Pakistan, suffer from moderate to severe psychological morbidities. The participants' 100% response rate validates the study's findings. These findings of the current study are consistent with some other studies conducted in Pakistan and in other countries (Asif et al., 2020). A recently reported result by a study on medical students of Karachi with 72% anxiety; another study conducted in 2019 in Karachi on the final year of medical students reported higher level of anxiety and stress in private college students and depression was scored higher among the government college students (Asif et al., 2020). Another recent evidence on undergraduate students in Pakistan supports the findings of the current study. As the frequency of Depression 75%, anxiety 88.4% and stress 84.4% in current sample is greater than that 48.0% of depression, 68.54% of anxiety and 53.2% of stress respectively among the sample of undergraduate students of physiotherapy in Pakistan (Asif et al., 2020). Another study that was conducted on Pakistani medical and dental students found a significant prevalence of these psychological morbidities, which supports the current findings. In comparison to depression and stress, anxiety was more common (41.9%) among these students (Asif et al., 2020).

Some of the very recent evidences from other countries are also consistent with the present findings. As a study on Jordanian medical students in 2019 reported that students were suffering from psychological problems (Asif et al., 2020). The Prevalence of stress was found as 46.9%, anxiety was 76.2% and depression was 60.2% respectively among medical university students in Malaysia (Asif et al., 2020). Another research from Egypt was found consistent with the current findings reported high level of prevalence of stress 62.4%, anxiety 64.3% and depression 60.8% among university students. Anxiety was again the most prevalent problem with highest percentage of 64.3% in the sample here (Asif et al., 2020). A study on Indian medical students reported that half of the university students were found to be affected by the mental health problems (Asif et al., 2020).

2.8 Theoretical Framework

Folkman and Lazarus' (1984) Cognitive Appraisal Theory of stress

The Cognitive Appraisal Theory of stress focuses on an individual's cognition of a stressor which informs their emotional response. It is 'a theory of emotion which implicates peoples personal interpretation of an event in determining their emotional reaction (UK Essays, 2018). The way in which an individual interprets the stressor is significant and according to Folkman and Lazarus we respond to a stressful event or situation by making a primary appraisal, and secondary appraisal (Folkman, 1986). Lazarus and Folkman (1984) proposed that the cognitive appraisal of a stressor involves both primary and secondary appraisals that occur at virtually the same time and interact to determine the significance and meaning of events with regard to well-being. A person examines the personal relevance of a situation in light of their own values, personal beliefs, situational objectives, and goal commitments during primary assessment. A stressor's effects on wellbeing are taken into account during primary appraisal by categorising situations into one of three categories: (a) irrelevant, where there are no implications for wellbeing; (b) benign/positive, where the demands of the task are perceived as benign and it is possible to maintain or improve wellbeing; and (c) stressful, where the demands of the task are perceived to pose a threat to wellbeing. A cognitive-evaluative process known as secondary appraisal focuses on minimising losses or maximising benefits through coping mechanisms. It involves purposeful evaluations of cognitive, affective, and behavioral efforts to manage a stressor (Lazarus, 1999). Coping options and available resources may include social, physical, psychological and material assets (Lazarus & Folkman, 1984). Perceived control over events is also considered as part of secondary appraisal as the individual decides what can or cannot be done to manage specific external

and/or internal demands that are appraised as surpassing a person's resources (Burns & Egan, 1994).

Coping is required only following events that are perceived as stressful and as such benign or positive appraisals do not require coping responses (Devonport & Lane, 2006). It is generally acknowledged that coping serves two main purposes. The two functions of coping are to control distressing emotions (emotion-focused coping) using techniques like acceptance or venting and to change the situations that are distressing (problem-focused coping) using techniques like increased effort or preparation. Folkman and Lazarus (1985) have repeatedly tested the assumption that coping will usually include problem and emotion-focused functions, and found both forms of coping in over 98% of stressful encounters reported by middle-aged men and women (Folkman & Lazarus, 1980), and 96% of the self-reports of students coping with exam stress (Folkman & Lazarus, 1985).

Coping strategies can be understood as either: problem based; where the stressor is perceived as a challenge and we generate strategies to manage it or solutions to remove it, or emotional based; where the problem is considered to be a threat that cannot be resolved and various coping strategies such as avoidance, distancing and acceptance are employed (UK Essays, 2018). According to the Cognitive Appraisal of Stress model then, in response to a stressor we establish if there is a threat, employ coping strategies and then reassesses the threat which results in identification of emotional responses (UK Essays, 2018). In a more transactional sense, stress is seen as a two-way process in which people react quickly to their surroundings. Because it recognises the significance of the person in each and every stress reaction, cognitive techniques, in contrast to the GAS model, are of the utmost relevance.

This study will be guided by the Cognitive Appraisal of Stress model/theory, which suggests that undergraduates (in the context of this study) respond to stressful situations by engaging

in cognitive and behavioral efforts to manage the stress. According to this theory, the effectiveness of stress management strategies depends on the individual's appraisal of the stressor, their coping resources, and the availability of social support. The study will also draw on the social support theory, which posits that social support can buffer the negative effects of stress and promote resilience.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

The research design to be used in this study was the survey research design. This research design is one in which a group of people or items are studied by collecting and analyzing data from only a few people or items considered to be a representative of the entire group. It also involves the use of instruments such as test, questionnaire, observation etc. As a result of the large population of the area of study, the survey research design is the best suited for the research.

3.2 Population of the Study

The population of the study comprised all undergraduate students in the University of Benin, this automatically excludes the postgraduate students. As at 2023, the population of undergraduates in the University of Benin was 75,000 (BScholarly, 2023).

3.3 Sample Size

For the purpose of this study, a purposive sampling technique will be employed to select participants who are directly relevant to the research objectives. Specifically, social workers, caregivers, and children who have experienced abuse or neglect within Egor Local Government Area were targeted for participation. This method allowed the researcher to intentionally select respondents based on their knowledge, experience, and involvement with child protection and social work interventions.

Participants were chosen based on specific criteria including their role (e.g., social worker, caregiver, or affected child), age, gender, and level of engagement with child welfare services. This approach ensures that the sample consists of individuals best positioned to

provide meaningful insights into the role of social workers in preventing and addressing child abuse and neglect.

A total of 100 questionnaires was administered to the selected participants to collect quantitative data. The purposive sampling technique facilitates the inclusion of respondents who meet the specific conditions of the study, thereby enhancing the relevance and accuracy of the findings.

3.5 Instruments of Data Collection

The quantitative data for the study was gathered via a structured questionnaire. The questionnaire was broken into six sections and included both closed and open ended questions. Section A contained questions that elicited responses on the respondents' socio-demographic characteristics; Section B contained questions that elicited responses on the triggers of stress among undergraduates; and Section C contained questions that elicited responses on the prevalence level of stress among undergraduates in the University of Benin. Other sections of the questionnaire included Section D, which contained questions about the role of socio-cultural factors in how undergraduates in the University of Benin experience stress; Section E, which contained questions about respondents' approaches in managing stress, and Section F, solicited for responses on the extent to which socio-cultural factors impact stress management by undergraduates.

3.6 Method of Data Collection

The questionnaire were distributed personally to the respondents, who were able to answer the questions honestly after administering the questionnaires to them. The researcher also guided the respondents with regards to filling questionnaires. The respondents were informed that their responses would be treated with utmost confidentiality.

3.7 Validity and Reliability of Instruments

The questionnaire for this study was thoroughly scrutinized by the supervisor for clarity, precision and comprehension. Both the preliminary test and the main research results was be similar especially in the pattern of response from respondents to fundamental questions relating to the research study under consideration.

3.8 Method of Data Analysis

The questionnaire was distributed personally to the respondents, who were able to answer the questions honestly after administering the questionnaires to them. The researcher also guided the respondents with regards to filling questionnaires. The respondents were informed that their responses would be treated with utmost confidentiality.

3.9 Ethical Considerations

This research was guided by a set of principles. These principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results communication. Participants' responses were kept confidential and followed international best practises. It's important to emphasise that there was no safety concerns. The participants didn't experience any harm because this study won't carry any hazards. Participants will be given the opportunity to withdraw their consent at any point during the interview and had the right to clarify any aspects of the study that was unclear to them.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This chapter presents the presentation and analyses of data collected as well as the interpretation and the discussion of results of the study. The first section is based on the demographic presentations and analyses via the Statistical Package for Social Sciences (SPSS). The major task of the objective of the exercise is to answer the research questions stated in chapter one of the study. The relationships between the independent variables and the dependent variables were analyzed and then the discussions of findings were made.

4.1 Background Characteristics of Respondents

Table 4.1 Socio-demographic characteristics of respondents

| Variables | Frequency (n = 392) | Percentages |
|------------------------------|----------------------------|--------------------|
| Gender | | |
| Female | 63 | 66.3 |
| Male | 37 | 33.7 |
| Age group | | |
| 17-19 years | 17 | 17.9 |
| 20-22 years | 45 | 44.9 |
| 23-25 years | 32 | 32.1 |
| 26 years &above | 6 | 5.1 |
| Level | | |
| 100 | 2 | 1.0 |
| 200 | 5 | 4.6 |
| 300 | 40 | 40.8 |
| 400 | 50 | 45.9 |
| 500 | 2 | 5.6 |
| 600 | 1 | 2.0 |
| Religion | | |
| African Traditional Religion | 1 | 1.0 |
| Christianity | 93 | 91.3 |
| Islam | 3 | 6.6 |

Source: Fieldwork, 2023.

Table 4.1 contains data on the socio-demographic characteristics of the respondents for the study. The gender distribution shows a higher percentage of female respondents (66.3%) compared to males (33.7%). This gender imbalance may have implications for understanding stressors and coping mechanisms, as this suggests that genders may experience and respond

to stress differently. As an implication for social work practice, social workers need to be gender-sensitive in their interventions. Programs addressing stress management may need to consider gender-specific stressors and coping strategies.

The majority of respondents fall within the age range of 20-22 years (44.9%), followed by 23-25 years (32.1%). The smallest percentage is for those aged 26 years and above (5.1%). Different age groups may experience and cope with stress differently. Social workers should tailor interventions based on the developmental and age-related challenges faced by undergraduates.

The majority of respondents are in levels 300 (40.8%) and 400 (45.9%). Levels 100 and 600 have the lowest percentages. Different academic levels may have distinct stressors. Social workers can collaborate with academic advisors to identify and address stressors specific to each academic level. Christianity is the dominant religion among respondents (91.3%), followed by Islam (6.6%). African Traditional Religion has the lowest representation (1.0%). As an implication for social work practice, understanding religious backgrounds is crucial for culturally sensitive interventions. Social workers should explore how religious beliefs and practices influence stress perception and coping mechanisms.

4.2 Triggers of Stress among Undergraduates in the University of Benin.

Table 4.2 Experienced stress in the last 3 months

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| Have you experienced stress in the last 3 months? | | |
| Yes | 100 | 100 |
| No | 0 | 0 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

This Table 4.5 presents data on the frequency and percentage of individuals who had experienced stress in the last 3 months. The findings show that 100% of the respondents (100

individuals) had experienced stress during this period. The absence of respondents reporting no stress indicates a universal prevalence of stress within the sampled population. The high percentage of individuals experiencing stress in the last 3 months suggests a pervasive issue that may require attention. Further investigation into the specific stressors and coping mechanisms would provide valuable insights. It is recommended that interventions or support systems be considered to address the widespread stress reported by the respondents.

Table 4.3 Severity stress level in the last 3 months

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| On a scale of 1-10, with 1 being mild and 10 being severe, how severe is your stress level in the last 3 months? | | |
| 1 | 1 | 1.0 |
| 10 | 22 | 21.9 |
| 2 | 1 | 1.0 |
| 3 | 2 | 2.6 |
| 4 | 4 | 4.1 |
| 5 | 7 | 7.1 |
| 6 | 10 | 10.2 |
| 7 | 19 | 18.4 |
| 8 | 23 | 22.4 |
| 9 | 11 | 11.2 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.3 contains a detailed breakdown of the severity of stress levels experienced by individuals in the last 3 months, measured on a scale of 1 to 10. The data reveal a diverse range of stress severity levels, with a notable concentration in the mid-range (5 to 8). The concentration of respondents reporting stress severity levels between 5 and 8 may indicate a moderate to high level of stress within the population. Tailored interventions, such as stress management programs or mental health resources, could be implemented to address the varying levels of stress reported. Additionally, further research may be needed to identify the specific stressors contributing to the observed distribution.

The Role Of Socio-Cultural Factors in how Undergraduates in the University of Benin Experience Stress

Table 4.4 Influence of family background on experience of stress

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| In your opinion, how does your family background influence your experience of stress? | | |
| A little | 43 | 42.3 |
| A lot | 20 | 19.9 |
| Not at all | 17 | 17.3 |
| Somewhat | 20 | 20.4 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.4 explores the influence of family background on individuals' experience of stress, categorized into "A little," "A lot," "Not at all," and "Somewhat." The majority of respondents perceived that their family background has at least some influence on their stress levels. The distribution of responses suggests that family background plays a significant role in shaping individuals' stress experiences. It is suggested to delve deeper into the specific aspects of family background that contribute to stress. This information can guide the development of targeted interventions, such as family counseling or support services, to address the identified sources of stress related to family background. Additionally, understanding these influences can aid in the development of preventative measures to mitigate stressors associated with family dynamics.

Table 4.5 Influence of cultural beliefs on experience of stress?

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| In your opinion, how do cultural beliefs influence your experience of stress? | | |
| A little | 22 | 22.4 |
| A lot | 4 | 4.1 |
| Not at all | 68 | 67.9 |
| Somewhat | 6 | 5.6 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

In examining the data from Table 4.5, which investigates the influence of cultural beliefs on the experience of stress, several noteworthy patterns emerge. The majority of respondents (67.9%) asserted that cultural beliefs did not affect their stress levels at all. This suggests a prevalent sense of detachment or independence from cultural factors when it comes to experiencing stress. On the other hand, a considerable proportion (22.4%) perceived a minor influence, indicating that for some individuals, cultural beliefs may play a subtle role in shaping their stress experiences. Interestingly, a relatively small percentage (4.1%) believes that cultural beliefs exert a significant influence on their stress levels. This minority viewpoint implies a subset of the population where cultural factors are perceived as pivotal in understanding and managing stress. Additionally, 5.6% of respondents report a moderate impact, indicating a nuanced relationship between cultural beliefs and stress that falls between the extremes.

Table 4.6 Influence of social norms on experience of stress

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| In your opinion, how do social norms influence your experience of stress? | | |
| A little | 38 | 37.8 |
| A lot | 12 | 12.8 |
| Not at all | 33 | 32.7 |
| Somewhat | 17 | 16.8 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Turning to Table 4.6, which delves into the impact of social norms on the experience of stress, a diverse range of perceptions is evident. A significant portion of respondents (37.8%) believes that social norms have a minor influence on their stress levels, reflecting a recognition of societal expectations but a limited impact on personal stress experiences. A noteworthy 12.8% felt that social norms exert a substantial influence, indicating a segment of the population for whom societal expectations are a significant stressor. Conversely, a considerable number (32.7%) contended that social norms do not affect their stress levels at all, suggesting a level of resilience or resistance to external societal pressures. A moderate influence is reported by 16.8% of respondents, reflecting a nuanced perspective on the role of social norms in shaping stress experiences.

Table 4.7 Feeling of stress due to family expectations

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| How often do you feel stressed due to family expectations? | | |
| Never | 8 | 8.2 |
| Often | 23 | 22.4 |
| Rarely | 22 | 21.9 |
| Sometimes | 34 | 34.2 |
| Very often | 13 | 13.3 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.7 explores the frequency with which individuals feel stressed due to family expectations. A significant proportion of the respondents (34.2%) reported feeling stress sometimes, suggesting a fluctuating impact of family expectations on stress levels. On the other hand, 22.4% felt stressed often, indicating a more consistent and regular influence. Notably, 8.2% asserted that they never feel stressed due to family expectations, suggesting a subgroup with a high level of resilience or effective coping mechanisms. The distribution is further detailed with 21.9% feeling stressed rarely, 13.3% very often, and 8.2% never. This

variation indicates the diverse ways in which family expectations contribute to stress, ranging from infrequent stressors to persistent and frequent sources of pressure.

Table 4.8 Feeling stressed due to cultural beliefs

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| How often do you feel stressed due to cultural beliefs? | | |
| Never | 33 | 33.2 |
| Often | 3 | 3.1 |
| Rarely | 46 | 45.9 |
| Sometimes | 14 | 14.3 |
| Very often | 4 | 3.6 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.8 delves into the frequency with which individuals experience stress due to cultural beliefs. A substantial portion (45.9%) reported feeling stressed rarely, indicating that for many respondents, cultural beliefs are not a consistent source of stress. Notably, 33.2% asserted that they never felt stressed due to cultural beliefs, highlighting a significant level of resilience or adaptability in navigating cultural influences without experiencing stress. Conversely, 14.3% reported feeling stress sometimes, while only a small percentage (3.1%) experiences stress often or very often due to cultural beliefs. This variation in responses suggests a diverse range of attitudes and sensitivities towards cultural factors, emphasizing the need for a nuanced understanding of the relationship between cultural beliefs and stress.

Table 4.9 Interested in attending stress management workshops or programs provided by the University

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| Would you be interested in attending stress management workshops or programs provided by the University? | | |
| Yes | 61 | 61.7 |
| No | 39 | 38.3 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.9 delves into the willingness of respondents to attend stress management workshops or programs provided by the University. An encouraging 61.7% of the respondents expressed interest in participating, indicating a substantial demand for stress management initiatives within the university community. Conversely, 38.3% of respondents express no interest, suggesting a need for further exploration into the reasons behind this lack of enthusiasm. The high interest in attending stress management workshops suggests a proactive stance among the university community in addressing mental health concerns.

Table 4.10 Level of satisfaction with the stress management resources available at the University of Benin

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| How satisfied are you with the stress management resources available to you at the University of Benin? | | |
| Satisfied a little | 19 | 19.4 |
| Not satisfied | 72 | 72.4 |
| Somewhat satisfied | 9 | 8.2 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.10 investigates the satisfaction levels of respondents with the stress management resources available at the University of Benin. The majority of the respondents (72.4%) expressed dissatisfaction, with 19.4% of another respondents reporting being satisfied to a

small extent and 8.2% somewhat satisfied. This suggests a considerable gap in meeting the expectations and needs of the university community regarding stress management resources.

The respondents were asked to give suggestions to improve stress management resources at the University of Benin. A diverse array of suggestions provided by respondents to enhance stress management resources at the University of Benin was provided. Notably, 42.9% of respondents expressed having no specific suggestions, while the remaining 57.1% offer a variety of insights. Among the suggestions, there was a call for more awareness and publicizing of existing stress management resources (1.5%), indicating a need for improved communication channels. Several responses (7.1%) emphasized the importance of more time for academic work and reducing the academic rush, suggesting a possible correlation between academic pressures and stress. These diverse suggestions underscore the complexity of addressing stress in an academic setting, requiring a multifaceted and collaborative approach involving faculty, administration, mental health professionals, and students. Regular feedback loops and a commitment to continuous improvement can contribute to a more supportive and stress-resilient university environment.

The Role of Socio-Cultural Factors in Stress Management by Undergraduates of the University of Benin

Table 4.11 Effectiveness of stress adopted coping mechanisms

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| How effective do you think your stress coping mechanisms are | | |
| A lot | 26 | 25.5 |
| Little | 34 | 34.2 |
| None | 4 | 4.1 |
| Some | 36 | 36.2 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.11 explores the perceived effectiveness of respondents' adopted stress coping mechanisms. A substantial 34.2% report little effectiveness, while 36.2% indicate some effectiveness. Conversely, 25.5% believe their coping mechanisms are highly effective, and only 4.1% feel that their coping mechanisms are not effective at all. Implications and Suggestions: The variation in perceived effectiveness highlights the subjective nature of stress coping mechanisms. For the 34.2% who report little effectiveness, targeted interventions and counseling services could provide personalized strategies to enhance coping mechanisms.

Table 4.12 Sought help from friends, family, or other support systems when dealing with stress

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| Have you sought help from friends, family, or other support systems when dealing with stress? | | |
| Never | 5 | 5.1 |
| Often | 12 | 14.3 |
| Rarely | 26 | 26.0 |
| Sometimes | 40 | 42.3 |
| Very often | 12 | 12.2 |
| Never | 5 | 5.1 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.12 examines the frequency with which respondents seek help from friends, family, or other support systems when dealing with stress. A diverse range of responses is observed, with 42.3% reporting seeking help sometimes, followed by 26.0% rarely, 14.3% often, and 12.2% very often. A smaller portion (5.1%) states never seeking help. The findings underscore the importance of accessible and diverse support services. Universities should ensure that counseling services, peer support groups, and mental health resources are readily available and well-publicized. Additionally, creating a supportive campus culture that encourages seeking help can contribute to a more resilient community.

Table 4.13 Participate in any cultural or religious activities

| Variable | Frequency | Percentage |
|---|------------|------------|
| Do you participate in any cultural or religious activities? If yes, please specify | | |
| Religious activity (Choir) | 13 | 13.3 |
| Religious activity (Church attendance) | 68 | 69.3 |
| Religious activity (Ministry) | 3 | 2.6 |
| Religious activity (prayer, scripture study, worshiping) | 7 | 6.6 |
| Religious activity (Church counseling service) | 3 | 2.6 |
| Religious activity (Islam) | 3 | 2.6 |
| Cultural activity (Local of origin association meeting) | 3 | 2.6 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.13 explores the participation of respondents in cultural or religious activities. The majority (69.3%) engages in religious activities, primarily church attendance. Other religious activities such as choir, ministry, prayer, scripture study, worshiping, and Islamic practices are also reported. A smaller portion (2.6%) participates in a cultural activity, specifically in a local of origin association meeting. The significant participation in religious activities highlights the role of faith-based practices in stress management. Universities can collaborate with religious organizations to integrate spiritual support into stress management initiatives or provide spaces for religious activities on campus.

Table 4.14 Frequency of cultural or religious events attendance

| Variable | Frequency | Percentage |
|--|------------|------------|
| How often do you attend cultural or religious events? | | |
| Never | 11 | 10.7 |
| Often | 18 | 18.4 |
| Rarely | 26 | 26.0 |
| Sometimes | 25 | 24.5 |
| Very often | 20 | 20.4 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.14 investigates the frequency of respondents' attendance at cultural or religious events. The data reflects a diverse range of engagement, with 24.5% attending sometimes, 20.4% very often, 18.4% often, 26.0% rarely, and 10.7% never attending such events.

Universities can tailor support services based on the frequency of attendance. For those who seldom attend such events, alternative stress management resources, such as counseling services or workshops, can be promoted. Understanding the role of cultural and religious practices in stress management helps in creating more effective and inclusive well-being initiatives.

Table 4.15 Specific cultural or religious practices that help coping with stress

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| Do you have any specific cultural or religious practices that help you cope with stress? If yes, please specify | | |
| Singing and listening to gospel songs | 20 | 19.6 |
| Praying | 29 | 29.4 |
| Praying and singing | 8 | 7.8 |
| Meditation | 12 | 11.7 |
| Studying the scripture | 15 | 15.6 |
| Counseling with pastor | 8 | 7.8 |
| Church group for stressed persons | 8 | 7.8 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.15 delves into specific cultural or religious practices that respondents use to cope with stress. Key practices include praying (29.4%), singing and listening to gospel songs (19.6%), studying the scripture (15.6%), meditation (11.7%), and engaging in church groups or counseling with pastors (7.8%). Recognizing the prevalence of religious practices, universities can consider incorporating spiritual support into mental health programs. Collaborating with religious leaders, providing designated spaces for prayer or meditation, and offering resources that align with various religious traditions can enhance support services.

Table 4.16 Feeling that socio-cultural background has influenced your stress management strategies

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| Do you feel that your socio-cultural background has influenced your stress management strategies? | | |
| A lot | 8 | 8.2 |
| Little | 44 | 43.9 |
| None | 31 | 31.1 |
| Some | 17 | 16.8 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.16 examines the respondents' perception of whether their socio-cultural background has influenced their stress management strategies. The data reveals that 43.9% feel it has influenced them a little, 16.8% feel it has influenced them some, 8.2% feel it has influenced them a lot, and 31.1% feel it has not influenced them at all. Universities should acknowledge and respect the varying degrees of influence and tailor interventions accordingly. For those who feel a significant influence, targeted support and resources can be provided. Conversely, recognizing that some individuals may not feel influenced by their socio-cultural background suggests the importance of offering a range of stress management strategies.

Table 4.17 Amount of support received from family in managing stress

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| How much support do you receive from your family in managing stress? | | |
| A lot | 35 | 34.7 |
| Little | 28 | 27.6 |
| None | 11 | 11.2 |
| Some | 26 | 26.5 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.17 investigates the level of support that respondents receive from their families in managing stress. The data reveals that 34.7% receive a lot of support, 27.6% receive little support, 26.5% receive some support, and 11.2% receive no support. The substantial

percentage of respondents reporting a lot of support from their families underscores the significance of familial relationships in stress management. This positive influence can be leveraged to enhance overall well-being.

Table 4.18 Amount of support received from friends in managing stress

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| How much support do you receive from your friends in managing stress? | | |
| A lot | 17 | 16.8 |
| Little | 37 | 37.2 |
| None | 16 | 15.8 |
| Some | 30 | 30.1 |
| Total | 100 | 100 |

Source: Fieldwork, 2023.

Table 4.18 explores the level of support respondents receive from their friends in managing stress. The data shows that 16.8% receive a lot of support, 37.2% receive little support, 30.1% receive some support, and 15.8% receive no support. The data highlights the significant role that friends play in supporting individuals during stressful times. Universities can acknowledge and build on this supportive network by incorporating friend-focused strategies into well-being programs.

4.3 Discussion of Findings

Objective One was to determine the triggers of stress among undergraduates in the University of Benin. Table 4.2 presents the distribution of stress factors among undergraduates at the University of Benin, Edo State, Nigeria. The factors are categorized into different combinations, such as academic pressure, financial problems, family issues, health problems, personal issues, relationship issues, and ministry/serving in church. Academic pressure was the most common stress factor, affecting 62 (15.8%) of the respondents. This finding conforms with those of Agolla (2009), Ongori and Agolla (2009), and Yosff et al. (2009)

who found in their various studies in various countries that academic related problems were most likely the major source of stress among undergraduates. Academic pressure is a significant issue among undergraduates and may result from the demands of coursework, exams, and academic expectations. Financial issues were prevalent, affecting 56 (14.3%) respondents. This suggests that a considerable number of undergraduates struggle with the cost of education, living expenses, or other financial challenges. Family-related stressors impacted 8 (2.0%) respondents. This could include family conflicts, responsibilities, or other challenges in their familial relationships. Health-related stress factors affected 4 (1.0%) respondents. Health issues can be both physical and mental, contributing to stress among students. Personal problems are reported by 8 (2.0%) respondents, indicating that individual challenges unrelated to academics or finances contribute to stress. Relationship stress was reported by 4 (1.0%) respondents, suggesting that interpersonal dynamics may contribute to stress among students. Ministry/serving in church was reported by 4 (1.0%) respondents, indicating that involvement in religious activities may contribute to stress.

Objective Two was to ascertain the prevalence level of stress among undergraduates in the University of Benin. Table 4.4 contains a detailed breakdown of the severity of stress levels experienced by individuals in the last 3 months, measured on a scale of 1 to 10. The data reveal a diverse range of stress severity levels, with a notable concentration in the mid-range (5 to 8). The concentration of respondents reporting stress severity levels between 5 and 8 may indicate a moderate to high level of stress within the population. Tailored interventions, such as stress management programs or mental health resources, could be implemented to address the varying levels of stress reported. Additionally, further research may be needed to identify the specific stressors contributing to the observed distribution.

Objective Three was to evaluate the role of socio-cultural factors in how undergraduates in the University of Benin experiences stress. In examining the data from Table 4.6, which

investigates the influence of cultural beliefs on the experience of stress, several noteworthy patterns emerge. The majority of respondents (67.9%) asserted that cultural beliefs did not affect their stress levels at all. This suggests a prevalent sense of detachment or independence from cultural factors when it comes to experiencing stress. However, this finding does not flow with that of Pourmand, Lawley and Lehman (2021) whose study highlights the importance of culture for understanding social support processes, and of examining the lingering consequences of social support on recipient stress and affection. Because culture influences many aspects of socially supportive interactions, it stands to reason that participants' psychological outcomes following SS receipt would also differ by cultural context. On the other hand, a considerable proportion (22.4%) perceived a minor influence, indicating that for some individuals, cultural beliefs may play a subtle role in shaping their stress experiences. Interestingly, a relatively small percentage (4.1%) believes that cultural beliefs exert a significant influence on their stress levels. This minority viewpoint implies a subset of the population where cultural factors are perceived as pivotal in understanding and managing stress. Additionally, 5.6% of respondents report a moderate impact, indicating a nuanced relationship between cultural beliefs and stress that falls between the extremes. The dominance of the "Not at all" category suggests that, for the majority, cultural beliefs might not be a primary factor influencing stress. However, the existence of those who perceive a substantial impact emphasizes the need for a more nuanced exploration of cultural dimensions in stress management interventions. Culturally sensitive counseling or coping mechanisms could be beneficial for those who identify with the "A lot" category, providing tailored support.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This study examined the influence of socio-cultural factors on stress management among undergraduates in the University of Benin, Edo State, Nigeria. It aimed to explore how elements such as cultural background, religious affiliation, family structure, societal expectations, and peer group influence affect students' experiences of stress and their strategies for managing it.

The research adopted a descriptive survey design. A structured questionnaire was administered to a stratified random sample of undergraduate students from various faculties within the university. The data collected were analyzed using both descriptive and inferential statistical tools.

The findings revealed that a significant number of undergraduates experience high levels of stress, often associated with academic pressure, financial difficulties, and future career uncertainty. Socio-cultural factors were shown to play a central role in either exacerbating or alleviating these stressors. Students from supportive family backgrounds, for instance, reported better coping outcomes than those from dysfunctional or broken homes. Likewise, students who actively engaged in religious or spiritual practices, such as prayer, meditation, or church attendance, indicated lower stress levels compared to those who did not.

Furthermore, peer influence emerged as a double-edged sword. While some students benefited from peer support networks, others experienced stress due to peer competition, academic comparison, and social pressures to conform. Cultural expectations, including gender roles and societal views on success and failure, also significantly shaped students'

stress responses. Female students, in particular, reported stress related to balancing cultural expectations of femininity with academic responsibilities.

In summary, the study established that socio-cultural dynamics are deeply embedded in students' academic and social lives, influencing how they perceive, experience, and manage stress.

5.1 Conclusion

Based on the findings of this research, it can be concluded that socio-cultural factors are key determinants in the stress management experiences of undergraduate students at the University of Benin. The interplay of cultural norms, family relationships, religious values, and peer influence forms a complex framework within which students cope with the multifaceted challenges of university life.

Cultural background significantly affects the way students interpret and respond to stressful situations. For instance, students from collectivist cultures tend to seek support from family and peers, while those from individualistic backgrounds may prefer solitary coping mechanisms. Religious affiliation was also found to be a vital component in stress reduction, with many students turning to faith-based coping strategies in times of distress.

Family structure played a substantial role, as students from stable, two-parent homes demonstrated stronger emotional resilience and reported lower levels of stress. Conversely, students from broken homes or families experiencing conflict were more susceptible to emotional strain. Peer influence was identified as both a source of support and a stressor, depending on the nature of the relationships.

Overall, the findings underscore the importance of considering socio-cultural context when developing interventions for stress management among university students. A one-size-fits-all approach to student mental health may be inadequate without integrating cultural sensitivity and contextual understanding.

5.2 Recommendations

In light of the conclusions drawn from this study, the following recommendations are made to the relevant stakeholders including the University of Benin administration, student support services, parents, and policy makers:

Development of Culturally Sensitive Counseling Programs: The University of Benin should invest in the establishment and enhancement of culturally appropriate counseling programs that reflect the socio-cultural diversity of its student population. Counselors should be trained to understand and integrate cultural and religious values into their therapeutic approaches.

Introduction of Stress Management Workshops and Seminars: Regular workshops and awareness campaigns should be organized across faculties to educate students on the causes and effects of stress, as well as culturally relevant coping strategies. These events should include expert talks, peer discussions, and practical sessions on emotional intelligence, time management, and mindfulness.

Strengthening Peer Support Systems: The university should encourage the formation of structured peer mentorship and support groups, where senior students can guide and support their junior colleagues. Such networks can reduce feelings of isolation and promote a sense of belonging and community among students.

Family and Community Involvement: The university administration, in collaboration with student affairs, should initiate outreach programs aimed at engaging families and communities. Sensitization of parents and guardians on how their cultural expectations and family dynamics affect students' mental health is vital.

Training for Academic Staff and Administrators: Lecturers and student affairs personnel should be equipped with basic training in recognizing signs of stress and referring students to appropriate support services. Faculty members should also adopt a more empathetic and student-centered approach in their interactions with students.

Integration of Religious and Spiritual Life in Student Support Services: Recognizing the role of religion in stress management, the university should provide adequate support for students to practice their faith. Chaplaincy services, religious fellowships, and interfaith dialogue should be promoted, while maintaining inclusivity and tolerance.

Policy Development on Student Mental Health: The university should formulate and implement comprehensive mental health policies that are inclusive of cultural and social realities. These policies should outline clear protocols for addressing psychological distress and ensuring students have access to confidential and professional care.

Further Research: It is recommended that further studies be conducted to explore the relationship between specific cultural groups and their preferred coping strategies. Longitudinal studies can also help track changes in stress levels and management practices over time.

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QUESTIONNAIRE

The following questionnaire is designed to explore stress management among undergraduates in the University of Benin with sociocultural factors. The data collected from this questionnaire will be used to achieve the specific objectives of the study, which are listed below.

Instructions: Please read each question carefully and select the response that best represents your thoughts, feelings, and experiences. There are no right or wrong answers, and your responses will remain anonymous.

Section A: Demographic Information:

1. What is your gender? a. Male b. Female c.
2. What is your age? (1)17-19 years (2) 20-22 years (3) 23-25 years (4) 26 years &above
3. What is your faculty? (1) Arts b. Education (2) Engineering (3) Law e. Life Sciences (4) Management Sciences (5) Physical Sciences (6) Social Sciences (7) Medical Sciences
4. What level are you? (1) 100 (2) 200 (3) 300 (4) 400 (5) 500 (6) 600

Section B: To determine the triggers of stress among undergraduates in the University of Benin.

4. What are the factors that cause you stress? (Select all that apply) (1) Academic pressure (2) Financial problems (3) Relationship issues (4) Family issues (5) Health problems (6) Personal issues (7) Other (please specify)

Section C: To ascertain the prevalence level of stress among undergraduates in the University of Benin.

5. Have you experienced stress in the last 3 months? (1)Yes (2) No
6. On a scale of 1-10, with 1 being mild and 10 being severe, how severe is your stress level in the last 3 months? _____

Section D: To evaluate the role of socio-cultural factors in how undergraduates in the University of Benin experience stress.

7. In your opinion, how does your family background influence your experience of stress?
(1) Not at all (2) A little (3) Somewhat (4) A lot
8. In your opinion, how do cultural beliefs influence your experience of stress? (1) Not at all (2) A little (3) Somewhat (4) A lot
9. In your opinion, how do social norms influence your experience of stress? (1) Not at all (2) A little (3) Somewhat (4) A lot
10. How often do you feel stressed due to family expectations? (1)Very often (2) Often (3) Sometimes (4) Rarely (5) Never
11. How often do you feel stressed due to peer pressure? (1) Very often (2) Often (3) Sometimes (4) Rarely (5) Never
12. How often do you feel stressed due to cultural beliefs? (1) Very often (2) Often (3) Sometimes (4) Rarely (5) Never

Section E: To identify how undergraduates in the University of Benin manage stress.

10. What stress management techniques have you used in the last 3 months? (Select all that apply) (1) Exercise (2) Meditation (3) Seeking social support (4) Engaging in hobbies and other recreational activities (5) Seeking help from social worker (6) Other (please specify)_____

11. On a scale of 1-10, with 1 being not effective and 10 being very effective, how effective were the stress management techniques you used in the last 3 months? _____

12. Would you be interested in attending stress management workshops or programs provided by the University? (1) Yes (2) No

13. How satisfied are you with the stress management resources available to you at the University of Benin? (1) Not satisfied (2) A Satisfied a little (3) Somewhat satisfied (4) A lot satisfied

13. What changes would you suggest to improve stress management resources at the University of Benin? _____

Section F: The Role of Socio-Cultural Factors in Stress Management By Undergraduates Of The University Of Benin

11. How effective do you think your stress coping mechanisms are? (1) A lot (2) Some (3) Little (4) None

12. Do you think your sociocultural background has influenced your stress management? If yes, how?

14. Have you sought help from friends, family, or other support systems when dealing with stress? (1) Very often (2) Often (3) Sometimes (4) Rarely (5) Never

13. Do you participate in any cultural or religious activities? If yes, please specify_____

15. How often do you attend cultural or religious events? (1) Very often (2) Often (3) Sometimes (4) Rarely (5) Never

14. Do you have any specific cultural or religious practices that help you cope with stress? If yes, please specify_____

15. Do you feel that your socio-cultural background has influenced your stress management strategies? (1) A lot (2) Some (3) Little (4) None

16. How much support do you receive from your family in managing stress? (1) A lot (2) Some (3) Little (4) None

17. How much support do you receive from your friends in managing stress? (1) A lot (2) Some (3) Little (4) None

Thank you for your participation. Your feedback is valuable to the success of this study.