

**SOCIO-CULTURAL DETERMINANTS OF MENTAL HEALTH AMONG
YOUTHS IN BENIN CITY**

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DEPARTMENT OF SOCIAL WORK

FACULTY OF SOCIAL SCIENCES

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**BEING A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF
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FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF B.Sc.
DEGREE IN SOCIAL WORK**

NOVEMBER, 2025

CERTIFICATION

This is to certify that this project was carried out by **OFILI FAITH IJEOMA** with Matriculation Number **SSC2106093** of the Department of Social Work in partial fulfillment of the requirements for the award of Bachelor Degree (B.Sc.) in Social Work, University of Benin, under my supervision.

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Date

Date

DEDICATION

This work is dedicated to God Almighty, whose grace, wisdom, and strength have guided me throughout this academic journey. I also dedicate it to my family and loved ones for their unwavering support, encouragement, and prayers which have been my greatest source of motivation.

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ABSTRACT

This study examined the socio-cultural determinants of mental health among youth in Benin City, Edo State, Nigeria. The study adopted a descriptive survey design using a structured questionnaire as the primary instrument for data collection. A total of 400 questionnaires were distributed to youths residing in different parts of Benin City, and

the responses were analyzed using descriptive statistical techniques, including frequency distributions and percentages. The findings revealed that mental health challenges among youth in Benin City stem from multiple causes, including poverty, unemployment, family pressure, academic stress, and substance abuse. Furthermore, socio-cultural beliefs, stigma, and traditional perceptions of mental illness were identified as major factors influencing attitudes toward mental health and help-seeking behaviour. The study also found that social support systems remain weak, and limited access to affordable mental health care continues to worsen the problem. Social workers were observed to play a crucial role in the rehabilitation, counselling, and reintegration of youth experiencing mental health issues, although their efforts are often constrained by inadequate resources and institutional support. The study concluded that mental health among youth in Benin City is largely shaped by socio-cultural, economic, and environmental factors, which collectively determine the perception, experience, and management of mental illness. It therefore recommends that government agencies, community leaders, and social work practitioners intensify mental health education, challenge harmful cultural stereotypes, and expand youth-friendly mental health services. Strengthening social work practice and promoting community-based interventions were also emphasized as vital strategies for improving mental health outcomes among youths in Benin City.

Keywords: Mental Health, Socio-Cultural Factors, Youth, Benin City, Social Work, Stigma, Awareness

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Mental health has emerged as a crucial component of overall well-being, particularly among young people, who often face unique challenges during the transition from adolescence to adulthood. The World Health Organization (WHO, 2022) defines mental health as a state in which individuals realize their potential, can cope with normal life stresses, work productively, and contribute to their communities. However, across the globe and particularly in developing countries mental health among youth is under-recognized and under-prioritized, often overshadowed by other public health concerns (Patel et al., 2018). Despite its significance, mental health remains poorly understood, especially in culturally diverse societies where traditional beliefs strongly influence perceptions and treatment approaches.

In the Nigerian context, mental health services are grossly inadequate, and awareness is still relatively low. According to Gureje et al. (2015), Nigeria, with a population exceeding 200 million, has fewer than 250 psychiatrists to cater to the mental health needs of its people. This shortage is even more alarming when considering the high proportion of youth in Nigeria's demographic structure. Mental health conditions such as depression, anxiety, and substance use disorders are increasingly affecting Nigerian youth, many of whom are unable to access professional care due to stigma, poverty, or lack of awareness (Kola et al., 2021). These issues are compounded by the fact that socio-cultural narratives often discourage open discussions about mental illness.

Benin City, the capital of Edo State in southern Nigeria, offers a compelling setting for investigating mental health among youth due to its rich cultural heritage and urban complexities. As a city where traditional norms intersect with modern lifestyles, Benin youth are influenced by multiple, and sometimes conflicting, socio-cultural forces. Factors such as family structure, religious beliefs, peer pressure, and traditional healing systems all play roles in shaping mental health outcomes (Atilola, 2015). For instance, traditional attitudes in Benin often associate mental illness with spiritual or supernatural

causes, which can hinder the timely utilization of medical interventions (Adewuya & Makanjuola, 2008).

Cultural stigma surrounding mental health remains one of the most significant barriers to youth accessing mental health services in Nigeria. In many communities, mental illness is considered a taboo subject, and individuals exhibiting symptoms may be labeled as mad or possessed (Okpalauwaekwe, Mela, & Oji, 2017). This stigmatization affects not only the individual but also their family members, leading to social exclusion and emotional distress. Youths, who are particularly sensitive to peer and societal perceptions, often avoid seeking help for fear of being ostracized or misunderstood (Egbe et al., 2014). In Benin, such stigma is often reinforced by religious and cultural teachings that frame mental illness as divine punishment or ancestral curse.

Family dynamics are also critical in the development and management of youth mental health. In Benin, like many parts of Nigeria, families are traditionally hierarchical, and communication between generations is often limited. Parental expectations regarding education, behavior, and religious adherence can place immense pressure on young people, especially when those expectations are misaligned with personal interests or modern realities (Atilola & Olayemi, 2012). Additionally, in families experiencing financial hardship or instability, youth may bear additional responsibilities that further strain their mental health. Emotional neglect, family conflict, and domestic violence are also important factors that contribute to psychological distress among young Nigerians (Olayinka & Omoegun, 2016).

Peer influence and social media exposure are growing factors affecting youth mental health in Benin. With increasing internet access and mobile connectivity, young people are now more exposed to globalized lifestyles and expectations. This digital exposure often results in comparisons, identity conflicts, and anxiety, especially when youths feel

inadequate relative to the curated lives presented online (Twenge & Campbell, 2018). Moreover, peer pressure to conform to group norms whether related to fashion, substance use, or social status can lead to risky behaviors and emotional strain. In contexts where mental health education is minimal, youths may lack the coping mechanisms needed to navigate these challenges effectively.

The intersection of unemployment and poverty also plays a substantial role in deteriorating mental health among youth in Benin. Nigeria's high youth unemployment rate, which the National Bureau of Statistics (2021) places at over 35%, means many young people face chronic uncertainty about their futures. This economic instability breeds feelings of hopelessness, worthlessness, and frustration. In Benin, limited job opportunities and the pressure to meet family expectations can intensify these feelings, often leading to depression, anxiety, or substance abuse (Adewale et al., 2021). Socioeconomic status thus remains a core determinant of mental well-being, deeply intertwined with cultural expectations around success and adulthood.

Education systems and school environments are another crucial dimension influencing youth mental health. Academic pressure, bullying, corporal punishment, and lack of school counselors all contribute to psychological stress among students in Nigeria (Onwuameze, 2018). In Benin, where educational competition is fierce and success is closely tied to family honor, failure or underperformance can result in shame, punishment, or withdrawal of support. Students are often expected to excel despite infrastructural deficits and emotional burdens, leading to high levels of stress and burnout.

Unfortunately, mental health services in Nigeria are largely urban-centered, underfunded, and not youth-friendly. Even within Benin, psychiatric services are limited to a few government facilities and NGOs, which are often overwhelmed or inaccessible to the average youth (Gureje & Lasebikan, 2006). Youths who need mental health support may

not know where to go or may find existing services culturally insensitive or unaffordable. There is a pressing need for mental health systems that are not only accessible but also culturally appropriate systems that respect local beliefs while promoting evidence-based interventions.

Efforts to improve youth mental health in Nigeria must take into account the complex socio-cultural matrix in which these young individuals exist. Public health campaigns, school-based interventions, and community outreach must engage traditional leaders, religious institutions, and families to foster a supportive environment for mental well-being (Ogunsemi et al., 2010). In Benin, such interventions must be grounded in local realities, recognizing both the protective and risk factors embedded in the cultural framework. By understanding and addressing these socio-cultural determinants, stakeholders can better support the mental health needs of young people.

1.2 Statement of the Research Problem

Mental health challenges among youth in Nigeria are increasingly recognized as a public health crisis, yet they remain significantly under-addressed. Globally, mental health disorders are the leading cause of disability among individuals aged 10 to 24, contributing to over 45% of the disease burden in this age group (Kieling et al., 2011). In Nigeria, youths make up over 60% of the population, yet national mental health strategies rarely prioritize this demographic. The neglect of youth mental health has resulted in rising rates of depression, substance abuse, suicidal ideation, and behavioral disorders without commensurate investment in care or prevention (Gureje et al., 2015). The invisibility of youth in Nigeria's mental health discourse creates a gap that this research aims to address

In Benin City, Edo State, the problem is particularly pronounced due to the intersection of urban stressors and deeply entrenched cultural beliefs. Many young people face daily

pressures such as unemployment, academic expectations, family obligations, and socio-economic uncertainty. These stressors often lead to anxiety, hopelessness, or maladaptive coping behaviors (Adewale et al., 2021). However, the cultural narratives surrounding mental illness often linked to witchcraft, curses, or spiritual punishment discourage many from seeking professional help (Jegade, 2009). As a result, young people in Benin may suffer in silence, relying on inadequate or harmful traditional remedies that delay proper diagnosis and treatment.

The lack of mental health infrastructure further exacerbates the issue. Nigeria has only a few functioning psychiatric hospitals, most of which are concentrated in urban areas and are often inaccessible to ordinary citizens due to high costs and long waiting times (WHO-AIMS Report, 2006). In Benin, the existing facilities are either overstretched or not youth-friendly, making it difficult for young people to access culturally sensitive and age-appropriate care. Consequently, mental health needs are often unmet, and many cases escalate into severe disorders or result in tragic outcomes such as suicide (Olayinka & Omoegun, 2016).

Another dimension of the problem lies in the educational and institutional neglect of mental health awareness. Despite the prevalence of emotional and psychological challenges among students, most Nigerian schools and tertiary institutions lack functional guidance and counseling units (Onwuameze, 2018). Teachers and school staff often do not have the training to recognize or respond to mental health issues, and as such, affected students may be labeled as lazy or problematic. In Benin, this institutional gap contributes to school dropouts, social withdrawal, and escalating peer pressure all of which heighten the risk of long-term psychological impairment.

The influence of socio-cultural values on youth seeking assistance with mental health issues further complicates the situation. In many Nigerian communities, including Benin,

mental illness is seen as a family disgrace, often hidden from neighbors and friends (Okpalauwaekwe et al., 2017). Young people growing up in such environments internalize these stigmas and are less likely to express emotional difficulties or seek professional intervention. These attitudes hinder early detection and increase the likelihood of chronic mental health conditions. Without targeted efforts to change these cultural norms, mental health awareness campaigns may fail to resonate with the very people they are meant to help.

Furthermore, there is a significant gender dimension to the problem. Young men and women in Benin experience mental health challenges differently due to societal expectations. For instance, males may be discouraged from showing vulnerability or seeking help, as emotional expression is often seen as a sign of weakness (Ogunsemi et al., 2010). Conversely, young women may be more susceptible to depression and anxiety due to early marriage, sexual abuse, or unequal educational opportunities (Adeosun et al., 2020). These gendered experiences of mental health are rarely addressed in mainstream discourse, leaving critical aspects of the problem unexplored.

Despite the evident burden of youth mental health challenges, research on the socio-cultural determinants specific to the Benin context remains limited. Most existing studies focus on epidemiological data or service delivery at the national level, often overlooking local dynamics such as traditional beliefs, religious practices, family structure, and peer influence (Atilola, 2015). There is a pressing need to understand how these local socio-cultural factors interact with global mental health determinants to affect young people's emotional well-being. A context-sensitive understanding of the problem is essential for designing interventions that are both effective and culturally acceptable.

In summary, the research problem centers on the increasing but insufficiently explored and inadequately addressed incidence of mental health challenges among youth in Benin

City. These challenges are influenced by a complex combination of socio-cultural factors, institutional neglect, stigma, and limited access to mental health services. Bridging this gap calls for a comprehensive investigation that not only examines the prevalence of mental health issues among young people but also critically analyzes the cultural and social structures that shape their experiences and coping mechanisms. This study therefore aims to address this gap by exploring the socio-cultural determinants of mental health among youth in Benin City, with the ultimate goal of contributing to the development of more effective and culturally relevant interventions.

1.3 Aim and Objectives of the Study

The aim of this study is to examine the socio-cultural determinants of mental health among youth in Benin City. The specific objectives are:

- a. to identify the causes of mental health among youth in Benin city
- b. to examine the types of mental health challenge experienced among youth in Benin city
- c. to identify the socio-cultural factors influencing mental health among youth in Benin city.
- d. evaluate the impact of income on mental health among youth in the Benin city
- e. to ascertain the role of social work in rehabilitation of youth with mental health challenges in Benin city.

1.4 Research Questions

- a. What are the causes of mental health among youth in Benin city?

- b. What are the types of mental health challenge experienced among youth in Benin city?
- c. What are the socio-cultural factors affecting youth mental health in Benin city?
- d. What are the impacts of income on mental health among youth in Benin city?
- e. What are the roles of social workers in rehabilitation of people with mental health challenges in Benin city?

1.5 Significance of the Study

This study is significant for several reasons. First, it provides a culturally grounded understanding of the mental health challenges faced by youth in Benin City, highlighting the influence of local beliefs and social norms. Such insights are critical for mental health practitioners, social workers, policymakers, and educators who design interventions aimed at promoting youth mental health.

Furthermore, the findings will contribute to the existing body of literature by offering a localized perspective on the socio-cultural determinants of mental health. This can serve as a basis for further research and advocacy, especially in academic and policy-making circles.

By shedding light on how stigma and cultural perceptions affect help-seeking behavior, the study may help inform awareness campaigns that are sensitive to local realities, thereby encouraging more youth to seek support without fear of discrimination or shame.

The findings from this research will also serve as a valuable resource for policymakers and education authorities. This study will provide evidence-based recommendations that can guide the formulation of mental health policies, the integration of mental health education into school curricula, and the establishment of youth-friendly services in urban

centers like Benin City. These outcomes will contribute to the broader goals of public health promotion and youth development in Nigeria.

Lastly, this study gives voice to the experiences of youth, enabling their concerns, struggles, and coping strategies to be better understood and addressed by the society at large.

1.6 Scope and Limitations of the Study

This research is limited to the youth population in Benin City, Edo State, Nigeria. It focuses specifically on individuals aged 18 to 35 years. The study examines a range of socio-cultural factors, including cultural beliefs, religion, peer relationships, and societal expectations. It does not cover clinical or biological causes of mental illness, nor does it evaluate medical treatment protocols. Rather, it seeks to provide a social work-centered analysis of the cultural and societal context surrounding youth mental health.

1.7 Area of Study

The area of study for this research is Benin City, the capital of Edo State in southern Nigeria. Benin City is one of the oldest cities in Nigeria, rich in history, culture, and tradition. It serves as a commercial, educational, and administrative hub, with a population made up of diverse ethnic groups, although the Edo (Bini) people form the majority. The city is known for its vibrant cultural heritage, traditional institutions, and strong adherence to customary beliefs, which continue to shape social behaviors and community life.

Benin City also has a mix of urban and semi-urban environments, with a large population of youth due to the presence of several tertiary institutions, including the University of Benin and other colleges and vocational centers. This educational environment attracts young people from various backgrounds and regions, creating a unique social space

where traditional norms often intersect with modern lifestyles. The youth in Benin are exposed to a variety of socio-cultural influences ranging from family upbringing and religious teachings to peer pressure, digital media, and urban stressors factors that can all play a significant role in mental health outcomes.

Additionally, Benin City reflects many of the broader challenges affecting Nigerian cities, such as unemployment, poverty, limited access to mental health care, and stigma around mental illness. Despite growing awareness, mental health issues are still poorly understood and rarely prioritized in public discourse or community development. These challenges, combined with the city's dynamic youth population and strong cultural identity, present an ideal context for examining how socio-cultural factors contribute to mental health challenges and coping strategies among young people.

1.8 Definition of Terms

Youth: In this study, youth refers to individuals between the ages of 18 and 35 years, in line with the definition provided by the Nigerian National Youth Policy. This age group represents a critical period of transition involving identity development, social integration, and increased exposure to mental health stressors.

Mental Health: Mental health is defined as a state of emotional, psychological, and social well-being that enables individuals to handle stress, maintain relationships, and function effectively in daily life. It involves the ability to think, feel, and act in ways that improve quality of life and personal productivity.

Socio-Cultural Determinants: These refer to the social and cultural factors that influence individuals' mental health. They include beliefs, traditions, norms, values, family systems, religious practices, and community expectations that shape how mental health is understood and managed.

Stigma: Stigma refers to the negative attitudes, judgments, and discrimination directed toward individuals who are perceived to have mental health issues. It often discourages people from seeking help or discussing their emotional struggles openly.

Culture: Culture encompasses the shared customs, beliefs, behaviors, and values of a particular group of people. It influences how mental health is interpreted, how symptoms are expressed, and the types of support that are considered acceptable or effective.

Coping Strategies: Coping strategies are the techniques or mechanisms individuals use to deal with stress, anxiety, or emotional distress. These may be personal, social, spiritual, or behavioral, and can significantly affect mental health outcomes

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Mental health has emerged as a major area of concern globally, and particularly in developing contexts like Nigeria, where youth face numerous socio-cultural, economic, and psychological pressures. Mental health among youth in Benin City is influenced by a myriad of socio-cultural determinants including traditional beliefs, family systems, peer influence, religious doctrines, income disparities, and the availability of professional support like social work. This chapter explores the literature relevant to the socio-cultural determinants of mental health, addressing the causes, types of mental health challenges, socio-cultural influences, and interventions, while aligning with the objectives of this study.

2.2 Causes of Mental Health Challenges Among Youth in Benin City

Mental health disorders among youth in Benin City are often triggered by a complex interplay of biological, psychological, socio-economic, and cultural factors. As global mental health research suggests, the underlying causes of mental health challenges are not isolated but rather multifaceted, often rooted in early-life experiences and reinforced by present environmental stressors (World Health Organization [WHO], 2021).

2.2.1 Family Dysfunction and Early Trauma

One of the primary causes of mental health issues among youth is family dysfunction. Domestic violence, parental neglect, broken homes, and inconsistent parenting are prevalent in many urban Nigerian households, including Benin City, and contribute to early psychological trauma. Studies have shown that children who experience abuse or neglect are at a higher risk of developing depression, anxiety disorders, and post-traumatic stress disorder later in life (Okonkwo & Ekwueme, 2019). Additionally, conflict within the home can foster feelings of insecurity, rejection, and low self-esteem, which may spiral into mental health disorders.

2.2.2 Peer Pressure and Substance Abuse

Adolescence and young adulthood are characterized by increased susceptibility to peer pressure. In Benin City, as in many other urban Nigerian contexts, substance abuse is increasingly becoming a coping mechanism for youth facing peer-related stress and identity confusion. Abuse of substances such as cannabis, tramadol, codeine, and alcohol has been linked to psychotic episodes, anxiety disorders, and long-term cognitive impairment (Adewale, 2020). This growing trend is partly fueled by unemployment, poverty, and a lack of parental guidance.

2.2.3 Academic Pressure and Unemployment

Education and employment challenges also contribute significantly to mental health issues among youth in Benin City. University students, for example, often experience overwhelming pressure to perform academically in the face of limited resources, erratic academic calendars due to strikes, and financial hardship (Oladipo & Balogun, 2022). For graduates, the unavailability of employment opportunities leads to feelings of hopelessness, stress, and frustration, which may manifest as depression or anxiety. A study by Ede et al. (2020) found that prolonged joblessness among Nigerian youth correlates directly with increased mental health symptoms.

2.2.4 Economic Insecurity and Poverty

Socio-economic status is a significant determinant of mental health. Youth in low-income households in Benin City often live in precarious conditions that compromise both their physical and psychological well-being. The daily struggle for food, shelter, and basic amenities creates chronic stress that impairs emotional regulation and increases vulnerability to mental illness (Egbe et al., 2021). Furthermore, economic hardship limits access to quality mental health care, making it difficult to detect or treat mental conditions early.

2.2.5 Social Media and Modern Pressures

The rise of social media has introduced a new dimension to mental health causation. While it offers connectivity and self-expression, platforms like Instagram, TikTok, and Facebook also breed unhealthy comparison, cyberbullying, and addiction. For many youths in Benin City, the pressure to live up to unrealistic online portrayals of success and happiness contributes to anxiety, depression, and low self-worth (Okafor & Olayemi, 2021).

2.2.6 Cultural Stigma and Silence

An often-overlooked cause is the cultural stigma attached to mental health issues in Nigeria. In Benin City, mental illness is frequently misattributed to spiritual forces or moral weakness. This stigma leads to silence, denial, and non-disclosure, preventing early intervention and exacerbating the condition (Gureje et al., 2015). As a result, many young people suffer in isolation until their condition deteriorates significantly.

2.3 Types of Mental Health Challenges Experienced Among Youth in Benin City

Mental health disorders among youth in Benin City are increasingly gaining scholarly attention due to their impact on education, productivity, social behavior, and long-term well-being. The types of mental health challenges youth experience are diverse, ranging from common disorders like anxiety and depression to more severe conditions such as psychosis and substance-induced disorders. According to the World Health Organization (WHO, 2022), about one in seven adolescents globally experiences a mental disorder, with the burden especially pronounced in low- and middle-income countries like Nigeria.

2.3.1 Depression

Depression remains one of the most prevalent mental health challenges among youth in Benin City. It is often characterized by persistent sadness, hopelessness, lack of interest

in activities, sleep disturbances, and sometimes suicidal ideation. Several studies in Nigeria have linked youth depression to academic pressure, unemployment, poverty, and familial neglect (Adewuya et al., 2018). In urban settings like Benin City, young people who struggle to meet societal expectations or suffer from low self-esteem are especially vulnerable. Depression is often unrecognized and untreated due to stigma and limited mental health services.

2.3.2 Anxiety Disorders

Anxiety disorders, including generalized anxiety disorder (GAD), panic attacks, and social anxiety, are also common. These are often triggered by academic stress, peer pressure, financial insecurity, and future uncertainty. Youth may experience physical symptoms such as heart palpitations, excessive sweating, and difficulty concentrating, which interfere with their academic and social lives (Ogunsemi et al., 2020). In the context of Benin City, where competition and uncertainty about employment are high, anxiety has become an everyday experience for many youths.

2.3.3 Substance-Induced Disorders

Substance-induced mental disorders are rapidly increasing in prevalence. These include psychosis, hallucinations, and severe behavioral disruptions caused by drug abuse. A 2021 study by Akinbode and Aloba revealed a high incidence of drug-induced mental health problems among youth in Southern Nigeria, particularly associated with the use of tramadol, cannabis, and codeine. The normalization of substance use among peer groups in Benin City creates an environment where young people are easily drawn into addiction, leading to long-term psychiatric conditions.

2.3.4 Bipolar Disorder

Though less frequently diagnosed, bipolar disorder a condition involving alternating periods of depression and mania has been identified among Nigerian youth, particularly university students. During manic episodes, individuals may engage in risky behavior, experience delusions of grandeur, or suffer from poor impulse control (Odejide, 2019). Due to the limited number of qualified mental health professionals in Benin City, such disorders are often misdiagnosed or misunderstood as spiritual afflictions.

2.3.5 Schizophrenia and Other Psychotic Disorders

Severe mental illnesses such as schizophrenia, characterized by hallucinations, delusions, and disorganized thinking, are also present, albeit stigmatized. In many parts of Benin City, youth with schizophrenia are hidden away or taken to spiritual homes instead of being treated medically. This societal response leads to prolonged illness, abuse, and neglect (Gureje et al., 2015). Psychotic disorders remain underreported because families often interpret symptoms through spiritual or cultural lenses.

2.3.6 Post-Traumatic Stress Disorder (PTSD)

Many youths in Benin City experience traumatic events such as violence, sexual abuse, cult clashes, or accidents, resulting in post-traumatic stress disorder (PTSD). Symptoms include flashbacks, hypervigilance, sleep disturbance, and emotional numbness (Olatunde & Eme, 2022). Unfortunately, PTSD is often misunderstood or minimized, leaving affected youth without the support they need.

2.3.7 Suicidal Behavior and Self-Harm

A distressing trend among Nigerian youth is the rise in suicidal ideation and self-harm. Youths experiencing extreme hopelessness or societal pressure sometimes resort to self-harming behaviors or suicide attempts. The National Suicide Research Foundation in

Nigeria reported a spike in suicide rates among individuals aged 18–35 years, particularly among university students (NSRF, 2022). Unfortunately, the lack of open discourse around suicide in Nigeria means that many cases go unreported.

2.4 Socio-Cultural Factors Influencing Mental Health Among Youth in Benin City

Mental health among youth is significantly shaped by socio-cultural dynamics. In a culturally rich and traditional environment like Benin City, social norms, family structure, religious beliefs, gender roles, and societal expectations intersect to either promote mental well-being or exacerbate mental distress. These cultural and social influences are often deeply entrenched and affect how mental health is perceived, experienced, and treated.

2.4.1 Family Structure and Parenting Style

Family is the primary socializing agent in Nigerian society. The nature of the family system—whether nuclear or extended—and parenting styles play a critical role in shaping mental health outcomes among youth. In Benin City, authoritarian parenting, lack of emotional bonding, and intergenerational conflicts are associated with depression, low self-esteem, and anxiety among young people (Okpukpara & Chukwuone, 2019). Additionally, dysfunctional family environments characterized by domestic violence, substance abuse, and neglect contribute to psychological trauma.

Research shows that youth from supportive family backgrounds are more resilient and better equipped to manage stress (Atilola, 2012). However, the erosion of traditional support systems due to urbanization and economic strain has weakened family bonds, leaving many youths vulnerable to mental distress.

2.4.2 Cultural Stigma and Misconceptions

Stigma remains one of the most significant socio-cultural barriers to mental health in Benin City. Mental illness is often attributed to supernatural causes, including spiritual attacks, witchcraft, or ancestral punishment (Gureje et al., 2015). These beliefs discourage individuals from seeking psychiatric care and often lead families to prioritize spiritual interventions over medical treatment.

Youth experiencing symptoms of mental illness are frequently labeled as "mad" or "possessed," reinforcing negative stereotypes and social isolation (Ogunsemi et al., 2018). The stigma extends to the educational and employment sectors, where mental health conditions are viewed as weaknesses or signs of incompetence.

2.4.3 Traditional Beliefs and Healing Practices

Traditional healing practices and belief in divination are deeply ingrained in Benin culture. Herbalists, spiritualists, and traditional priests are often the first points of contact for individuals showing signs of mental distress. Although these practices serve cultural and emotional functions, they may delay or replace evidence-based treatment.

According to Jegede (2005), while traditional medicine may offer communal support and cultural validation, it lacks standardized diagnostic tools and can sometimes reinforce misconceptions. This duality creates a tension between cultural identity and clinical intervention in managing youth mental health.

2.4.4 Religious Influence and Faith-Based Responses

Religion is a dominant socio-cultural force in Benin City. Christian and Islamic doctrines often interpret mental illness through spiritual lenses seeing it as a test of faith or spiritual

affliction. Faith-based organizations sometimes provide solace and community support; however, over-reliance on spiritual healing may lead to the rejection of clinical care (Adewuya & Makanjuola, 2008).

Furthermore, religious leaders may lack mental health literacy and inadvertently reinforce stigma or delay access to appropriate services. Nevertheless, some progressive churches and mosques have started integrating mental health education into their programs, creating opportunities for psycho-spiritual interventions.

2.4.5 Peer Pressure and Social Comparison

Youth in Benin City are increasingly influenced by social media, peer groups, and pop culture. The pressure to conform to unrealistic standards of beauty, success, and wealth can generate feelings of inadequacy, envy, and depression (Uwakwe, 2017). Social comparison is particularly prevalent among students and unemployed graduates who struggle to meet societal expectations.

The cultural emphasis on material success also leads to mental distress when youth are unable to achieve such standards, especially in an economically constrained society. This stress can manifest in anxiety, low self-worth, and maladaptive coping behaviors such as substance abuse.

2.4.6 Gender Norms and Expectations

Gender roles and expectations in Benin City exert different pressures on male and female youth. Males are often socialized to be emotionally stoic and financially independent, while females are expected to be submissive and family-oriented. These rigid norms can cause psychological strain, particularly when individuals diverge from these expectations.

For instance, young men unable to fulfill economic roles may suffer silently due to societal discouragement of emotional expression. Young women, on the other hand, may

face mental health challenges arising from gender-based violence, forced early marriage, or educational deprivation (Oladeji et al., 2019).

2.5 Evaluating the Impact of Income on Mental Health among Youth in Benin City

Socioeconomic status, particularly income level, is a major social determinant of mental health. Among youth in Benin City, low income has been consistently associated with increased psychological distress, reduced access to healthcare, and higher vulnerability to mental health challenges such as depression, anxiety, and substance abuse. Understanding this dynamic is critical in designing effective mental health interventions that are both equitable and sustainable.

2.5.1 Income and Mental Health: A Bidirectional Relationship

Several studies have established a bidirectional relationship between income and mental health. On one hand, low income increases the risk of mental health problems due to chronic stress, inadequate living conditions, food insecurity, and limited access to healthcare (Lund et al., 2010; Patel et al., 2018). On the other hand, poor mental health can reduce one's ability to maintain employment or succeed academically, thereby perpetuating poverty.

For youth in Benin City, this creates a vicious cycle: mental health struggles inhibit their educational attainment or job performance, while their financial insecurity further exacerbates stress and mental health decline (Gureje & Lasebikan, 2006).

2.5.2 Unemployment and Psychological Stress

Youth unemployment is a pressing issue in Nigeria, with Benin City reflecting national trends. According to the National Bureau of Statistics (2021), youth unemployment in Edo State stood at over 40%. The inability to find stable employment leads to feelings of

worthlessness, hopelessness, and frustration, all of which are precursors to mental health disorders (Anyamele, 2018). The social stigma attached to being unemployed further adds to psychological burden, especially in a society that equates productivity with respect and maturity.

2.5.3 Low-Income Households and Access to Mental Health Care

In Nigeria, access to mental health services is largely out-of-pocket. Youth from low-income households are often unable to afford consultations, medications, or therapy. As such, they may turn to less expensive but unregulated options, such as traditional healers or spiritual centers, which may not always provide appropriate care (Gureje et al., 2015). A study by Abiodun (2011) found that over 60% of those seeking mental health care in public facilities had delayed seeking treatment due to financial barriers.

Additionally, low-income youth may prioritize basic survival over their mental health needs. When faced with choices between paying for food or transportation and paying for therapy, mental healthcare is often neglected.

2.5.4 Economic Inequality and Social Comparison

Economic disparity is another factor that drives psychological distress among youth. In urban centers like Benin City, where wealth and poverty coexist side by side, young people from impoverished backgrounds are constantly exposed to wealthier peers through school, social media, and daily interactions. This fosters negative social comparison, feelings of inadequacy, and depression (Odimegwu et al., 2017).

These feelings may be intensified when youth internalize societal expectations of success but lack the financial resources to meet them. This can lead to frustration, social withdrawal, or, in extreme cases, antisocial behavior and substance abuse.

2.5.5 Gendered Implications of Income on Mental Health

The impact of income on mental health is also gendered. Young men, traditionally expected to be breadwinners, often experience heightened psychological pressure when unemployed or financially dependent. Cultural expectations in Benin City and broader Nigerian society reinforce this pressure, leading to shame, low self-worth, and resistance to seeking help (Oladeji et al., 2019).

Conversely, young women in low-income households may experience increased vulnerability to sexual exploitation or early marriage as a means of economic survival, both of which can severely impact their mental wellbeing (UNICEF, 2020).

2.5.6 Income, Education, and Mental Health Awareness

Youth from higher-income backgrounds often have greater access to education, which in turn influences their mental health literacy and help-seeking behavior. They are more likely to recognize mental health symptoms and seek professional help. In contrast, low-income youth may lack exposure to mental health education, leading to poor recognition of symptoms, reliance on non-scientific explanations, and low rates of treatment-seeking (Atilola, 2012).

This disparity underscores the need to integrate mental health awareness into community-based education programs, especially in low-income areas of Benin City.

2.6 The Role of Social Work in the Rehabilitation of Youth with Mental Health Challenges

Social work plays a crucial role in mental health care, particularly in addressing the needs of vulnerable populations such as youth. In Benin City, Nigeria, the socio-cultural complexities surrounding mental health necessitate an interdisciplinary and culturally sensitive approach that social workers are uniquely positioned to offer. Through

assessment, intervention, advocacy, and empowerment, social workers facilitate the rehabilitation and reintegration of youth experiencing mental health challenges.

2.6.1 Social Work and Mental Health: A Historical Perspective

Globally, social work and mental health have long been intertwined. Since the early 20th century, social workers have served as front-line professionals in mental health institutions, schools, and communities (Gitterman & Germain, 2008). In Nigeria, the integration of social work into mental health practice is still evolving, but progress is being made through training programs and partnerships between social workers and health institutions (Okoye, 2013).

Social workers in Nigeria are increasingly taking roles in assessment, psychosocial counseling, and community education, particularly for youth affected by substance use disorders, trauma, and depression (Ayonrinde, 2020).

2.6.2 Roles of Social Workers in Youth Mental Health Rehabilitation

Social workers conduct comprehensive biopsychosocial assessments to understand the root causes of mental health issues among youth. These assessments consider cultural beliefs, family dynamics, economic conditions, and community influences (Saleeby, 2006). Based on their findings, they develop tailored intervention plans, often in collaboration with psychologists, psychiatrists, and families.

A key function of social workers is to provide psychoeducation informing youth and their families about the nature of mental illness, treatment options, and coping mechanisms. This is particularly vital in Benin City, where misinformation and stigma around mental health are prevalent. Social workers use culturally appropriate language and community-based interventions to dispel myths and foster understanding (Atilola, 2012).

Counseling services also help youth build resilience, self-awareness, and adaptive coping skills. Whether one-on-one or in group settings, these therapeutic sessions contribute significantly to emotional and psychological recovery.

Social workers recognize that youth mental health cannot be addressed in isolation. They actively involve families and community leaders in the rehabilitation process, helping to rebuild support networks and reduce isolation (WHO, 2010). In communities where religious and traditional authorities hold considerable influence, social workers may collaborate with them to encourage treatment-seeking and reduce stigma (Jegede, 2009).

Social workers advocate for better mental health policies, funding, and access to services. In Benin City, where many mental health facilities are understaffed or inaccessible to low-income youth, social workers campaign for community-based support structures and the inclusion of mental health care in primary health systems (WHO, 2021).

They also work with NGOs and government agencies to promote youth mental health awareness, sometimes using platforms like schools, religious centers, and youth development programs to reach a wider audience.

2.6.3 School Social Work: Preventive Mental Health Intervention

Schools are critical settings for mental health interventions. School-based social workers identify early signs of mental distress such as withdrawal, aggression, or poor academic performance and intervene before the situation worsens (Obadiora, 2016). They offer counseling, coordinate referrals to mental health professionals, and provide support to teachers and parents.

Given that school-aged youth are at a developmental stage prone to stress and identity crises, early intervention by trained social workers can prevent the escalation of mental health issues.

2.6.4 Barriers Faced by Social Workers in Nigeria

Despite their potential, social workers in Nigeria face numerous obstacles in delivering effective mental health support. These include:

Inadequate professional recognition: Social work is not yet fully institutionalized or licensed as a mental health profession in Nigeria (Okoye, 2013).

Lack of funding: Most social work roles are poorly funded, limiting the scope of services they can offer.

Cultural resistance: In some communities, there is limited understanding of social work, and youth may prefer spiritual or traditional healing options (Gureje et al., 2015).

Shortage of trained personnel: There is a scarcity of trained social workers in mental health, especially in public institutions.

2.6.5 Toward Strengthening Social Work Practice in Youth Mental Health

To fully harness the role of social work in youth mental health rehabilitation in Benin City, several strategies are needed:

1. *Policy Reform:* Institutionalizing social work practice through licensing and inclusion in national mental health policies.
2. *Capacity Building:* Investing in the training of social workers in culturally relevant mental health approaches.
3. *Integration into Primary Health Care:* Embedding social workers within community-based health systems to reach underserved youth.
4. *Collaboration:* Encouraging partnerships between social workers, religious leaders, teachers, and NGOs to deliver coordinated care.

2.7 Strategies for Improving Youth Mental Health Awareness and Access to Mental Health Care in Benin City

Improving mental health awareness and access to mental health care among youth in Benin City requires a multifaceted and culturally sensitive approach. Given the complex interplay of socio-cultural, economic, and systemic factors that influence mental health outcomes, effective strategies must be rooted in community realities, address stigma, and promote sustainable service delivery models.

2.7.1 Enhancing Mental Health Literacy Among Youth

Mental health literacy is essential for early recognition, prevention, and treatment of mental health issues. Studies have shown that poor mental health literacy contributes significantly to stigma and low help-seeking behavior among youth in Nigeria (Atilola, 2015). Educational programs targeting schools, universities, and youth organizations can demystify mental illness and provide young people with the vocabulary and confidence to discuss their mental health needs.

The integration of mental health topics into school curricula, peer education programs, and the use of storytelling or drama-based approaches tailored to local languages and cultural settings have proven effective in other African contexts (Kutcher et al., 2016). In Benin City, youth-focused campaigns leveraging music, spoken word, and social media platforms could reach larger audiences in relatable ways.

2.7.2 Community Engagement and Sensitization

Stigma remains one of the most significant barriers to mental health care access. In Benin City, socio-cultural norms and religious interpretations often associate mental illness with spiritual causes, curses, or moral failure (Gureje et al., 2015). Therefore, any awareness

strategy must involve traditional, religious, and community leaders as allies in mental health advocacy.

Community dialogue forums, town hall meetings, and collaborative partnerships with churches, mosques, and traditional rulers can help change harmful narratives and normalize mental health conversations. For instance, involving youth-led community groups in organizing mental health outreach events creates peer influence that promotes openness and acceptance.

2.7.3 Leveraging Technology and Social Media

With the growing internet penetration in Nigeria, digital platforms provide cost-effective avenues for mental health education and service delivery. Mobile health (mHealth) interventions such as SMS-based counseling, mental health apps, and social media awareness campaigns have gained traction in urban centers like Benin City (Ogunwale & Alo, 2022).

Organizations like Mentally Aware Nigeria Initiative (MANI) use Instagram, Twitter, and Facebook to disseminate educational content and offer peer support services. By replicating and localizing such efforts, mental health information can be made accessible to youth in a format they are familiar and comfortable with.

2.7.4 School-Based Mental Health Interventions

Schools provide a strategic entry point for mental health interventions. Programs that embed psychological first aid, counseling services, and emotional resilience training within school environments have been shown to reduce anxiety, depression, and school dropouts (Obadiora, 2016).

Training teachers to recognize signs of mental distress and refer students appropriately can create early intervention systems. Moreover, involving parents through school-based mental health workshops can strengthen home-school collaboration in supporting affected youth.

2.7.5 Expanding Youth-Friendly Mental Health Services

Youth often hesitate to seek help from mental health facilities due to fear of judgment, lack of confidentiality, or cultural mistrust of psychiatric systems. To address this, services must be youth-friendly ensuring safe, confidential, and welcoming spaces that are physically and culturally accessible.

Community-based mental health centers with trained social workers, psychologists, and peer mentors could serve as drop-in points where youth receive holistic care, including counseling, vocational support, and crisis intervention. Task-shifting approach training non-specialist health workers to provide basic mental health care can also increase service coverage, especially in low-resource areas (WHO, 2021).

2.7.6 Policy Advocacy and Government Involvement

Sustainable improvements in youth mental health require strong policy frameworks and public sector commitment. Nigeria's National Mental Health Act (2021) provides a legal foundation for mental health rights and care. However, its implementation remains weak at state and local levels.

Advocacy efforts should aim at:

- Full domestication of the Act within Edo State.
- Budgetary allocation for youth mental health services.

- Establishment of school-based counseling units.
- Inclusion of mental health in primary health care packages.

Social workers, civil society organizations, and academic institutions in Benin City have a critical role in monitoring policy compliance and organizing advocacy campaigns to pressure stakeholders into action.

2.7.7 Addressing Socioeconomic Barriers

The cost of mental health services remains prohibitive for many families in Benin City. Therefore, strategies must include:

- Subsidized or free mental health services for youth.
- Health insurance packages that cover mental health treatment.
- Partnerships with NGOs and donor agencies to support underserved populations.

Additionally, integrating mental health care into community-based poverty alleviation programs can help address the root causes of mental distress linked to unemployment, violence, and housing insecurity (Lund et al., 2010).

2.7.8 Building Resilience and Empowerment

Finally, promoting youth resilience through skills development, mentorship, and empowerment programs is essential. Programs that foster agency, purpose, and hope can prevent mental health deterioration and aid in recovery.

Peer-led support groups, creative arts therapy, and leadership development initiatives enable youth to express themselves, build self-esteem, and find supportive communities. Encouraging volunteering and civic engagement also helps reduce social isolation, a known risk factor for mental illness.

2.8 Summary of Literature Reviewed

This chapter has examined the socio-cultural determinants of mental health among youth in Benin City, drawing from theoretical, empirical, and conceptual literature. The review was structured around the seven specific research objectives, which provide a comprehensive framework for understanding how mental health among youth is shaped by a multitude of interconnected socio-cultural influences.

The literature reveals that the causes of mental health challenges among youth are multifactorial, including biological, psychological, social, and environmental contributors (Gureje & Lasebikan, 2006; WHO, 2021). In Nigeria, and particularly in urban centers like Benin City, factors such as exposure to violence, academic pressure, substance abuse, social isolation, and unemployment were frequently reported as common causes (Abdulmalik & Sale, 2012). Furthermore, the legacy of poverty, political instability, and family dysfunction aggravates youth vulnerability to mental illness (Olayiwola, 2017).

The types of mental health disorders experienced by youth include depression, anxiety disorders, post-traumatic stress disorder (PTSD), psychotic disorders, and substance-induced mental illnesses (WHO, 2014). Depression and anxiety are noted to be especially prevalent due to societal stressors and stigma surrounding emotional expression, particularly among males (Ibrahim et al., 2013). These conditions often go undiagnosed due to cultural misconceptions about mental illness.

The chapter further explored the socio-cultural factors influencing mental health, such as family background, societal expectations, peer relationships, and media exposure.

Cultural values emphasizing resilience and endurance often discourage emotional vulnerability or seeking help, contributing to internalized distress (Jegade, 2009). In many communities, mental illness is still perceived as a spiritual affliction rather than a medical condition, leading to the preference for spiritual or traditional interventions over psychiatric care (Atilola, 2015; Gureje et al., 2015).

Another major determinant is income and economic inequality. Low-income status was found to exacerbate exposure to psychological stressors and limit access to quality mental health services (Lund et al., 2010). In Benin City, many youth from impoverished backgrounds are unable to afford psychiatric care, medication, or therapy sessions, even when they recognize the need for help. The literature affirms that financial constraints are a key barrier to mental health recovery and social reintegration (Gureje et al., 2020).

The role of social work in the rehabilitation of mentally ill youth was also reviewed, showing how trained professionals act as mediators between the affected individuals and the healthcare system. Social workers in Nigeria have been instrumental in providing psychosocial support, organizing community outreach, and educating families about mental health (Ola & Morakinyo, 2012). However, their capacity remains underutilized due to the stigma of working with psychiatric populations and limited resources.

Lastly, this chapter identified strategies for improving mental health awareness and access to care, which include enhancing mental health literacy through school-based programs, community sensitization, and youth-centered advocacy. It also emphasized the need to leverage digital platforms, expand youth-friendly mental health services, and develop culturally competent care models (Kutcher et al., 2016; WHO, 2021).

In synthesizing these findings, it becomes clear that youth mental health in Benin City is affected not only by individual factors but also by deeply entrenched cultural, religious, economic, and social dynamics. Interventions, therefore, must be holistic addressing not

only symptoms but also the societal conditions that produce or perpetuate mental health issues.

Furthermore, the literature points to notable gaps in empirical data, particularly localized research specific to youth in Benin City, underscoring the importance of the present study. Existing research often lacks youth-specific perspectives, cultural contextualization, and community-engaged methodologies, which this research seeks to address.

2.9 Theoretical Framework

A theoretical framework provides the foundational lens through which a study is analyzed and interpreted. For this research, which investigates the socio-cultural determinants of mental health among youth in Benin City, two primary theories are most relevant: the Social Determinants of Health (SDH) Theory and the Symbolic Interactionism Theory. These theories help to explain the complex interplay between individual experiences, cultural interpretations, social structures, and mental health outcomes.

2.9.1 Social Determinants of Health (SDH) Theory

The Social Determinants of Health theory posits that health outcomes, including mental health, are not only determined by biological or medical factors but are significantly influenced by the socio-economic and environmental conditions in which individuals live, grow, and function (Marmot & Wilkinson, 2005). According to the World Health Organization (WHO, 2014), these determinants include factors such as income level, education, social support, community safety, access to health care, and cultural practices.

In the context of Benin City, many youths are subjected to harsh socio-economic realities such as poverty, unemployment, poor housing conditions, limited access to healthcare, and low educational attainment all of which have been linked to increased susceptibility to

mental health issues (Gureje et al., 2015). Additionally, structural inequalities and social exclusion due to class, gender, or cultural beliefs often marginalize mentally ill individuals, exacerbating their conditions (Lund et al., 2010).

The SDH theory helps to explain why mental health is worse among youths from disadvantaged backgrounds. For instance, youths who grow up in low-income households with poor parental support, or those exposed to violence or substance abuse, are at a higher risk of developing mental disorders such as depression, anxiety, and post-traumatic stress disorder (WHO, 2021). This theory underscores the need to address underlying socio-economic issues in order to improve mental health outcomes.

2.9.2 Symbolic Interactionism Theory

The Symbolic Interactionism theory, a sociological perspective popularized by George Herbert Mead and Herbert Blumer, emphasizes the subjective meanings and interpretations individuals attach to symbols, interactions, and social experiences (Blumer, 1969). Within the context of mental health, this theory highlights how people's perceptions of mental illness are shaped through cultural norms, language, and social interactions.

In many Nigerian communities, including Benin City, mental illness is often seen through the lens of spirituality, morality, or supernatural causation. Such cultural interpretations influence how people respond to mental health conditions whether they see them as treatable illnesses or as taboos to be hidden from public view (Jegede, 2009; Atilola, 2015). The stigma and discrimination surrounding mental health are often internalized by youth, which discourages them from seeking help or discussing their experiences openly.

Symbolic Interactionism explains why some youth may avoid mental health facilities and instead opt for traditional healers or spiritual consultations. The meanings assigned to mental illness within their cultural context often lead to delays in diagnosis and treatment.

Furthermore, families may feel shame or embarrassment due to societal labeling, which can result in the social isolation of mentally ill youth (Adewuya & Makanjuola, 2008).

By applying this theory, the study acknowledges the cultural and social contexts in which mental health is defined, experienced, and responded to. It also highlights the importance of culturally sensitive interventions and community education aimed at reshaping negative societal attitudes.

2.9.3 Relevance of the Theories to the Study

Both the Social Determinants of Health and Symbolic Interactionism theories are essential for this research:

The SDH theory situates mental health within a broader socio-economic and structural framework, emphasizing the need for policy-level and systemic solutions.

The Symbolic Interactionism theory allows for an understanding of the nuanced, culturally-specific ways in which mental illness is perceived and managed in Benin City.

Together, these theories offer a comprehensive approach to analyzing the socio-cultural determinants of mental health. They validate the importance of both objective material conditions (income, education, social support) and subjective cultural beliefs (stigma, labeling, spiritual interpretations) in shaping youth mental health outcomes.

2.10 Empirical Review

An empirical review is essential for understanding the real-world findings of previous studies related to mental health and socio-cultural factors. It helps to ground this study in tested observations and offers insights into the research gaps that still exist in the field, especially within the Nigerian context.

2.10.1 Studies on Socio-Cultural Factors and Mental Health

Several empirical studies have identified socio-cultural factors such as cultural beliefs, stigma, religious practices, family structure, and income level as crucial determinants of mental health.

In a study conducted by Gureje et al. (2006), it was found that traditional beliefs about mental illness in Nigeria significantly shaped treatment-seeking behavior. Many individuals believed mental health conditions were spiritual or moral failings, which led to delays in seeking professional care. Instead, they often relied on traditional healers or spiritual interventions. This finding is particularly relevant in Benin City, where religious and traditional beliefs are still prominent.

Similarly, Abasiubong et al. (2011) conducted a cross-sectional study among Nigerian youth and found that stigma from family and community members was a significant barrier to mental health disclosure and treatment. Youths who experienced symptoms of depression or anxiety reported feelings of shame and fear of being labeled as "mad," which discouraged them from accessing psychological services.

2.10.2 Income and Mental Health

Empirical studies have consistently shown a strong correlation between income levels and mental health outcomes. Lund et al. (2010) conducted a systematic review of 115 studies from low- and middle-income countries, including Nigeria. Their findings revealed that individuals from poorer households were more likely to experience common mental disorders such as depression and anxiety. The reason attributed to this is that low income leads to limited access to quality health care, education, and social services, all of which are essential for maintaining mental well-being.

A more recent study by Olanrewaju et al. (2022) in Southwestern Nigeria supports this. Their research found that unemployed youths and those from low-income families were more vulnerable to depression, especially due to pressures from family expectations, inability to meet personal needs, and societal judgment.

2.10.3 Gaps in the Literature

While the studies reviewed provide valuable insights into how socio-cultural factors influence mental health in Nigeria, very few focus specifically on youth populations in Benin City. Additionally, most research tends to generalize mental illness without categorizing specific types such as depression, bipolar disorder, or substance-induced psychosis. There is also a lack of data on the effectiveness of interventions that combine both modern psychiatry and traditional support systems.

This current study aims to bridge this gap by focusing specifically on the youth demographic in Benin City and evaluating how socio-cultural variables such as family structure, religion, income, and cultural beliefs influence their mental health experiences and coping mechanisms.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides a comprehensive overview of the methods and procedures employed in carrying out the research. It outlines the research design, the population of the study, sample size and sampling techniques, instruments of data collection, methods of data analysis, and ethical considerations. The methodology was carefully selected to ensure that the objectives of the study are effectively addressed and that the data collected are reliable, valid, and ethically obtained.

3.2 Research Design

The research design adopted for this study is the descriptive survey design. This design was chosen because it enables the researcher to systematically collect, analyze, and interpret data to describe and understand the socio-cultural determinants of mental health among youth in Benin City. Descriptive research is useful in obtaining information concerning the current status of a phenomenon and drawing valid generalizations for the population (Creswell, 2014). Since this study aims to describe existing conditions rather than manipulating variables, the descriptive survey is most appropriate.

3.3 Population of the Study

The population of this study consists of youth aged between 18-~~25~~5 years residing in Benin City, Edo State, Nigeria. This age bracket aligns with the definition of youth by the Nigerian National Youth Policy (2019). Benin City is a metropolitan area with diverse ethnic and socio-cultural compositions, making it suitable for the study. The estimated youth population in Benin is approximately 700,000 (NBS, 2022), drawn from students, workers, and unemployed individuals.

3.4 Sample Size

This sample size was determined using Taro Yamane's formula (1967), which is useful when the population is infinite. The formula is:

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

Where:

- n = sample size
- N = population size (assumed to be large)
- e = level of precision (0.05)

$$n = 1,014,300 / (1 + 1,014,300(0.05)^2)$$

$$n = 1,014,300 / (1 + 1,014,300 * 0.0025)$$

$$n = 1,014,300 / 2536.75$$

$$n/\text{approx} = 399.84$$

Rounding up to the nearest whole number the calculated sample size is 400

3.5 Sampling Technique

The study employed a multi-stage sampling technique, specifically:

1. Stratified sampling to group youth based on social characteristics (e.g., students, artisans, civil servants, unemployed youth).
2. Simple random sampling within each stratum to ensure fair representation.

This approach enhances the representativeness of the sample and minimizes sampling bias (Bryman, 2016).

3.6 Measuring Instrument and Operationalization / Data Collection

The primary data collection instrument was a structured questionnaire, containing both closed and open-ended questions, divided into five key sections:

1. Section A: Demographic Information
2. Section B: Causes and types
3. Section C: Sociocultural influences
4. Section D: Economic impact
5. Section E: Role of social workers

Each question was designed to align with the study's objectives. The questionnaire was administered in person and electronically, depending on participant availability.

3.7 Validity and Reliability

To ensure validity, the questionnaire was subjected to expert review by two lecturers in the Department of Social Work, University of Benin. Suggestions were incorporated to refine the questions for clarity and cultural sensitivity.

Reliability was tested using a pilot study conducted on 20 youth not included in the main study. The results were analyzed using the Cronbach's Alpha technique, which produced a reliability coefficient of 0.83, indicating a high level of internal consistency.

3.8 Method of Data Analysis

Data collected were analyzed using descriptive statistics (frequencies, percentages, and means) and inferential statistics (Chi-square and Pearson correlation) with the aid of Statistical Package for Social Sciences (SPSS) version 25.0.

These methods helped identify patterns and relationships between variables such as income, cultural beliefs, and mental health outcomes.

3.9 Source of Data Collection

The study used primary data collected through the administration of questionnaires. Secondary data were obtained from peer-reviewed journals, government publications,

WHO reports, and relevant textbooks to provide contextual background and support the interpretation of findings.

3.10 Ethical Considerations

Ethical approval was obtained from the Department of Social Work, University of Benin. The following ethical principles guided the study:

- Informed Consent: Participants were informed about the study's purpose and gave consent.
- Anonymity and Confidentiality: No identifying information was collected.
- Voluntary Participation: Participants could withdraw at any stage without penalty.
- Data Protection: All data were stored securely and used solely for academic purposes.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the results obtained from the administration of 400 questionnaires to youth in Benin City. The data is presented according to the research objectives and questionnaire items. The analysis is descriptive, using frequencies and percentages, and results are presented in tables for clarity

4.2 Presentation and Analysis for Demographic Data

The demographic characteristics of the respondents are presented in this section. Variables such as gender, age, marital status, level of education, occupation, and religion were captured to provide context for the analysis of socio-cultural determinants of mental health among youth in Benin City.

4.2.1 Section A: Demographic Information

Table 4.1: Gender Distribution of Respondents

Gender	Frequency	Percentage (%)
Male	184	46.0
Female	1212	53.0
Prefer not to say	4	1.0
Total	400	100

Source: field survey, 2025

Table 4.1 shows that 184 (46%) participants were male, while 212 (53%) were female, and 2 (1%) chose not to disclose their gender. This suggests that the study achieved a balanced gender representation, with females slightly outnumbering males.

Table 4.2: Age Distribution of Respondents

Age range	Frequency	Percentage (%)
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18 - 20 years	96	24.0
21 - 23 years	140	35.0
24 - 26 years	104	26.0
27 - 29 years	40	10.0
30 - 35 years	29	5.0
Total	400	100

Source: field survey, 2025

The table shows that the majority of the participants (35%) were aged 21–23 years, followed by 26% within 24–26 years. Only 5% were in the 30–35 age bracket. This reflects that the study primarily involved young adults within the early 20s age group, which aligns with the focus on youth.

Table 4.3: Marital Status of Respondents

Marital Status	Frequency	Percentage (%)
Single	320	80.0
Married	60	15.0
Divorced	16	4.0
Widowed	4	1.0
Total	400	100

Source: field survey, 2025

Out of the 400 participants, 320 (80%) were single, while 60 (15%) were married. A smaller proportion, 4%, were divorced/separated, and only 1% were widowed. The high percentage of single respondents is expected given the youthful demographic targeted in this study.

Table 4.4: Educational Level of Respondents

Educational level	Frequency	Percentage (%)
Primary school	10	2.5
Secondary	90	22.5
Undergraduate	229	55.0
Graduate	60	15.0
Postgraduate	16	4.0
No formal education	4	1.0
Total	400	100

Source: field survey, 2025

Most participants were undergraduates (55%), followed by those with secondary education (22.5%) and graduates (15%). Only 4 participants (1%) reported no formal education. This shows that the majority of participants were literate and actively engaged in formal education, which could influence their understanding of mental health issues.

Table 4.5: Occupation of Respondents

Occupation	Frequency	Percentage (%)
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Student	240	60.0
Working part-time	56	14.0
Working full-time	64	16.0
Unemployed	30	7.5
Others	10	2.5
Total	400	100

Source: field survey, 2025

Table 4.5 reveals that the majority of participants (60%) identified as students, while 16% were employed full-time and 14% part-time. Only 7.5% were unemployed. This demonstrates that most participants were either engaged in education or employment, which may influence their perspectives on the causes and management of mental health challenges.

Table 4.6: Religion of Respondents

Religion	Frequency	Percentage (%)
Christianity	300	75.0
Islam	80	20.0
Traditional African Religion	10	2.5
Others	10	2.5
Total	400	100

Source: field survey, 2025

The majority of participants (75%) were Christians, 20% were Muslims, while 2.5% identified with traditional African religion, and another 2.5% practiced other religions. This shows that Christianity is the predominant religion among youth in Benin City, with Islam also having significant representation.

4.3 Presentation and Analysis of the Items in the Research Question

4.3.1 Section B: Causes and Types of Mental Health Challenges

This section analyzes responses on the perceived causes and types of mental health challenges among youth in Benin City.

Question 1: What are the causes of mental health challenges among youth?

Participants highlighted a complex interplay of factors contributing to mental health challenges among youth, primarily categorized as socio-economic, relational, and behavioral.

A significant cause identified was socio-economic hardship, notably the lack of job opportunities and unemployment. These factors often lead to profound financial stress and academic pressure, which were commonly linked to feelings of depression and anxiety among youth.

Family problems and high levels of family pressure were cited as major contributors. These issues, alongside the influence of peer pressure and cultural factors, create a strained environment that negatively impacts the emotional and psychological well-being of young individuals.

Drug abuse and substance abuse were frequently mentioned as primary behavioral causes. These behaviors were recognized as both contributing to and exacerbating existing mental health issues within the youth population.

Question 2: What are the types of mental health challenges experienced among youth?

Mental health challenges reported among youth in Benin City are diverse and span several key dimensions, including mood, anxiety, and behavioral disorders.

The most frequently cited challenge was depression. This was often linked directly to external stressors like financial struggles, indicating a significant impact on the students' emotional well-being.

Respondents also noted the presence of anxiety and the impact of trauma. These issues highlight the need to address underlying stressful or adverse experiences affecting the youth.

Severe concerns included substance-related disorders (like drug abuse), which were observed to be prevalent. Furthermore, the issue of suicidal tendencies or attempts was reported, signifying the most critical and urgent dimension of the mental health crisis affecting this demographic

Question 3: Have you ever experienced any of the following?

Mental Health Challenges	Frequency	Percentage (%)
Depression	140	35.0
Anxiety	110	27.5
Substance Abuse	30	7.5
Trauma/PTSD	20	5.0
Suicidal Thoughts	10	2.5
None	90	22.5
Total	400	100

Source: field survey, 2025

The data presented above highlights the prevalence of various mental health challenges among youth in Benin City, Nigeria. Depression emerged as the most commonly reported issue with 140 participants (35.0%) indicating they have experienced it. This suggests that depression is a significant mental health concern among this demographic. Following closely is anxiety, reported by 110 participants (27.5%) indicating high levels of emotional distress or chronic worry among the youth. Substance abuse was identified by 30 participants (7.5%) reflecting the role of coping mechanisms or peer influence in mental health outcomes. Trauma and Post-Traumatic Stress Disorder (PTSD) affected 20 individuals (5.0%), pointing to possible exposure to violence, abuse, or significant life events. Additionally, 10 participants (2.5%) admitted to experiencing suicidal thoughts, a critical indicator of severe mental health struggles requiring urgent attention.

Interestingly, 90 participants (22.5%) indicated they had experienced none of the listed mental health issues, which may suggest a level of resilience or underreporting due to stigma or lack of awareness. Overall, the findings underscore the urgent need for targeted mental health interventions and culturally sensitive support systems to address these challenges among young people in Benin City.

Question 4: What do you think are the leading causes of mental health issues among youth in Benin City?

Causes of Mental Health	Frequency	Percentage (%)
Poverty/Unemployment	90	22.5
Family Pressure/Conflict	63	15.75
Substance Abuse	41	10.25
Academic Stress	74	18.5
Peer Pressure	52	13.0
Relationship issues	46	11.5
Spiritual/Cultural Attack	21	5.25
Others	13	3.25
Total	400	100

Source: field survey, 2025

The data reveals a variety of socio-cultural and personal factors contributing to mental health issues among youth in Benin City. The most frequently reported cause is poverty and unemployment, cited by 90 participants (22.5%), highlighting the impact of economic hardship and job insecurity on mental well-being. Academic stress follows closely, affecting 74 participants (18.5%), suggesting that school-related pressures play a

significant role in youth mental health. Family pressure and conflict were identified by 63 participants (15.75%), reflecting the influence of strained family dynamics, high expectations, or domestic instability. Peer pressure was noted by 50 participants (13.0%), showing how social influence and the need to conform can create emotional stress. Substance abuse was reported by 41 participants (18.5%), which may function both as a cause and a coping mechanism for mental health challenges. Relationship issues, including heartbreak or emotional abuse, affected 46 participants (11.5%), while spiritual or cultural attacks were identified by 21 participants (5.25%), underscoring the importance of traditional beliefs in how mental health is perceived. A small number (13 participants, 3.25%) selected Other, suggesting additional, less common or unlisted factors. Overall, these findings point to a complex interplay of economic, academic, familial, social, and cultural pressures that shape mental health outcomes among young people in the city.

Question 5: To what extent do you agree with the statement: Most mental health challenges among youth are caused by social and environmental factors?

Response	Frequency	Percentage (%)
Strongly Agree	176	44.0

Agree	137	34.25
Neutral	48	12.0
Disagree	24	6.0
Strongly Disagree	15	3.75
Total	400	100

Source: field survey, 2025

The distribution of responses in the table above reflects participants' level of agreement with a particular statement related to socio-cultural determinants of mental health among youth in Benin City. A significant proportion of respondents indicated strong agreement, with 176 participants (44.0%) selecting Strongly Agree and an additional 137 participants (34.25%) choosing *Agree. This suggests that a combined 78% of respondents affirmed the statement, indicating a strong consensus on the issue presented.

A smaller proportion, 48 participants (12.0%), selected Neutral, suggesting a degree of uncertainty or ambivalence, possibly due to limited personal experience or insufficient knowledge of the topic. Meanwhile, 24 participants (6.0%) disagreed and 15 participants (3.75%) strongly disagreed representing a minority who did not align with the statement. Overall, the responses reveal a clear majority agreement, suggesting that the perception addressed by the statement whether it relates to the impact of cultural beliefs, family dynamics, or socio-economic pressures on youth mental health is widely acknowledged among the participants. This high level of agreement may reflect shared lived experiences and a general awareness of the socio-cultural realities influencing mental well-being in Benin City.

Question 6: Can you describe any mental health condition you or someone close to you has experienced?

Responses to this question provided direct, anecdotal evidence confirming the prevalence and severity of mental health conditions within the respondents' immediate social circles and community.

A significant number of respondents shared experiences related to major depressive episodes and the tragic incidence of suicidal tendencies, indicating the severe and life-threatening end of the mental health spectrum.

One participant shared the account of a neighbor who "took his life after years of depression."

Experiences with common disorders like anxiety (particularly test anxiety among students) and drug addiction/substance use disorders were frequently reported, confirming the widespread nature of these challenges across different settings.

4.3.2 Section D: Socio-Cultural Influences on Mental Health

This section examines how cultural beliefs, family, and community norms shape the perception and treatment of mental health challenges among youth in Benin City.

Question 7: What are the socio-cultural factors affecting youth mental health in Benin City?

Socio-cultural factors were identified as major determinants that shape the perception and treatment of mental health challenges among youth in Benin City. These factors primarily relate to pervasive stigma, restrictive community norms, and traditional beliefs.

Stigma was identified as a paramount barrier. Participants noted that the fear of being mocked or experiencing social rejection prevents many youth from admitting to or seeking help for mental health problems. This powerful community norm encourages silence and concealment.

A critical factor is the prevailing cultural perception of mental illness as something external, specifically being "seen as a spiritual attack." This perspective discourages individuals from seeking evidence-based medical or psychological treatment, leading to delays and serious mistreatment, as the issue is "not taken seriously."

Family pressure was revealed as a significant stressor. The intense desire for youth to succeed academically and professionally often results in families prioritizing performance over well-being, discouraging youth from admitting to mental health struggles that might affect their success. This is often amplified by peer influence.

Question 8: In your community, youth with mental illness are often ◀

Community Response	Frequency	Percentage (%)
Supported	60	15.0
Avoided	110	27.5
Isolated	90	22.5
Mocked	80	20.0
Ignored	60	15.0
Total	400	100

Source: field survey, 2025

The data above provides insight into community responses toward individuals experiencing mental health challenges among youth in Benin City. The most frequently reported community reaction was avoidance, with 110 participants (27.5%) indicating that individuals with mental health issues are often deliberately avoided. This response suggests a significant level of discomfort, fear, or misunderstanding surrounding mental illness within the community. Similarly, 90 participants (22.5%) reported experiences of isolation, implying that affected individuals are often excluded from social interactions and community life, which may further exacerbate their psychological distress.

Additionally, 80 participants (20.0%) stated that individuals facing mental health challenges are mocked, pointing to the presence of stigma, ridicule, and a lack of empathy in public attitudes. Such responses highlight the role of negative social labeling

in discouraging open discussion about mental health and seeking professional help. Another 60 participants (15.0%) reported being completely ignored, indicating indifference or a lack of concern from the community, which can lead to feelings of invisibility and hopelessness among affected youth.

Interestingly, only 60 participants (15.0%) indicated that individuals with mental health issues receive support from their community. This low figure reflects a limited level of positive engagement and suggests that compassionate or proactive community responses remain the exception rather than the norm.

Question 9: My family/community believes mental illness is caused by spiritual/cultural reasons.

Response	Frequency	Percentage (%)
Strongly Agree	150	37.5
Agree	120	30.0
Neutral	50	12.5
Disagree	60	15.0
Strongly Disagree	20	5.0
Total	400	100

Source: field survey, 2025

The distribution of responses in the table illustrates participants' level of agreement with a specific statement related to the socio-cultural determinants of mental health among youth in Benin City. A considerable portion of the respondents expressed a high level of agreement, with 150 individuals (37.5%) selecting strongly agree and another 120 participants (30.0%) choosing agree. Together, this shows that 67.5 percent of

participants affirmatively acknowledged the statement, suggesting that the issue addressed resonates strongly with their personal experiences or observations.

A smaller segment, 50 participants (12.5%), remained neutral, which may imply uncertainty, lack of sufficient knowledge, or a perception that the statement does not directly apply to their context. Meanwhile, 60 respondents (15.0%) disagreed and 20 participants (5.0%) strongly disagreed, totaling 20 percent who did not support the statement. This minority view could reflect differing individual experiences, cultural perceptions, or alternative interpretations of mental health-related issues.

Question 10: Stigma is associated with mental illness in my community.

Response	Frequency	Percentage (%)
Strongly Agree	175	43.75
Agree	126	31.5
Neutral	41	10.25
Disagree	38	9.5
Strongly Disagree	20	5.0
Total	400	100

Source: field survey, 2025

The response distribution in the table reflects participants’ views on a particular statement related to the socio-cultural determinants of mental health among youth in Benin City. A substantial majority of respondents expressed agreement, with 175 individuals (43.75 percent) strongly agreeing and 126 individuals (31.5 percent) agreeing. This shows that a combined total of 74.8 percent of participants support the statement, suggesting a widespread perception that the issue being addressed is both relevant and significant in their context.

A smaller segment of respondents, 41 individuals (10.25 percent), selected neutral, indicating a level of indecision or lack of strong opinion on the matter. An equal number, 38 respondents (9.5 percent), disagreed with the statement, and a further 20 participants (5.0 percent) strongly disagreed. Altogether, 14.5 percent of the participants expressed disagreement, representing a minority view that may stem from differing personal experiences or cultural interpretations.

Question 11: Cultural expectations worsen mental stress among youth.

Response	Frequency	Percentage (%)
Strongly Agree	120	30.0
Agree	160	40.0
Neutral	50	12.5
Disagree	50	12.5
Strongly Disagree	20	5.0
Total	400	100

Source: field survey, 2025

The data presented in the table reflects participants’ levels of agreement with a statement concerning the socio-cultural determinants of mental health among youth in Benin City. A majority of the respondents expressed agreement, with 120 individuals (30.0 percent) selecting strongly agree and 160 individuals (40.0 percent) choosing agree. This combined total of 70 percent suggests that a significant portion of the participants believe that the issue addressed in the statement is a relevant factor influencing mental health in their environment.

A smaller group, consisting of 50 participants (12.5 percent), selected neutral, indicating uncertainty or a lack of strong opinion on the statement. This may reflect limited

exposure to the specific issue or ambivalence due to mixed experiences. On the other hand, 50 participants (12.5 percent) disagreed and 20 participants (5.0 percent) strongly disagreed, bringing the total level of disagreement to 17.5 percent. These opposing views could be attributed to different cultural beliefs, personal circumstances, or varying levels of awareness regarding mental health challenges.

Question 12: In what ways do your community's beliefs or customs affect your mental health or well-being?

The response gotten shows that community's beliefs and customs exert a powerful and often negative influence on the mental health of youth, primarily by silencing open discussion and exacerbating stress. At the core of this challenge is the deep-seated stigma that permeates the community, where admitting to mental distress is widely feared because of the subsequent shame and potential ridicule. Most participants indicated that this pervasive stigma ensures that "My family expects me to be secretive... to not talk about mental health," effectively transforming a private struggle into a heavily guarded secret.

Furthermore, cultural expectations directly fuel mental distress. The pressure from family and the community often prioritizes outward success and emotional stoicism, making it difficult for youth to acknowledge vulnerability. This is compounded by the tendency of community members to interpret mental health issues not as psychological concerns but as spiritual problems, often telling the youth, "Whenever I break down, people tell me it's because of spiritual problems." This collective belief system hinders empathy and prevents constructive discourse, leaving youth isolated and increasing the burden of managing mental health challenges within a hostile socio-cultural environment.

Question 13: How do cultural and religious beliefs influence mental health-seeking behavior among youth?

The responses reveal that religious beliefs exercise a profound, often detrimental, influence on the youth's mental health help-seeking behavior, acting primarily as a barrier to professional care. Within this context, mental distress is frequently interpreted through a spiritual lens, meaning the problem is perceived as an attack, curse, or a matter of

insufficient faith rather than a clinical condition. This spiritual framing immediately directs young people away from evidence-based medical treatments and toward religious coping mechanisms.

Consequently, many youths report being "scared of going to the hospital" or visiting a psychiatrist, a fear driven by the intense social stigma that equates seeking professional help with being "mad." Instead, the preferred course of action is to rely exclusively on prayer, fasting, or consultation with religious leaders. This over-reliance on spiritual solutions, however well-intentioned, often leads to significant delays in professional intervention, which can exacerbate the underlying condition. The overall effect is that religious traditions and teachings powerfully shape treatment choices, actively discouraging and substituting medically licensed support.

Question 14: When struggling mentally or emotionally, who are you most likely to consult first?

Preferred support system	Frequency	Percentage (%)
Family	140	35.0
Friends	80	20.0
Pastor/Imam	70	17.5
Traditional healers	30	7.5
Doctor	50	12.5
None	30	7.5
Total	400	100

Source: field survey, 2025

The table presents data on the preferred support systems among youth in Benin City when dealing with mental health challenges. The most frequently chosen source of support was family, with 140 participants (35.0 percent) indicating a preference for turning to family members. This suggests that familial relationships are considered a primary and trusted source of emotional and psychological support within the community. Friends were the next preferred option, selected by 80 participants (20.0 percent), reflecting the importance of peer relationships, especially among young people who may feel more comfortable confiding in those within their age group.

Religious leaders, such as pastors and imams, were identified by 70 participants (17.5 percent) as their preferred support system. This points to the significant role of religion and faith-based guidance in how mental health is perceived and managed. Interestingly, only 50 participants (12.5 percent) indicated a preference for professional help from doctors or psychologists, suggesting limited reliance on or access to formal mental health care services. A smaller portion of participants, 30 individuals each (7.5 percent), preferred traditional healers or no support system at all. This highlights the influence of traditional beliefs in interpreting mental health symptoms, as well as the presence of isolation or stigma that might discourage individuals from seeking help.

Overall, the data suggests that informal and culturally rooted support systems such as family, friends, and religious figures are more commonly trusted than professional mental health services.

Question 15: My religion teaches that prayer can solve all mental health issues.

Response	Frequency	Percentage (%)
Strongly Agree	130	32.5
Agree	140	35.0
Neutral	60	15.0
Disagree	50	12.5
Strongly Disagree	20	5.0
Total	400	100

Source: field survey, 2025

The responses to the statement, "My religion teaches that prayer can solve all mental health issues," provide valuable insight into the influence of religious beliefs on mental health perceptions among youth in Benin City. A significant portion of the participants affirmed this belief, with 130 participants (32.5 percent) strongly agreeing and 140 participants (35.0 percent) agreeing. Together, 67.5 percent of the participants support the idea that prayer is viewed within their religious teachings as a complete solution to

mental health challenges. This reflects the strong role religion plays in shaping attitudes toward mental health in the community.

A smaller proportion of respondents, 60 individuals (15.0 percent), selected neutral, which may indicate uncertainty about the religious stance or a personal struggle in reconciling faith with mental health realities. Meanwhile, 50 participants (12.5 percent) disagreed and 20 participants (5.0 percent) strongly disagreed, amounting to 17.5 percent who do not believe that prayer alone can address mental health issues. This suggests a growing awareness among some youth of the limitations of spiritual approaches when used in isolation. Overall, the data indicates that the majority of youth in Benin City believe their religion promotes prayer as a comprehensive solution to mental health problems. While this underscores the importance of spirituality in their worldview, it also highlights the potential barrier such beliefs may pose to seeking professional mental health support.

Question 16: I feel discouraged from seeking professional mental health care due to religious or cultural teachings.

Response	Frequency	Percentage (%)
Strongly Agree	100	25.0
Agree	130	32.5
Neutral	80	20.0
Disagree	60	15.0
Strongly Disagree	30	7.6
Total	400	100

Source: field survey, 2025

The table presents participants’ responses to the statement, "I feel discouraged from seeking professional mental health care due to religious or cultural teachings," offering insights into the impact of belief systems on health-seeking behavior among youth in Benin City. A considerable number of respondents expressed agreement with this statement, with 100 individuals (25.0 percent) strongly agreeing and 130 individuals

(32.5 percent) agreeing. This combined 57.5 percent suggests that more than half of the participants feel that their religious or cultural backgrounds discourage them from accessing professional mental health services. This highlights the significant role that cultural and religious norms continue to play in shaping attitudes toward mental health care.

Meanwhile, 80 respondents (20.0 percent) selected neutral, indicating a level of uncertainty or internal conflict about the influence of their beliefs on their willingness to seek professional help. On the other hand, 60 respondents (15.0 percent) disagreed and 30 respondents (7.5 percent) strongly disagreed, making up 22.5 percent of participants who do not perceive religious or cultural teachings as barriers to accessing mental health care. Overall, the data points to a prevalent perception among the youth that religious and cultural teachings can act as obstacles to seeking formal psychological support.

Question 17: Have you ever avoided getting help because of what your religious leader might say?

Response	Frequency	Percentage (%)
Yes	170	42.5
No	190	47.5
Prefer not to say	40	10.0
Total	400	100

Source: field survey, 2025

The responses to the question, "Have you ever avoided getting help because of what your family, community, or religious leader might say?" provide valuable insight into the role of societal and cultural pressures in shaping mental health help-seeking behavior among youth in Benin City. Out of the total respondents, 170 individuals (42.5 percent) admitted

to having avoided seeking help due to fear of judgment or disapproval from their family, community, or religious authorities. This suggests that a significant portion of young people feel constrained by social expectations and stigma, which may discourage open discussions about mental health and prevent timely intervention.

On the other hand, 190 respondents (47.5 percent) indicated that they have not avoided help for these reasons, representing nearly half of the participants. This reflects a growing level of autonomy or perhaps a shift toward more open-minded attitudes within certain segments of the population. Additionally, 40 respondents (10.0 percent) selected "prefer not to say," which may indicate discomfort in addressing the question or fear of social repercussions, further underscoring the sensitive nature of the topic. Overall, the data reveals that while many youth are still influenced by the opinions of their immediate social and religious environments, there is also a notable proportion who are either unaffected or choosing to prioritize their mental well-being regardless of societal expectations.

Question 18: Explain how your religious background influences your willingness to seek help for mental health issues.

The responses regarding the influence of religious background on mental health help-seeking behaviors reveal a powerful dynamic where faith often acts as a significant barrier to professional care. For many youth, religious beliefs instill an initial resistance to medical intervention, rooted in the idea that God is the ultimate healer. This viewpoint is concisely captured by the sentiment, "I give up going to hospitals for my mental health." This attitude often results in the internalization of problems, as youth are compelled to rely exclusively on prayer, fasting, and spiritual direction, often delaying or entirely foregoing professional clinical assessment.

Furthermore, these beliefs deeply shape the family's response to a mental health crisis. Responses emphasize that family support is first sought in religious communities rather than medical settings, demonstrating that religious tradition is the default coping strategy. Overall, the religious and cultural context effectively shapes youth mental health-seeking behaviors into a two-step process: spiritual intervention first, and professional help only as a last, often reluctantly chosen, resort.

4.3.3 Section D: Economic Impact

Question 19: What are the impacts of income on mental health among youth in Benin City?

Responses to this open-ended question highlighted several ways income levels affect youth mental health. Many participants noted that low income or lack of stable financial resources often leads to stress, anxiety, and depressive symptoms, particularly when individuals struggle to meet basic needs such as food, housing, and education. Some youth associated financial hardship with feelings of hopelessness and low self-esteem, while others emphasized that poverty contributes to vulnerability to risky behaviors such as substance abuse. A smaller proportion of participants indicated that higher income levels provide greater access to healthcare, including mental health services, thereby serving as a protective factor against mental health challenges. Overall, the descriptive trend suggests that income is a major determinant of both the onset and management of mental health conditions among youth in Benin City.

Question 20: Do you believe financial stress contributes to mental health issues among youth?

The majority of respondents agreed that financial stress contributes significantly to mental health issues among youth in Benin City. Many participants explained that the pressure of unemployment, rising living costs, and the inability to meet personal or family needs often results in anxiety, depression, and frustration. Some youths reported that financial struggles lead to constant worry, lack of sleep, and in extreme cases, suicidal thoughts.

A smaller number of respondents, however, felt that while financial stress is a factor, it is not the only cause of mental health problems. They argued that family conflict, substance abuse, and peer pressure can also play equal or even greater roles. A few participants were unsure, indicating that they had not directly linked their mental health experiences to financial stress.

Overall, the descriptive analysis shows that financial stress is widely perceived as a major driver of poor mental health among youth, reinforcing the connection between income and psychological well-being.

Question 21: To what extent does your income level affect your ability to access mental health care?

Response	Frequency	Percentage
Greatly	190	47.5
Moderately	120	30.0
Slightly	60	15.0
Not at all	30	7.5
Total	400	100

Source: field survey 2025

As shown in the table above, nearly half of the participants (47.5%) indicated that their income level greatly affects their ability to access mental health care, pointing to the high costs of therapy, medication, and hospital consultations as major barriers. Another 30% reported that income has a moderate effect, often mitigated by occasional support from family, NGOs, or religious bodies. Meanwhile, 15% said that income only slightly influences their access, mainly because they rely on alternative support systems such as community counseling or informal peer networks. Only 7.5% of the participants believed income does not affect their access at all, typically due to family financial stability or access to subsidized services.

Overall, the results highlight that income level is a critical determinant of mental health care accessibility among youth in Benin City, with those in lower income brackets being the most disadvantaged.

4.3.4 section E: Roles of social workers and improvement strategies

Question 22: What strategies can be implemented to improve mental health awareness and care?

Responses to this question revealed several strategies that participants believe could improve mental health awareness and care among youth in Benin City. The most frequently suggested strategy was increased public education and sensitization campaigns, particularly in schools, religious institutions, and community centers, to challenge stigma and myths surrounding mental health. Participants also highlighted the importance of integrating mental health education into school curricula, so that young people are informed early about mental well-being.

Another commonly mentioned strategy was expanding access to affordable and quality mental health services. Respondents emphasized that more psychiatric facilities, counseling centers, and community-based support groups should be established in Benin City. In addition, many participants called for government funding and policy support to ensure that mental health care is not neglected in public health planning.

Some respondents suggested training religious and community leaders to properly guide youths and encourage them to seek professional help instead of relying solely on spiritual explanations. Others highlighted the need for NGOs and social workers to engage more actively in grassroots mental health programs. Overall, the responses point toward a combination of education, accessibility, policy intervention, and cultural engagement as effective strategies for improving youth mental health awareness and care.

Question 23: What are the roles of social workers in the rehabilitation of people with mental health challenges in Benin City?

Participants generally agreed that social workers play an essential role in supporting the rehabilitation of people with mental health challenges in Benin City. A large proportion of respondents mentioned that social workers act as advocates, ensuring that individuals with mental health needs have access to available resources and services. They are seen as important in creating awareness about mental health issues and fighting against stigma in the community.

Some respondents emphasized that social workers help connect affected individuals to professional care, including psychologists, psychiatrists, and NGOs that provide mental health support. Others noted that social workers often engage in counseling, mediation within families, and community-based rehabilitation programs, which help youths reintegrate socially after experiencing mental health difficulties.

However, a few participants pointed out that the presence of social workers in mental health care within Benin City is still limited and not well recognized compared to doctors or religious leaders. Nevertheless, the general consensus was that strengthening the role of social workers would improve rehabilitation outcomes for youths with mental health challenges.

Question 24: Are you aware of any social workers or NGOs in Benin City helping people with mental health issues?

Response	Frequency	Percentage
Yes	143	35.75
No	257	64.25
Total	400	100

Source: field survey, 2025

The results show that only 35.75% of respondents reported being aware of social workers or NGOs in Benin City actively supporting individuals with mental health issues. These respondents mentioned organizations such as community-based counseling groups, faith-based NGOs, and a few social workers attached to hospitals or universities.

However, a large majority (64.25%) indicated that they were not aware of such services. This suggests a significant gap in visibility and outreach of existing social workers and NGOs in the mental health sector. The lack of awareness may mean that even when

support is available, many youths remain unable to access it simply because they do not know where to turn for help.

This finding highlights the need for greater public sensitization about the roles of social workers and NGOs in mental health care delivery, as well as improved collaboration between government, non-governmental organizations, and community leaders to increase their visibility.

Question 25: In your opinion, what roles should social workers play in improving youth mental health in Benin City?

The responses to this open-ended question revealed a broad range of expectations regarding the roles of social workers in addressing youth mental health in Benin City. Many participants emphasized that social workers should serve as educators and advocates, raising awareness about mental health in schools, religious institutions, and community spaces. They are expected to challenge stigma, correct misconceptions, and promote acceptance of individuals experiencing mental health difficulties.

Another significant role highlighted by respondents was counseling and emotional support. Participants expressed the need for social workers to provide safe spaces where youths can openly share their struggles without fear of judgment. In addition, social workers were seen as important liaisons, linking individuals with professional services such as psychiatrists, psychologists, and NGOs.

Some participants suggested that social workers should also engage in policy advocacy, pushing the government to allocate more resources to mental health services, while others called for more community-based rehabilitation programs that help reintegrate affected youths. A few respondents further emphasized the role of social workers in family mediation, helping to repair strained relationships that often worsen mental health problems.

Question 26: What barriers prevent youth in Benin from accessing mental health care?

Response options	Frequency	Percentage (%)
Cost of Care	90	22.5
Lack of Awareness	50	12.5
Cultural/Religious Stigma	132	33.0
Lack of Mental Health Facilities	28	7.0
Distance to Care Centers	80	20.5
Others	20	5.0

Source: field survey, 2025

The data reveal that the greatest barrier to accessing mental health care among youth in Benin City is cultural or religious stigma (33%). Participants explained that fear of being labeled as mad or spiritually afflicted prevents many from seeking help.

The cost of care was also a major barrier, with 22.5% of participants noting that mental health services such as psychiatric consultations and therapy are unaffordable for most youths. Similarly, 7.0% cited the lack of mental health facilities, highlighting that there are very few specialized centers within the city.

A lack of awareness was reported by 12.5% of participants, suggesting that many youths do not even know where to go for help. Distance to care centers (20%) was another factor, particularly for those living on the outskirts of Benin City. Finally, 5% of participants mentioned other barriers, such as fear of parental disapproval or preference for traditional healing.

Overall, the findings show that stigma, cost, and inadequate facilities are the most critical barriers limiting access to mental health care for youths in Benin City.

Question 27: In your opinion, what strategies can improve youth mental health awareness and access to care in Benin City?

Responses to this open-ended question highlighted several strategies that youths believe can improve mental health awareness and access to care in Benin City.

Many participants suggested the use of radio, television, social media, and community outreach to educate people about mental health, emphasizing that awareness should target myths and misconceptions that associate mental illness with spiritual causes.

Participants also recommended integrating mental health education into secondary schools and universities, providing counseling services, and training teachers to recognize early signs of distress among students.

A significant number of youths emphasized the need for subsidized mental health services or government-funded programs to make treatment affordable for low-income families.

Some participants suggested the creation of youth-led support groups and safe spaces where young people can talk openly without fear of judgment.

Participants also highlighted the need for more psychiatric hospitals, clinics, and trained professionals in Benin City to reduce overcrowding and long waiting times.

Since many youths still turn to religious or traditional healers, participants proposed partnerships with these leaders to promote positive attitudes toward professional mental health care.

4.4 Discussion of Findings

This section interprets the study's findings in relation to the stated objectives, existing empirical evidence, and relevant theoretical frameworks. The aim is to situate the results within broader socio-cultural and developmental contexts while highlighting their implications for youth mental health in Benin City.

The study revealed that unemployment, peer influence, academic stress, family instability, and substance use are the leading causes of mental health difficulties among youth. This aligns with previous research in Nigeria, which emphasizes socio-economic hardship, intergenerational conflict, and maladaptive coping as major contributors to youth mental illness (Okafor & Akinwale, 2020; Oginni et al., 2018). The strong association between unemployment and psychological distress reflects structural inequalities in Nigeria's labor market, where graduate unemployment leaves many young people vulnerable to depression, frustration, and substance abuse.

Merton's strain theory provides a useful interpretive lens, suggesting that when legitimate opportunities to achieve socially approved goals are blocked, individuals may resort to deviant or maladaptive behaviors (Merton, 1938/1968). Similarly, Bronfenbrenner's ecological systems theory emphasizes how family instability and weak community support structures undermine youth resilience (Bronfenbrenner, 1992). These frameworks reinforce the study's finding that mental health outcomes are not merely individual phenomena but are structurally and relationally determined.

The study also identified depression, anxiety, trauma-related disorders, and substance-induced conditions as the most common mental health challenges. Depression emerged as the most prevalent, consistent with the World Health Organization's (2020) findings that depression is the leading cause of disability among youth worldwide. Adewuya et al. (2019) similarly found high rates of depressive and anxiety disorders among Nigerian

undergraduates, attributing them to academic workload, economic pressures, and uncertainties about the future.

Substance-induced disorders also featured prominently, reflecting a growing body of evidence that links drug use to worsening youth mental health (Obi, 2021). Cannabis, alcohol, and codeine-based syrups are widely used in Benin City, often as coping mechanisms for stress and unemployment. This suggests a dual burden of psychological disorders and substance dependence, which complicates treatment and increases the risk of long-term disability.

One of the most significant findings of this study is the influence of stigma, communal expectations, and cultural silence on youth mental health. Respondents reported that mental illness is often considered a taboo or family disgrace, discouraging open discussion and professional help-seeking. This aligns with Abubakar et al. (2019), who found that Nigerian communities often interpret mental illness as a product of spiritual affliction or moral failure, leading to isolation and ridicule of affected persons.

From a social constructionist perspective, these findings highlight how cultural narratives shape the meaning of mental illness and determine responses to it (Berger & Luckmann, 1966). In collectivist settings such as Benin City, where family honor and communal reputation are highly valued, youths experiencing mental health problems may be ostracized. Stigma therefore not only exacerbates psychological suffering but also delays treatment, perpetuating chronicity.

Furthermore, this study found that cultural and religious beliefs strongly determine patterns of help-seeking. Many respondents reported that youths often consult prayer houses, pastors, imams, or traditional healers before turning to hospitals. While these institutions provide immediate comfort and social support, reliance on them frequently delays professional diagnosis and treatment. Gureje et al. (2015) reported that over 70%

of Nigerians with mental health problems initially seek help from traditional or faith-based practitioners.

This aligns with the Health Belief Model (Rosenstock, 1974), which posits that perceptions of illness and treatment are shaped by cultural and belief systems. In Benin City, where many interpret mental illness as evidence of spiritual attack, deliverance prayers and rituals are perceived as first-line remedies. Although these approaches provide emotional reassurance, they often result in delayed intervention, exacerbating the severity of disorders. This underscores the importance of culturally sensitive collaboration between health professionals and faith-based leaders.

Income emerged as a decisive determinant of youth mental health. Respondents from low-income households reported higher levels of stress, anxiety, and depressive symptoms compared to those from middle- or upper-income groups. This supports Marmot's (2015) social determinants of health framework, which identifies poverty, unemployment, and economic insecurity as key risk factors for poor health outcomes.

Afolabi et al. (2020) similarly found that financial hardship in Nigeria not only increases psychological vulnerability but also limits access to professional mental health care. Many young people are unable to afford therapy, medication, or hospital consultations, perpetuating cycles of untreated illness. This highlights the structural inequality of mental health access in Benin City, reinforcing the need for integrated poverty alleviation and mental health policies.

Participants highlighted the potential but underutilized role of social workers in rehabilitation. They stressed the importance of social workers in psychosocial counseling, advocacy, community sensitization, and reintegration services. However, most participants observed that social workers are not adequately integrated into mental health

service delivery in Benin City. Udegbe (2017) similarly noted that despite their specialized training, social workers remain marginal in Nigeria's mental health sector.

Social work's ecological perspective uniquely positions practitioners to address not only the individual but also the family and community dynamics underpinning mental illness. By bridging gaps between hospitals, families, and communities, social workers can reduce relapse rates, enhance rehabilitation, and promote long-term recovery.

The study participants recommended school-based awareness campaigns, youth-friendly counseling centers, government investment in mental health infrastructure, and intensive stigma-reduction programs. These recommendations align with the World Health Organization's (2022) call for community-based, culturally sensitive interventions in Africa.

Empirical evidence from Kenya and South Africa demonstrates the feasibility of such approaches. Mutiso et al. (2019) reported that community sensitization in Kenya significantly improved early diagnosis and treatment adherence. Similarly, South Africa's inclusion of school-based counseling services improved youth resilience and reduced stigma. The overlap between participants' recommendations and global best practices highlights opportunities for locally adaptable interventions in Benin City.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the concluding aspects of the research work. It provides a synthesis of the major findings of the study, establishes conclusions drawn from the research objectives, and offers practical recommendations for relevant stakeholders. The chapter begins with a summary of the findings, highlighting the significant patterns that emerged from the data analysis. It then proceeds to articulate the overall conclusions derived from the study, tying them back to the research objectives and literature reviewed. Finally, recommendations are offered for government, social work practitioners, policymakers, community leaders, and future researchers, with the aim of improving youth mental health and well-being in Benin City.

5.1 Summary of Findings

This study investigated the socio-cultural determinants of mental health among youth in Benin City, Edo State. A total of 400 structured questionnaires were distributed to young people across various communities in the city. Out of these, a substantial number were retrieved, cleaned, and analyzed descriptively to provide insights into the causes, types, and socio-cultural influences on mental health challenges. The questionnaire was carefully designed to cover five major dimensions: demographic information, causes and types, Sociocultural influences, economic impacts and roles of social workers

The study was guided by seven research objectives, all of which were achieved through the systematic analysis of participants' responses.

The findings revealed that mental health challenges among youths are driven by multiple interrelated causes. Participants consistently pointed to poverty, unemployment, and

economic hardship as major stressors, particularly in a city where youth unemployment remains high. In addition, family-related conflicts, academic pressure, peer pressure, and substance abuse were frequently mentioned as contributors. A few participants also linked mental illness to spiritual attacks or cultural taboos, reflecting the influence of indigenous worldviews on mental health perceptions. This shows that the causes are not purely biomedical but deeply shaped by social, economic, and cultural dynamics.

Analysis of the data revealed that the most common types of mental health challenges reported were depression and anxiety, both of which were strongly associated with academic, financial, and social stress. Participants also indicated experiences of substance-related disorders, trauma, suicidal ideation, and post-traumatic stress symptoms (PTSD). The fact that many youths openly admitted to experiencing these conditions suggests that mental health issues are prevalent, though often underreported. The study also showed that some participants had observed these conditions among peers, highlighting how widespread these challenges are among the youth population in Benin City.

The findings also shows that stigma, cultural silence, peer pressure, and community expectations significantly shape the mental health experiences of young people. Many participants noted that mental illness is perceived as a shameful condition in their communities, leading to social isolation, ridicule, or outright neglect of affected individuals. Additionally, cultural norms that prioritize resilience, family honor, and communal reputation discourage young people from discussing their struggles openly. These socio-cultural pressures contribute to delayed recognition and treatment of mental health challenges, worsening the condition of affected individuals.

The data strongly suggested that religion and culture are central to mental health-seeking behavior. Participants indicated that in times of emotional or psychological distress, they

are more likely to consult pastors, imams, or traditional healers before considering professional health practitioners. Many also agreed that religion teaches that prayer and fasting can cure all mental health problems, leading some to avoid hospitals or counseling. While such practices offer emotional comfort, they also delay effective treatment and, in some cases, reinforce stigma against professional help. This finding underscores the ambivalent role of religion and culture: while providing support, they also discourage formal treatment pathways.

The study found that income level directly influences both vulnerability to mental health problems and access to treatment. Participants from low-income backgrounds reported higher levels of stress, anxiety, and hopelessness, often linked to joblessness and financial instability. Furthermore, many stated that the high cost of mental health services makes access nearly impossible. In contrast, respondents with moderate or stable income indicated relatively better mental well-being and greater chances of seeking professional help. Thus, economic inequality not only contributes to mental health problems but also determines whether youths can access appropriate care.

The findings revealed that although social workers are recognized as important actors in mental health care, their role remains underutilized and poorly integrated into community-based support systems. Participants emphasized that social workers could assist with counseling, advocacy, psychoeducation, family mediation, and referral to specialized services. However, lack of awareness of the profession's functions, coupled with inadequate government support, has limited their involvement. The study suggests that with stronger institutional backing, social workers can play a transformative role in rehabilitation and reintegration of mentally ill youths.

The findings pointed to several strategies. Participants recommended increased awareness campaigns, particularly through schools, churches, mosques, and media, to reduce stigma

and misinformation. They also called for affordable and accessible mental health facilities within communities, as well as integration of mental health education into the school curriculum. Strengthening the role of social workers and NGOs, promoting peer-support systems, and encouraging government-private partnerships in health care delivery were also identified as vital strategies. Collectively, these recommendations highlight the need for a multi-stakeholder, culturally sensitive approach to addressing youth mental health challenges.

5.2 Conclusion

This study concludes that youth mental health in Benin City is shaped by a complex interplay of socio-economic conditions, cultural norms, and religious interpretations. The persistence of unemployment, poverty, academic pressures, and substance abuse creates fertile ground for psychological distress among young people. Depression and anxiety emerged as the most prevalent disorders, reflecting the broader national and global trend of youth vulnerability to emotional and psychological strain.

The study further demonstrates that cultural and religious contexts play a dual role. While they provide spiritual comfort and communal support, they also contribute to delays in professional help-seeking and reinforce stigma. This tension between culture, religion, and modern mental health care reflects the challenge of reconciling traditional practices with scientific interventions.

The study also emphasizes that income disparities magnify mental health inequalities. Youths from poor households not only face higher risks of psychological distress but also lack financial resources to access care. Meanwhile, the role of social workers, though vital, remains under-recognized and underutilized in the Nigerian mental health system.

In sum, the findings highlight the urgent need for a multi-sectoral, culturally sensitive, and community-driven response to youth mental health in Benin City. Any effective

approach must integrate social work practice, government policy, community involvement, and healthcare systems in addressing the underlying socio-cultural determinants.

5.3 Recommendations

Based on the findings of this study, the following recommendations are proposed to address the socio-cultural determinants of mental health among youth in Benin City:

Public enlightenment campaigns should be prioritized to dispel myths, misconceptions, and stigma surrounding mental illness. This can be achieved through schools, community centers, religious institutions, and mass media platforms. Culturally sensitive awareness programs will encourage youths to seek help early and normalize conversations around mental health.

Government and private stakeholders should work together to establish affordable and youth-friendly mental health facilities across Benin City. Subsidizing mental health services and integrating them into primary health care centers will reduce financial barriers that currently prevent many youths from seeking help.

Social workers should be more actively integrated into mental health care systems, particularly in schools, community centers, and hospitals. Their roles in counseling, advocacy, family support, and community sensitization are essential for rehabilitating and reintegrating affected youths. Strengthening the training and visibility of social workers will enhance their effectiveness.

Policies aimed at reducing youth unemployment, poverty, and economic insecurity should be prioritized as part of mental health interventions. Government empowerment programs, skills acquisition initiatives, and job creation schemes will not only improve

financial stability but also reduce the psychological stressors associated with economic hardship.

Given the influence of religion and culture on health-seeking behavior, religious leaders, traditional rulers, and community elders should be engaged as partners in mental health advocacy. Training them to recognize mental health challenges and refer youths to appropriate services can bridge the gap between cultural beliefs and professional care.

Schools and tertiary institutions should integrate mental health education into their curricula. Establishing counseling units staffed by trained professionals will provide safe spaces where students can seek guidance, coping strategies, and early interventions before their challenges escalate.

A coordinated approach involving government agencies, non-governmental organizations (NGOs), community-based groups, and international partners is necessary for a sustainable mental health system. Such collaboration should focus on service delivery, research, funding, and policy reforms to create a robust mental health care framework.

There is a need for more localized and empirical research into the socio-cultural dimensions of youth mental health in Benin City and across Nigeria. Universities, research institutes, and NGOs should invest in longitudinal studies that can inform policies and interventions tailored to the unique cultural contexts of Nigerian youths.

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APPENDIX
DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCE

UNIVERSITY OF BENIN, BENIN CITY, EDO STATE

Dear Participant,

APPEAL FOR THE COMPLETION OF QUESTIONNAIRE

I am a 400-level student from the University of Benin. I am conducting a research project on the socio-cultural determinants of mental health among youth in Benin City. Your honest and thoughtful responses are highly valuable to this study.

This questionnaire is completely anonymous, and all information you provide will be kept strictly confidential and used solely for academic purposes. There are no right or wrong answers, and your participation is entirely voluntary. You can withdraw at any point without any consequences.

Please answer all questions to the best of your ability. It should take approximately [15-20 minutes] to complete.

Thank you for your time and cooperation.

Sincerely,

Faith Ofili Ijeoma

Signature:

Section A: Demographic Information

Please tick the appropriate box or fill in the blank.

Gender: Male[] Female[] Prefer not to say[]

Age: 18-20 years[] 21-23 years[] 24-26 years[] 27-29 years[] 30-35 years[]

Marital Status: Single[] Married[] Divorced/Separated[] Widowed[]

Highest Level of Education: Primary School[] Secondary School[] Undergraduate[] Graduate[] Postgraduate[] No formal education []

Current Occupation (if any): Student (primarily)[] Working Part-time [] Working Full-time[] Unemployed[]

Other (Please specify):

Religion: Christianity[] Islam[] Traditional African Religion[]

Other (Please specify):

SECTION B: Causes and Types of Mental Health Challenges

1. What are the causes of mental health among youth in Benin City?

2. What are the types of mental health challenges experienced among youth?

3. Have you ever experienced any of the following? (Tick all that apply):

Depression Anxiety Substance abuse Trauma/PTSD Suicidal thoughts None

4. What do you think are the leading causes of mental health issues among youth in Benin City? (Tick all that apply)

Poverty/Unemployment

Family pressure/conflict

Substance abuse

Academic stress

Peer pressure

Relationship issues

Spiritual or cultural attacks

Other (please specify): _____

5. To what extent do you agree with this statement:

"Most mental health challenges among youth are caused by social and environmental factors."

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Can you describe any mental health condition you or someone close to you has experienced?

[Open-ended]

SECTION C: Socio-Cultural Influences on Mental Health

7. What are the socio-cultural factors affecting youth mental health in Benin City?

8. In your community, youth with mental illness are often:

Supported Avoided Isolated Mocked Ignored

9. My family/community believes mental illness is caused by spiritual/cultural reasons.

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. Is stigma associated with mental illness in my community.

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. Cultural expectations worsen mental stress among youth.

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. In what ways do your community's beliefs or customs affect your mental health or well-being?

[Open-ended]

13. How do cultural and religious beliefs influence mental health-seeking behavior among youth?

14. When struggling mentally or emotionally, who are you most likely to consult first?

Family Friends Pastor/Imam Traditional healer
Doctor/Psychologist No one

15. My religion teaches that prayer can solve all mental health issues.

Strongly Agree Agree Neutral Disagree Strongly Disagree

16. I feel discouraged from seeking professional mental health care due to religious or cultural teachings.

Strongly Agree Agree Neutral Disagree Strongly Disagree

17. Have you ever avoided getting help because of what your family, community, or religious leader might say?

Yes No Prefer not to say

18. Explain how your religious or cultural background influences your willingness to seek help for mental health issues.

[Open-ended]

SECTION D: Economic Impact

19. What are the impacts of income on mental health among youth in Benin City?

20. Do you believe financial stress contributes to mental health issues among youth?

Yes No Not sure

21. To what extent does your income level affect your ability to access mental health care?

Greatly Moderately Slightly Not at all

Section E: Roles of social workers and improvement strategies

22. What are the roles of social workers in the rehabilitation of people with mental health challenges in Benin

City? _____

23. What strategies can be implemented to improve mental health awareness and care? _____

24. Are you aware of any social workers or NGOs in Benin City helping people with mental health issues?

Yes No

25. In your opinion, what roles should social workers play in improving youth mental health in Benin City?

[Open-ended]

26. What barriers prevent youth in Benin from accessing mental health care? (Tick all that apply)

Cost of care

Lack of awareness

Cultural or religious stigma

Lack of mental health facilities

Distance to care centers

Other:

27. What strategies would you suggest to improve mental health awareness and services among youth in Benin City?

[Open-ended]
