

**STRESS AND MENTAL HEALTH OF STUDENTS IN UNIVERSITY OF
BENIN, BENIN CITY.**

IBEKWE CHIOMA ELIZABETH

SSC2008684

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN.

FEBRUARY, 2025

**STRESS AND MENTAL HEALTH OF STUDENTS IN UNIVERSITY OF BENIN,
BENIN CITY**

BY

IBEKWE CHIOMA ELIZABETH

SSC2008684

**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY,
FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY. IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
BACHELOR OF SCIENCE (B.Sc.) DEGREE IN SOCIOLOGY, UNIVERSITY OF
BENIN, BENIN CITY.**

FEBRUARY, 2025

CERTIFICATION

This is to certify that this work titled Stress and mental health of students in the university of Benin, Benin city was carried out by me Miss Chioma, Elizabeth IBEKWE for the award of Bachelor of Science (B.sc) Degree in the Department of Sociology, Faculty of Social Sciences University of Benin, Benin City, under the supervision of the following persons;

Dr.Mrs. Maryam Mustafa- Shaibu
(Project Supervisor)

Date

Prof. A.O DOKPESI
(Head of Department)

Date

DEDICATION

This project is dedicated to God Almighty for his infinite mercy, favour, grace, strength, love, knowledge, provision and protection upon me.

ACKNOWLEDGEMENT

I want to acknowledge God's faithfulness, guidance, and protection throughout my academic journey. His grace has been my strength, and I am deeply grateful for His unwavering support.

My sincere appreciation goes to my project supervisor, Dr. Mrs. Maryam Mustafa-Shaibu, for her mentorship, encouragement, time, and patience. I also extend my gratitude to the lecturers of the department for the knowledge they have imparted to me throughout my studies.

A special appreciation to my big mummy, Madam Pauline Ibeh (Madam Peace) and Susan U. Anyanwu (Mrs.)—your kindness, encouragement, and prayers have been a source of strength to me. To my father, Mr. Eugene Ibeh, and Mrs. Mercy Ibeh, your sacrifices, unwavering support, and love have been my greatest motivation. Words cannot express how grateful I am for everything you have done for me.

To my uncles, Mr. Calistus Ibeh and Mrs. Chinwe Ibeh, Mr. Sylvester Ibeh, and my esteemed in-law, Mr. Joseph C. Anyanwu and Mr. Marley O. Emelogu, your guidance and support have been invaluable in my academic journey. My heartfelt thanks also go to my sister, Chinenye S. Ibekwe, and my beloved brother, Master Paschal Chinedu, for always believing in me.

I am also deeply appreciative of my friends, Emodi Stanley Obinna (Sifu), Ijeoma Okoli, Joy Onwuegbu, and Chisom Okwor—your encouragement, prayers, and companionship have made this journey more fulfilling.

To my friends and all the incredible individuals I have met along the way, you have played an important role in shaping this experience into a memorable one. This project would not have been possible without the collective efforts of my loved ones, friends, and mentors. I am forever grateful, and I hope this work makes you proud.

TABLE OF CONTENTS

coverpage	i
Title page	ii
CERTIFICATION	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
Abstract:	ix
CHAPTER ONE	1
1.1 INTRODUCTION	1
1.2. STATEMENT OF THE PROBLEM	6
1.3. RESEARCH QUESTION	7
1.4. OBJECTIVE OF THE STUDY	8
1.5 Significance Of The Study	8
1.6. Scope of the Study	9
1.7 Definition Of Concepts	10
CHAPTER TWO	13
LITERATURE REVIEW	13
2.1.1 Prevalence of Stress, Anxiety, and Depression Among Students at the University of Benin	13
2.1.2 Common Sources of Stress and Mental Health Challenges Among Students at the University of Benin	15
2.1.3 The Relationship Between Academic Workload, Social Relationships, and Mental Health Outcomes	16
2.2 Mental health implications of stress	18
2.2.1 Anxiety and depression	18
2.2.2 Substance abuse	19

2.2.3	Suicide and self-harm	19
2.3	Addressing stress and mental health issues at the university of Benin (UNIBEN)	20
2.4	Mental health awareness campaigns and de-stigmatization efforts	22
2.4.1	Campus mental awareness programs	23
2.4.2	Peer support programs	23
2.4.3	Mental health advocacy and campaigns	23
2.4.4	Use of social media	24
2.4.5	Involvement of student associations	24
2.4.6	Cultural adaption in Campaigns	25
2.4.7	Information materials distributions	25
2.4.8	Utilizing art and performance	25
2.4.9	De-stigmatization efforts	25
2.5.	Case studies and contextual comparisons	27
2.6	Theoretical framework	31
2.6.1	Transactional Model of Stress and Coping (Lazarus & Folkman, 1984)	31
2.6.2	Social support theory	33
2.7	The application of the theoretical frame work	36
2.8	Research Hypothesis	37
CHAPTER THREE		39
3.1	Introduction	39
3.2	Population of the Study	39
3.3	Research Design	39
3.4	Sample Size and Sampling Technique	40
3.5	Method of Data Collection	41
3.6	Method of data analysis	41
3.7	Ethical Consideration	42

CHAPTER FOUR	43
DATA PRESENTATION, ANALYSIS, AND INTERPRETATION	43
4.1 Description of Respondents' Socio-Demographic Characteristics	43
4.2 Prevalence of Stress, Anxiety, and Depression	47
4.3 Common Sources of Stress Among Students	50
4.4 Relationship Between Academic Workload and Stress Levels	53
4.5 Access to Mental Health Support Services	56
4.6 Coping Mechanisms and Effectiveness	59
4.7 TEST of HYPOTHESES	63
4.8 Discussion of Findings	74
CHAPTER FIVE	80
SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS	80
5.1 Summary of Findings	80
5.2 Conclusion	82
5.3 Recommendations	83
5.4 Suggestions for Further Research	84
REFERENCES	85
QUESTIONNAIRE	90

Abstract:

Stress and mental health challenges among university students have become a growing concern, impacting their academic performance, social interactions, and overall well-being. This study investigates the prevalence, causes, and coping mechanisms of stress among students at the University of Benin. Using a survey method, data was collected from a diverse group of students to examine key stressors such as academic workload, financial challenges, and social pressures. The study also explores how demographic factors, including age, gender, year of study, and socioeconomic background, influence students' mental health experiences.

The study is grounded in the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), which emphasizes the interaction between individuals and their environment in determining stress responses. Findings reveal that academic workload is the most significant stressor, with 70% of students reporting it as their primary concern. Financial constraints, social relationships, and future uncertainties also contribute to mental health challenges. While students adopt various coping strategies such as social interaction, physical exercise, and relaxation techniques, only 15% seek professional mental health support, highlighting barriers such as stigma and lack of accessibility.

Based on these findings, the study recommends the implementation of university-led mental health programs, including peer support initiatives, stress management workshops, and increased access to affordable counseling services. Universities should also integrate financial aid programs and career counseling to help students manage academic and financial pressures. Addressing mental health challenges among students is crucial for fostering a more supportive academic environment that promotes well-being, resilience, and overall student success.

CHAPTER ONE

1.1 INTRODUCTION

Stress and mental health are universal aspects of daily life, arising from the body's natural physiological and psychological response to perceived challenges or threats. While stress can serve as a motivating factor, helping individuals confront and resolve difficulties, prolonged exposure can have severe long-term effects on both physical and mental well-being (Flórez & Sánchez, 2020). Mental health has become a significant area of focus for psychologists, particularly in the field of health psychology, as they seek to understand the contributing factors. This is crucial since research has shown a strong correlation between stress, mental state, and overall health (Taylor, 2002).

Stress is generally understood as any factor—whether physical or psychological—that poses a challenge or threat to an individual. People often use the term stress when they feel overwhelmed, questioning their ability to manage a particular workload or situation (Nordqvist, 2009). It is an unavoidable reality in everyday life, affecting emotional stability and well-being. While some perceive stress as an event, such as losing a job or sustaining an injury (Centre, 2010), others view it as a physiological and psychological reaction that alters behavior, mental state, and bodily functions.

Entering a university or any higher education institution is typically a moment of excitement, yet for some students, it is also a stressful life transition (Wong, 2006). First-year students are particularly vulnerable, as they encounter multiple new stressors while

adjusting to their academic and social environments (Voelker, 2003). Like other young adults, undergraduate students must navigate the psychological and psychosocial changes associated with gaining independence while simultaneously meeting academic and social demands in preparation for their future careers. Stress and mental health are interconnected, directly influencing an individual's quality of life, heightened stress levels or poor mental health can significantly reduce overall well-being.

The concept of stress dates back to 1936, when Selye defined it as the body's non-specific response to any demand for change. More specifically, stress refers to an organism's reaction to circumstances or events (stressors) that challenge its ability to adapt (Gerrig & Zimbardo, 2010). While stress is often viewed negatively, it has both positive and negative forms. Eustress, the positive form, occurs when external stimuli create a sense of motivation and excitement, such as during a competitive sports event. In contrast, distress negatively impacts well-being, contributing to various health problems (Gerrig & Zimbardo, 2010).

So prevalent is stress today that it has been labeled the "health epidemic of the 21st century." Modern societal pressures, including work demands, economic struggles, and social obligations, have led to a widespread increase in stress levels. It has become part of the "new normal," decreasing productivity and triggering mental health issues that may remain unnoticed until they manifest in serious conditions such as high blood pressure,

diabetes, arthritis, and inflammatory diseases, all of which are exacerbated by chronic stress. (WHO 2016)

Given its profound effects on individuals and society, stress and mental health have become crucial subjects of study in psychology, medicine, and public health. According to the World Health Organization (WHO), stress is a physiological response to internal and external pressures that require either acute or long-term adaptation. The WHO has underscored the increasing prevalence of stress, identifying it as a leading global health concern (WHO, 2016). Chronic stress has been linked to various mental health disorders, including anxiety, depression, and post-traumatic stress disorder (PTSD), which collectively impact nearly 450 million people worldwide (WHO, 2020).

Studies show that chronic stress negatively affects cognitive function, emotional regulation, and overall quality of life (O'Connor, 2021). Additionally, mental health issues are associated with increased risks of cardiovascular diseases, metabolic disorders, and weakened immune function (Mariotti, 2015). According to WHO estimates, mental disorders contribute to 10-20% of the global disease burden (WHO, 2021).

In developed nations, considerable efforts have been made to address stress-related mental health challenges through awareness campaigns, policy reforms, and mental health education. Many institutions have incorporated stress management strategies, such

as mindfulness practices and cognitive-behavioral therapy (CBT), into their work and academic environments (Harvard Health Publications, 2020).

In contrast, mental health and stress management remain underprioritized in developing countries, primarily due to limited resources, inadequate healthcare infrastructure, and the stigma surrounding mental illness. However, awareness is gradually increasing, particularly as urbanization, economic disparities, and social instability contribute to rising stress levels.

Research from countries such as India, Ghana, and South Africa highlights the growing prevalence of stress-related mental health problems, particularly among young people. According to WHO (2018), approximately 80% of individuals with mental health conditions reside in low- and middle-income countries, yet they receive minimal access to care. The WHO's Mental Health Atlas (2020) indicates that many of these countries allocate less than 1% of their health budgets to mental health services, resulting in inadequate diagnosis and treatment.

For instance, in India, academic pressure, unemployment, and familial expectations are significant stressors among students, contributing to high rates of anxiety and depression (Pandey, 2016). Similarly, in South Africa, socioeconomic disparities play a major role in stress-induced mental health problems (Waghachavare, 2013).

Nigeria faces similar challenges, with stress and mental health issues widespread among students and working professionals. The National Policy for Mental Health Services

Delivery (2013) identifies unemployment, poverty, and stress as key factors affecting mental well-being in the country. Despite the existence of this policy, implementation remains weak due to inadequate funding, social stigma, and a shortage of mental health professionals.

The WHO (2021) reports that Nigeria has one of the highest rates of mental illness in Africa, with 20-30% of the population experiencing some form of mental disorder. Depression, anxiety, and substance abuse are among the most prevalent issues, with stress being a primary contributing factor. Gureje (2010) found that over 60% of individuals with mental health conditions in Nigeria do not receive appropriate treatment, largely because of stigma and limited healthcare access.

Academic stress is particularly common among Nigerian university students. Research by Aihie and Ohanaka (2019) indicates that financial difficulties, academic workload, and social pressures significantly impact students' mental well-being, often leading to burnout, anxiety, and depression, which in turn affect their academic performance and overall quality of life.

The working population in Nigeria is also significantly impacted by occupational stress, which stems from factors such as long working hours, job insecurity, inadequate compensation, and high-pressure work environments across various sectors. High-stress industries such as oil and gas are notorious for long hours, job insecurity, and demanding work conditions (Busari, 2012). Similarly, public sector employees experience stress due

to poor remuneration, unsatisfactory working conditions, and job dissatisfaction. These stressors frequently contribute to mental health issues, including depression, anxiety, and, in severe cases, suicide (Gureje, 2010).

1.2. STATEMENT OF THE PROBLEM

Stress and mental health issues among university students have become a growing concern worldwide, with significant implications for academic performance, overall well-being, and future career prospects. In Nigeria, particularly at the University of Benin, students face multiple stressors, including academic workload, financial constraints, social pressures, and limited access to mental health support services. Despite the increasing recognition of mental health challenges, there is still insufficient empirical data on the prevalence, sources, and impact of stress, anxiety, and depression among students in the institution.

Existing literature suggests that academic workload is a major contributor to student stress, yet the extent to which it affects students at the University of Benin remains unclear. Additionally, while various coping mechanisms are employed by students to manage stress, their effectiveness in alleviating mental health challenges is not well documented. Furthermore, the availability and utilization of mental health support services within the university remain largely unexplored, raising concerns about whether students receive the necessary assistance to manage stress effectively.

Given the increasing academic demands and socio-economic pressures facing university students, understanding the prevalence and impact of stress on mental health is crucial for developing targeted interventions. This study seeks to bridge this gap by examining the common sources of stress, the relationship between academic workload and stress levels, students' access to mental health services, and the effectiveness of coping mechanisms. The findings will provide valuable insights for university administrators, policymakers, and mental health professionals in creating a supportive academic environment that promotes students' mental well-being.

1.3. RESEARCH QUESTION

1. What is the prevalence of stress, anxiety, and depression among students' in the university of Benin?.
2. What are the common sources of stress among students in the university of Benin?.
3. Is there a significant relationship between academic workload and stress levels among students in the university of Benin?.
4. Do students in the University of Benin have access to adequate mental health support services, and do they utilize these services?.
5. What coping mechanisms do students in the university of Benin use to manage stress, and are these mechanisms effective?.

1.4. OBJECTIVE OF THE STUDY

1. To determine the prevalence of stress, anxiety, and depression among students in the university of Benin.
2. To identify the common sources of stress and mental health challenges faced by students in the university of Benin.
3. To examine the relationship between academic workload, social relationships, and mental health outcomes among students.
4. To assess the availability and utilization of mental health support services among students.
5. To explore the coping mechanisms used by students to manage stress and mental health challenges.

1.5 Significance Of The Study

This study is significant as it addresses the growing concern of stress and mental health challenges among university students, particularly at the University of Benin. The findings will contribute to existing knowledge on student mental health by identifying the prevalence of stress, anxiety, and depression, as well as the major sources of these stressors.

Furthermore, the study will assess the impact of academic workload on students' stress levels, providing valuable insights for university administrators and educators on ways to improve academic policies and reduce unnecessary stress among students.

Additionally, the research will examine the accessibility and utilization of mental health support services within the university, highlighting gaps in mental health care and offering recommendations for enhancing support systems. By evaluating the effectiveness of various coping mechanisms employed by students, the study will also provide practical strategies for stress management that can be incorporated into student wellness programs.

Ultimately, this study will benefit students, faculty members, mental health practitioners, and policymakers by promoting a healthier learning environment, improving academic performance, and fostering overall well-being within the University of Benin and similar institutions.

1.6. Scope of the Study

The study will be designed to investigate stress and mental health among students at the University of Benin, Benin City, Nigeria. It will target undergraduate students across various levels, faculties, and socio-economic backgrounds. The research will examine the prevalence, forms, contexts, and impacts of stress and mental health challenges experienced within the university environment. Additionally, the study will assess the

demographic characteristics influencing stress levels, including factors such as gender, age, academic workload, financial status, and social relationships. It will also evaluate the existing policies, institutional frameworks, and support mechanisms available for managing stress and mental health issues among students.

The study will employ qualitative and/or quantitative research methods to collect and analyze data, ensuring a comprehensive understanding of the subject. It will be conducted within a defined time frame, adhering to ethical principles such as informed consent, confidentiality, and voluntary participation. Potential limitations, such as response bias and sample representativeness, will also be considered to enhance the validity and reliability of the research findings.

1.7 Definition Of Concepts

Stressor: is situation, event, or circumstance that causes stress or tension. Stressor can be internal for example, thoughts, feelings, physical sensations or external for example environmental, social, or cultural factors).

Academic-stress: the feelings of anxiety, tension, or and pressure that students experience in relation to their academic performance, expectations, and responsibilities.

Mental disorder: Also known as mental illness or psychiatric disorder, is a condition that affects an individual's thinking, feeling, behaviour, and mood, causing distress and impairing their ability to function in daily life.

Psychological stress: refers to the emotional, mental, and behavioural reactions to perceived threats, pressures, or demands that exceed an individual's resources or ability to cope.

Diabetes Mellitus(DM): is a group of metabolic disorders characterized by high blood sugar levels, which can lead to various complications if left untreated or poorly managed.

Chronic stress: refers to a state of prolonged and persistent stress that lasts for an extended period, often months or years.

Anxiety disorder: is a mental health condition characterized by excessive, persistent, and overwhelming feelings of fear, worry, or anxiety that interfere with an individual's daily life, relationships, and overall wellbeing.

Distress: is a type of stress, refers to a state of emotional suffering, discomfort, or pain, often accompanied by feelings of anxiety, sadness, or helplessness.

Eustress: is a type of stress, that is positive, motivating, and energizing. It is a healthy and beneficial forms of stress that can enhance performance, productivity, and overall wellbeing.

Post-traumatic stress disorder (PTSD): is a mental health condition triggered by experiencing or witnessing a traumatic event.

Cardiovascular disease (CVD): refers to conditions affecting the heart and blood vessels, leading to impaired blood circulation and potentially life-threatening complications.

Inflammatory diseases: are conditions characterized by chronic or acute inflammation, which can damage tissues and organs.

Immunodeficiency disorders: are conditions where the immune system is impaired, making it difficult for the body to fight infections and diseases.

Metabolic syndrome: is a cluster of conditions that increase the risk of developing type2 diabetes, cardiovascular disease, and stroke.

Health Epidemic: is a sudden increase in the number of cases of a specific disease or health condition in a particular region or population, exceeding expected levels.

CHAPTER TWO

LITERATURE REVIEW

This literature review provides an in-depth examination of existing research on university students' mental health, focusing on the prevalence, associated factors, and consequences of mental health challenges in this demographic. By synthesizing previous studies, the review aims to highlight key trends, identify research gaps, and suggest areas for further investigation. Ultimately, it seeks to contribute to the development of strategies that promote students' mental well-being and academic success.

Stress is an emotional and psychological response that arises when an individual perceives an imbalance between external demands and their ability to cope (Lazarus & Folkman, 2019). Mental health, on the other hand, encompasses an individual's emotional, psychological, and social well-being, covering aspects such as anxiety, depression, self-esteem, and overall quality of life (World Health Organization, 2018). In the university context, maintaining good mental health is crucial for academic achievement, social relationships, and overall well-being.

2.1.1 Prevalence of Stress, Anxiety, and Depression Among Students at the University of Benin

Globally, mental health issues among university students are on the rise, with research indicating increasing levels of psychological distress due to academic pressures, financial constraints, and social factors (Eisenberg, Drowns, Golberstein, & Zivin, 2009; Beiter et

al., 2015). Academic stressors such as intensive coursework, competition, and high expectations significantly contribute to anxiety and depression (Kitzrow, 2003; Misra & McKean, 2000). Additionally, transitioning to university life often involves adapting to new environments, which can trigger feelings of isolation and inadequacy (Krafty, 2019; Wilks, 2008).

A systematic review suggests that around 30–40% of university students experience significant stress, with approximately 20% meeting the criteria for anxiety disorders (Auerbach et al., 2016; Beiter et al., 2015).

Focusing specifically on the University of Benin, it is important to consider how cultural factors and societal stigma surrounding mental health influence students' experiences (Nwankwo & Ugochukwu, 2020; Oladeji, Makanjuola, & Gureje, 2015). Cultural perceptions of mental health can affect students' willingness to seek help, thereby impacting reported prevalence rates. Research in Nigeria suggests that stigma and misconceptions often deter students from accessing appropriate mental health support services (Odeyemi, Oyebade, & Oyebade, 2015).

Early intervention plays a critical role in addressing these mental health concerns. Studies emphasize the importance of accessible mental health services and support systems on university campuses (Hunt & Eisenberg, 2010; Reavley & Jorm, 2010). Investigating the prevalence of mental health challenges among students at the University of Benin will enhance understanding and inform the development of targeted interventions.

2.1.2 Common Sources of Stress and Mental Health Challenges Among Students at the University of Benin

Students at the University of Benin face multiple stressors that contribute to mental health issues, similar to trends observed among university students worldwide.

One major source of stress is academic pressure. The competitive academic environment can heighten anxiety as students strive to meet demanding expectations. High workloads and fear of poor performance have been linked to psychological distress (Misra & McKean, 2000). The pursuit of academic excellence can lead students to internalize stress, further exacerbating anxiety and feelings of inadequacy (Auerbach, Mortier, & Bruffaerts, 2016).

Financial constraints also contribute significantly to students' stress levels. Many students struggle to finance their education, manage living expenses, and balance part-time jobs with their studies. Research has found a strong correlation between financial stress and heightened levels of anxiety and depression (Cyr & O'Rourke, 2018). Lee, Choi, and Kwon (2018) further observed that students receiving financial aid often report higher distress levels than their peers, underscoring the financial burden many students face.

Social dynamics within the university setting present another major challenge. Adjusting to new social environments can be difficult, and many students experience loneliness or isolation when they struggle to form strong connections with peers (Wilks, 2018). Social

support quality is closely linked to students' mental well-being, with weaker social connections associated with increased loneliness and depression (Cohen & Wills, 1985). Research by Upcraft and Gardener (1989) highlights that the first year of university is particularly critical, as many students experience significant emotional distress during this transitional period. Homesickness, uncertainty regarding academic performance, and adapting to university life can contribute to stress.

Moreover, the specific socio-cultural context of the University of Benin influences students' experiences. Cultural expectations and social norms often pressure students to excel academically, adding to stress levels (Odeyemi, Oyebade, & Oyebade, 2015). The intersection of these factors creates a compounded experience of stress and mental health challenges, as students strive to meet personal, academic, and societal expectations.

2.1.3 The Relationship Between Academic Workload, Social Relationships, and Mental Health Outcomes

Academic workload is a significant stressor that contributes to various mental health issues, including anxiety and depression. Research by Misra and McKean (2000) found that increased academic demands are strongly associated with elevated stress levels and reduced overall well-being. Excessive workload can lead to feelings of being overwhelmed, sleep deprivation, and burnout, all of which negatively impact mental health (Schaufeli, Salanova, González-Romá, & Bakker, 2002).

A meta-analysis by Beck, Steer, and Brown (2017) revealed that students who perceive their workload as excessive report higher levels of psychological distress. This suggests that academic overload not only affects emotional well-being but also impairs academic performance, creating a cycle of stress and poor mental health.

Conversely, strong social relationships can act as protective factors against mental health challenges. Studies indicate that supportive friendships and social networks contribute to improved mental health and resilience among students (Cohen & Wills, 1985). La Guardia, Ryan, Couchman, and Deci (2000) found that students with strong social ties experience lower anxiety and depression levels, emphasizing the positive impact of social support.

The relationship between academic workload and social relationships is complex. On one hand, demanding academic schedules can limit students' time for social interactions, potentially leading to isolation and worsening mental health outcomes (Turner & Garnett, 2018). On the other hand, students with strong support networks tend to cope better with academic stress, as shared experiences provide emotional relief and practical assistance (Cohen, Gottlieb, & Underwood, 2000). Research by Farahani, Dadkhah, and Mohammadi (2016) supports this view, indicating that students who actively engage with peers and build strong social connections exhibit greater resilience and better stress management strategies.

Given the intricate relationship between academic workload, social relationships, and mental health, universities should implement holistic support systems. Initiatives that promote time management skills, stress reduction strategies, and academic counseling can help students manage their workload effectively (Pritchard & Wilson, 2003). Additionally, fostering social engagement through student organizations, peer mentoring programs, and community-building activities can strengthen students' support networks, ultimately enhancing their resilience.

2.2 Mental health implications of stress

Stress can have far-reaching consequences for students' mental health. When stress is chronic or unmanaged, it can lead to various mental health issues, including anxiety, depression and even suicidal thoughts.

2.2.1 Anxiety and depression

Anxiety and depression are among the most commonly reported mental health conditions among university students globally. A study conducted at university of Benin by Iwundu and Ugwu(2022) found that 35% of students exhibited signs of moderate to severe anxiety, while 28% experienced symptoms of depression. These conditions were closely linked to academic stress, financial instability, and the overall pressure of university life. The feeling of being overwhelmed by academic deadlines, coupled with

the uncertainty of the future, leads many students to experience persistent anxiety, especially, can impair concentration and reduce academic performance.

2.2.2 Substance abuse

Substance abuse, particularly the use of alcohol and recreational drugs, has been shown to be a coping mechanism for students under stress. According to a study by Eze(2023), a student at the university of Benin were found to engage in alcohol consumption and other substance abuse as a way to manage academic stress and social pressure. While these substances may provide temporary relief, they often exacerbate underlying mental health issues and can lead to dependency.

2.2.3 Suicide and self-harm

The extreme effects of stress can sometimes lead to self-harm or suicidal ideation. While there are no exact figures for university of Benin students, reports from the university community indicate cases of students attempting suicide or self-harm due to academic pressure, personal problems, and financial instability. A study by Akinmoladun (2021) on mental health issues in Nigerian universities found that suicidal thoughts were significantly higher among students experiencing high levels of academic stress and financial difficulties.

2.3 Addressing stress and mental health issues at the university of Benin (UNIBEN)

a. Counseling services

Many universities, including university of Benin have counseling services to help students manage stress and mental health issues. The university offers individual and group counseling, workshops, and support systems for students. However, research indicate, that these services are under-utilized, often due to stigma surrounding mental health issues or a lack of awareness, increasing awareness about the availability of these services and ensuring that students are educated on how to seek help could improve mental health outcomes(Folkman & Moskowitz, 2018).

Individual counseling: individual counseling can provide students with safe and confidential space to discuss their concerns and receive support (Kadison & DiGeronimo, 2004).

Group counseling: group counseling can provide students with a supportive community of peers who are experiencing similar challenges (Conyne, 2010).

Crisis intervention: crisis intervention services can provide students with immediate support and guidance during times of crisis (James&Gilliland, 2017).

b. Academic support programs

Providing academic support to students can alleviate some of the academic pressures they face. This can include offering tutoring services, reducing class sizes, and providing time management workshop. Encouraging students to seek help early when

they feel overwhelmed could prevent stress from escalating into more severe mental health issues(Etu, 2015).

Academic advising: academic advising can provide students with guidance and support in selecting courses and planning their academic program (Habley,2004).

Tutoring and mentoring: tutoring and mentoring programs can provide students with individualized support and guidance in specific subjects or skills (Gansemer- Topf& Schuh, 2010).

Study skills and management programs can provide students with strategies and techniques for managing their time and improving their study skills (Gettinger & Selibert,2002).

c. Peer support networks

Peer support networks are an essential tool in promoting mental well-being among students. At university of Benin, creating platforms for students to share their experiences, offer advice, and provide emotional support could help reduce feelings of isolation and stress. Peer groups can be trained to recognize signs of mental distress and encourage fellow students to seek professional help(Hobfoll, 2018).

Peer support groups: peer support groups can provide students with a safe and supportive environment to share their experiences and receive support from peers who have experienced similar challenges (Davidson, 2012).

Peer mentoring programs: peer mentoring programs can provide students with supportive and experienced peer mentor who can offer guidance, advice, and support (Campbell& Campbell, 2007).

Online peer networks: online peer support networks can provide students with a flexible and accessible way to connect with peers and receive support (Finn, 2009).

d. Financial assistance programmes

To address financial stress, universities can implement more robust financial aid programs, scholarships, part-time job opportunities, and grants can help alleviate the economic burden on students, allowing them to focus on their studies and mental health.

Bursaries and scholarships: bursaries and scholarships can provide financial assistance to university students who are experiencing financial difficulties (KewalRagain, 2007).

Students loans: student loans can provide financial assistance to university students who are experiencing financial difficulties (Baum&O'Malley,2003).

Grants and awards: grants and awards can provide financial assistance to university students who are experiencing financial difficulties (Dynarski, 2002).

2.4 Mental health awareness campaigns and de-stigmatization efforts

Mental health awareness campaigns and de-stigmatization efforts are crucial initiatives aimed at improving public understanding of mental health issues and reducing the stigma associated with mental illness. These efforts help promote better mental health

for individuals and university students, encouraging people to seek help and engage in open conversations about mental health.

2.4.1 Campus mental awareness programs

Nigerian universities are implementing mental health programs designed to promote awareness and provide support systems. A study indicated that universities like the university of Lagos and Obafemi Awolowo university have developed counseling units aimed at addressing mental health issues among students (Ogunsemi, 2021).

2.4.2 Peer support programs

Initiatives involving peer support systems have been shown to enhance students' understanding of mental health challenges. The university of Ibadan, for instance, has developed peer learning opportunities where students can talk about mental health stressors in a supportive environment (Adeyemo & Adebayo, 2019).

2.4.3 Mental health advocacy and campaigns

Campaigns like "Mental health Awareness Week" aim to engage students in activities that raise awareness and encourage open-discussion about mental health. These campaigns often feature seminars, workshops, and social media outreach Target at reducing stigma (Akanbi, 2020). The university of Benin organizes annual mental health

awareness week. These activities focuses on educating students about mental health issues, available resources, and coping strategies (Ogbebor, 2021).

2.4.4 Use of social media

Nigerian universities have utilized social media platforms to spread awareness. Mental health advocacy groups use channels like Twitter and Instagram help amplify mental health messages. The use of hashtags like #MentalHealthAwareness, can increase outreach (Watson, J, etal, 2016).

Examples of successful campaigns;

Mental health month: this initiative in May promotes awareness and encourages discussions regarding mental health (National Alliance on Mental illness, 2023).

Bell let's talk: this campaign addresses mental health stigma in Canada and contributes funds to mental health initiatives based on social media interaction (Bell let's Talk, 2023).

World health day: observed annually on October 10th, this event aims to raise awareness about mental health globally (World Health Organization, 2023).

2.4.5 Involvement of student associations

The role of student unions play a pivotal role in advocating mental health initiatives. They have been instrumental in organizing events, campaigns, and discussions that address mental health stigma on campus (Ogunyemi & Iredele, 2021).

2.4.6 Cultural adaption in Campaigns

Campaigns that considers local cultural contexts have proven more effective. For instance, the "Talk About It" initiative adapts messaging to resonate with Nigerian traditions and local beliefs, making mental health topics more relatable to students (Adebayo & Akinwale, 2022).

2.4.7 Information materials distributions

Distribution of brochures, pamphlets, and digital content focused on mental health resources, warning signs, and coping strategies are being utilized to ensure that the students community has access to critical information (Jibulu & Adebayo, 2023).

2.4.8 Utilizing art and performance

Institutions are employing art and performance to discuss mental health creatively. Programs involving poetry, drama, and art exhibits serve as performs for students to express their mental health struggles in a non-threatening way(Olayanju & Adetunji, 2023)

2.4.9 De-stigmatization efforts

a. Workshops and Seminar

Many institutions organize workshops featuring mental health professionals who discuss various mental health issues. For example, the university of Nigeria, Nsukka,

conducted seminars aimed at educating students about mental health awareness (Chido-Amajuoyi, 2020).

b. Integration of Mental Health Education in Curricula

Some institutions are beginning to integrate mental health education into their academic curricula. Courses that address psychological well-being and social health are important for equipping students with knowledge on managing stress and mental health challenges (Ubani & Okwor, 2023).

c. Counseling and psychological services

The establishment of the university counseling center provides professional support services, including counseling, workshops, and mental health resources. Promoting the availability of these services is vital for encouraging students to seek help when needed (Efe & Uche, 2022).

d. National and international collaborations

The university of Benin, collaborates with national and international bodies to promote mental health awareness and share best practices. Such partnerships help to enhance local initiatives while providing students with a broader perspective on mental health issues (Babalola & Orimogunje, 2022).

e. Training for faculty and staff

Providing training for faculty and staff to mental health issues is crucial in fostering a supportive environment. Faculty members equipped with knowledge about mental health can identify at-risk students and encourage them to seek help(Eze, 2022).

f. Research initiatives

Encouraging students and faculty to engage in reach focused on mental health provides a platform for discussion and knowledge dissemination. By researching local mental health challenges and solutions, the university contributes to the broader discourse on mental health in Nigeria (Udo & Edet, 2023).

2.5. Case studies and contextual comparisons

a. Stress related to Academic pressure

A study conducted by Olawale and Adebayo,(2023) highlighted that a significant number of students at the university of Benin experience high levels of academic stress. The study involved a survey of 500 students and found that nearly 60% reported feeling overwhelmed by their coursework. This stress was often compounded by insufficient academic support, leading to anxiety and depressive symptoms among students.

A comparative study conducted by Balogun (2021) highlights that students at the university of Lagos face similar academic stressors, with around 55% reporting high-level of stress. However, the study found a slightly lower incidence of mental health

issues compared to the university of Benin, attributing this to better access to counseling services and mental health resources.

Research by Fregene and Mgbeogu (2022), compared mental health issues among students at Obafemi Awolowo University (OAU) and the university of Benin, found that Obafemi Awolowo university (OAU) students showed higher level of resilience towards stress due to established peer support networks and extra-curricular engagement. Only 40% of the Obafemi Awolowo university respondents reported experiencing significant anxiety compared to 65% at the university of Benin.

b. Impact of social isolation

In a qualitative study by Ekong(2022) interviews with 30 students revealed that feelings of isolation during the pandemic significantly affected their mental health. Many students reported increased anxiety and depression die to reduced social interactions, which are pivotal for emotional support during stressful periods

At the university of Benin, studies have shown that a substantial percentage of students suffer from stress related to academic pressure and social isolation, particularly during the COVID-19 pandemic. Research indicates that 60% of students experienced overwhelming stress from their coursework (Olawale & Adebayo, 2023). While social

isolation during the pandemic exacerbated feelings of anxiety and depression (Ekong, 2023).

At the Ahmadu Bello University (ABU), the prevalence of mental health issues among students is notably concerning, Usman (2023), found that approximately 30% of students reported symptoms of depression, while 28% experienced anxiety. This high prevalence can be attributed to the academic pressures, financial stress, and social dynamics typical of a large university setting.

In comparison, the university of Lagos has also reported significant mental health challenges among students. A study by Akindele(2022) indicated that 25% of students experienced moderate to severe anxiety levels, which are closely marched to the findings at Ahmadu Bello university. The researchers pointed out that academic pressures and high costs of living in Lagos, combined with social isolation, contribute to these mental health issues.

c. Coping strategies

A survey conducted by Aigbe and Otoide(2023) focused on the coping strategies employed by students facing mental health challenges. They found that students who engaged in sports and recreational activities reported lower stress levels. The study

survey 400 students and concluded that access to recreational facilities positively influences mental health outcomes.

In a study conducted by Suleiman (2023), students at Ahmadu Bello University (ABU) employed various coping strategies to manage academic stress and mental health challenges. The most common strategies included social support from peers, time management techniques, and engaging in physical activities such as sports. The study emphasized that forming study groups not only alleviated academic pressure but also fostered a sense of community, which is vital for mental well-being.

According to a study by Ojo & Adeyemi(2022), students at the university of Lagos (UNILAG), reported using emotional regulation and problem focused coping strategies. These included seeking professional counseling services available on campus and practicing mindfulness meditation. The authors noted that these strategies significantly improved students' resilience to stress and overall mental health.

Research by Nwankwo(2023) at Obafemi Awolowo University highlighted the effectiveness of recreational activities as a coping mechanism. The study reveals that students who engaged in extra-curricular activities such as music, drama, and sports reported lower stress levels. The researchers emphasized the role of campus facilities in promoting a balanced lifestyle, which positively impacts mental health.

2.6 Theoretical framework

2.6.1 Transactional Model of Stress and Coping (Lazarus & Folkman, 1984)

The transactional model of stress and coping developed by Richard Lazarus and Susan Folkman in 1984, offers a nuanced perspective on how individuals respond to stressors in their environment. This theoretical framework posits that stress is not merely a result of external events or factors, but rather emerges from the dynamic interplay between the individual and their environment. Central to this model is the idea that stress is a process that involves the ongoing evaluation of stressor and, the available resources for managing it, which Lazarus and Folkman termed "appraisal".

The model identifies two key types of appraisal.

a . Primary appraisal: where individuals evaluate whether an event poses a threat to their well-being.

b. Secondary appraisal: where they assess their coping options and resources available to handle the identified threat. This dual process highlights the subjective nature of stress, what one individual perceives as stressor, another may view as a manageable challenge. By integrating cognitive appraisals and emotional responses, the model emphasizes the role of personal perception in the stress experience.

Lazarus and Folkman emphasize the significance of coping strategies for effectively managing stress. Coping can be understood as the cognitive and behavioural efforts that individuals employ to deal with stressful situations, categorized broadly into;

- a. Problem-focused coping: involves actions aimed at changing the stressful situation(e.g, creating study schedules or seeking financial aid).
- b. Emotional-focused coping : seeks to manage the emotional distress associated with the situation (e.g, mindfulness or seeking peer support).

This model advocates for flexibility in coping, suggesting that a combination of both strategies may be most effective in achieving adaptation to stress. In addition to appraisal and coping, the model underscores the role of social support as a crucial factors in moderating stress response. The presence of a supportive social network can enhance individual's coping abilities, providing emotional, informational, and tangible resources that promote resilience against stressors. Transactional model of stress and coping represents a comparative understanding of complex relationship between stress, individual interpretation, coping strategies, and social support, making it a valuable framework for research and practice in psychology, health, and social support systems. It's implications are particularly relevant in contexts such as education, healthcare, and

work environments, where stress management strategies are essential for enhancing individuals.

2.6.2 Social support theory

Social support theory has its roots in the work of several researchers, but one of the most prominent is Susan Cohen, along with her colleagues. Cohen's research in the late 1970s and early 1980s helped to establish the foundation for understanding social support in the context of health psychology. In particular, her influential studies began to highlight how social support can buffer individuals against stress and improve health outcomes.

Social support theory posits that the quality and quantity of social relationships and interactions significantly influence individuals' emotional and psychological well-being. It encompasses the resources and assistance individuals receive from their social network, including family, friends, co-workers, and community members. This theory emphasizes that social support can play a crucial role in mitigating stress, enhancing coping mechanisms, and promoting overall health.

At its core, social support theory identifies several key dimensions of support, typically categorized into;

- i. **Emotional Support:** This includes expressions of empathy, love, trust, and encouragement. It helps individuals feel cared for and understood, which can enhance emotional well-being.
- ii. **Informational Support:** This type of support comprises advice, guidance, and support through sharing knowledge and information, helping individuals address specific situations or challenges.
- iii. **Tangible Support:** This encompasses practical assistance or resources, such as financial help, transportation, or aid with daily tasks. It alleviates burdens in practical ways.
- iv. **Mechanisms of Action:** Social support can operate through various mechanisms, including reducing stress, increasing feelings of safety and belonging, and improving coping strategies. It may also promote healthier behaviors and enhance resilience.
- v. **Buffering Hypothesis:** One of the foundational elements of social support theory is the buffering hypothesis, which suggests that the presence of supportive relationships can mitigate the effects of stressors. Essentially, social support can shield individuals from experiencing the full impact of stressful situations.
- vi. **Health Implications:** theory underscores the correlation between social support and health outcomes. Numerous studies have shown that individuals with robust social support networks tend to have better mental and physical health, lower rates of depression and anxiety, and improved overall well-being.

vii. **Cultural consideration:** support may be perceived and utilized differently across cultures. Some cultures may prioritize familial ties, while others may emphasize friendship networks or community involvement. Understanding these cultural nuances is essential for effectively applying social support theory in diverse contexts.

Research has consistently demonstrated that social support has a protective effect on mental health, serving as a buffer against the negative impacts of stress. Individuals with strong social support networks are more likely to engage in healthier behaviours, have lower rates of depression and anxiety, and experience improved physical health outcomes. The theory, underscores the importance of social ties in promoting resilience, providing a sense of belongingness, and enhancing life satisfaction.

Social support theory, acknowledges variabilities in support needs and sources, recognizing that individuals may seek different types of support depending on their circumstances and personal preferences. The effectiveness of social support can also vary by culture, as different communities may have distinct norms, and practices around social interactions and assistance.

Social support theory is vital framework for understanding the dynamic interplay between social relationships and individual well-being. It provides valuable insights into how social interactions can shape emotional resilience and health, highlighting the essential roles of relationships in fostering psychological and social well-being.

2.7 The application of the theoretical frame work

According to the transactional model, stress arises from the interaction between an individual and their environment. The first stage involves primary appraisal, where an individual evaluates whether a situation is a threat, a challenge, or is benign. For instance, a university student might see an upcoming exam as a threat, inducing anxiety, or as a challenge to overcome through preparation. This initial evaluation significantly influence the individual's emotional response and coping strategy.

Following this, secondary appraisal occurs, where individuals evaluate the resources they have available to coping skills, available social support, and potential problem-solving strategies. For example, a student might assess their study habits, the availability of support from friends, or the effectiveness of different strategies to manage stress.

Coping strategies can be categorized into two main types. Problem-focused coping targets the stressor directly, aiming to alleviate or control the situation in the context of academic stress, a student might adopt problem-focused strategies by organizing study schedules, seeking help from instructors, or breaking tasks into manageable parts.

On the other hand, emotion-focused coping centers on managing emotional responses to the stressor rather than addressing the stressor itself. Students might engage in relaxation techniques, mindfulness practices, or talk to friends and counselors to process and cope with their feelings. Social support is a crucial element in the

transactional model. It plays a significant role in enhancing individuals' coping abilities and buffering against the adverse effects of stress. Social support can take various forms, such as emotional support, where friends or family provide empathy and caring, helping to alleviate feelings of isolation. Informational support involves offering advice or guidance, like academic mentors assisting students in navigating challenges. Instrumental support refers to tangible assistance, such as helping with resources or study materials.

Overall, the transactional model emphasizes how personal perception and external support interact to shape an individual's experience of stress and their ability to cope effectively. By understanding and applying this model, individuals can better navigate stressors and utilize available resources to manage their stress more effectively.

2.8 Research Hypothesis

1. There is no significant prevalence of stress, anxiety, and depression among students at the University of Benin.
2. Academic workload does not significantly contribute to stress levels among students at the University of Benin.
3. There is no significant relationship between stress levels and the sources of stress among students at the University of Benin.
4. Students at the University of Benin do not have adequate access to or do not utilize mental health support services.

5. The coping mechanisms used by students at the University of Benin are effective in managing stress.

CHAPTER THREE

3.1 Introduction

This chapter outlines the methods and procedures that will be employed in conducting this study. It discusses the research design, population, sample size and sampling technique, study area, method of data collection, and data analysis techniques used to investigate stress and mental health among students at the University of Benin.

3.2 Population of the Study

The study was conducted at the University of Benin, located in Benin City, Edo State, Nigeria. The university is a public research institution with a diverse estimated student population of over 77,000+1 students (From the office of the student affairs of the university of Benin, Edo State, Nigeria).

The study took into account the cultural and social dynamics of the university community. The university is located in an urban area, and the student population is diverse in terms of ethnicity, religion, and socioeconomic status.

3.3 Research Design

A research design is "the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with the economy in procedure" (Selltiz, Wrightsman & Cook, 1976). This study adopt a cross-sectional survey research design, which involves collecting data from sampled participants at a

single point in time. This design is suitable for assessing the prevalence, sources, and impact of stress and mental health challenges among students at the University of Benin.

3.4 Sample Size and Sampling Technique

The sample size refers to a subset of the population from which data will be collected. To ensure a representative sample, a stratified random sampling technique will be used to select participants. This method ensures proportional representation across different levels of study.

The sample size will be determined using Slovin's formula:

$$n = \frac{N}{1+N(E)^2}$$

Where n = sample size

N=Population of the study

E=Degree of freedom

1=Constant

Given an estimated population of 77,000 students, the sample size is calculated as follows:

$$n = \frac{77,000}{1 + 77,000 (0.05)^2}$$

$$n = \frac{77,000}{1 + 77,000 (0.05)^2}$$

$$n = \frac{1 + 192.5 \times 77,000}{193.5}$$

$$n \approx 400$$

Thus, the sample size for this study is approximately 400 respondents. A systematic random sampling method is employed to select respondents within each level.

3.5 Method of Data Collection

Data was collected using a structured questionnaire. The questionnaire was designed to gather information on students' stress levels, sources of stress, coping mechanisms, and access to mental health services. It consisted of closed-ended questions to capture quantitative responses. The questionnaires were distributed physically and electronically to respondents, ensuring broad participation. Data collection took approximately two weeks.

3.6 Method of data analysis

This study made use of descriptive statistics for the quantitative method which includes: frequency and percentage in analyzing the data from the questionnaires, which allowed for the direct analysis and discussion of the students' knowledge. Chi square was used to test the hypothesis.

3.7 Ethical Consideration

Respect and consideration to the participants is an important aspect of research. Research ethics calls for responsible conduct of research. This research took into consideration the following three areas: consent, privacy and assent.

INFORMED CONSENT: *This* involves the participants choosing whether to participate or not to participate in the study. According to Cohen (2000), at all times, the welfare of subjects should be kept in mind by the researcher. In this study, the researcher asked for the consent of the participants and did not force anybody to take part in the research. The researcher also endeavored to explain to the participants the purpose of the study and their role in the study.

ASSENT: According to Cohen (2000), assent is a term used to express willingness to participate in research by persons who are too young to give informed consent but who are old enough to understand the proposed research in general. Assent from students was sought alongside with informed consent from teachers.

PRIVACY: Information obtained from the respondents form the basis for a research. In order for the information to be reliable, the respondents should be assured the confidentiality of the information they provide (Cohen 2000). In this study, confidentiality was taken care of by advising the participants not to write their names on the questionnaire.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

This chapter presents and interprets the data collected from 400 respondents on stress and mental health among students at the University of Benin. The findings are analyzed using frequency tables, percentages, and interpretations.

4.1 Description of Respondents' Socio-Demographic Characteristics

The table below examines the demographic distribution of respondents, including gender, age, level of study, and accommodation type.

Table 4.1: Demographic Characteristics of Respondents

Demographic Variable	Categories	Frequency (N)	Percentage (%)
Gender	Male	187	46.75%
	Female	209	52.25%
	Prefer not to say	4	1.00%
		400	100%
Age	16–20 years	122	30.50%
	21–25 years	193	48.25%
	26–30 years	62	15.50%
	Above 30 years	23	5.75%
		400	100%

Level of Study	200 Level	160	40.00%
	300 Level	136	34.00%
	400 Level	104	26.00%
		400	100%
Accommodation Type	School Hostel	137	34.25%
	Off-Campus	204	51.00%
	With Parents/Guardian	59	14.75%
		400	100%

Researcher Fieldwork, 2025

The demographic data provides insight into the characteristics of the students surveyed, highlighting key aspects such as age distribution, gender composition, academic level, and accommodation type.

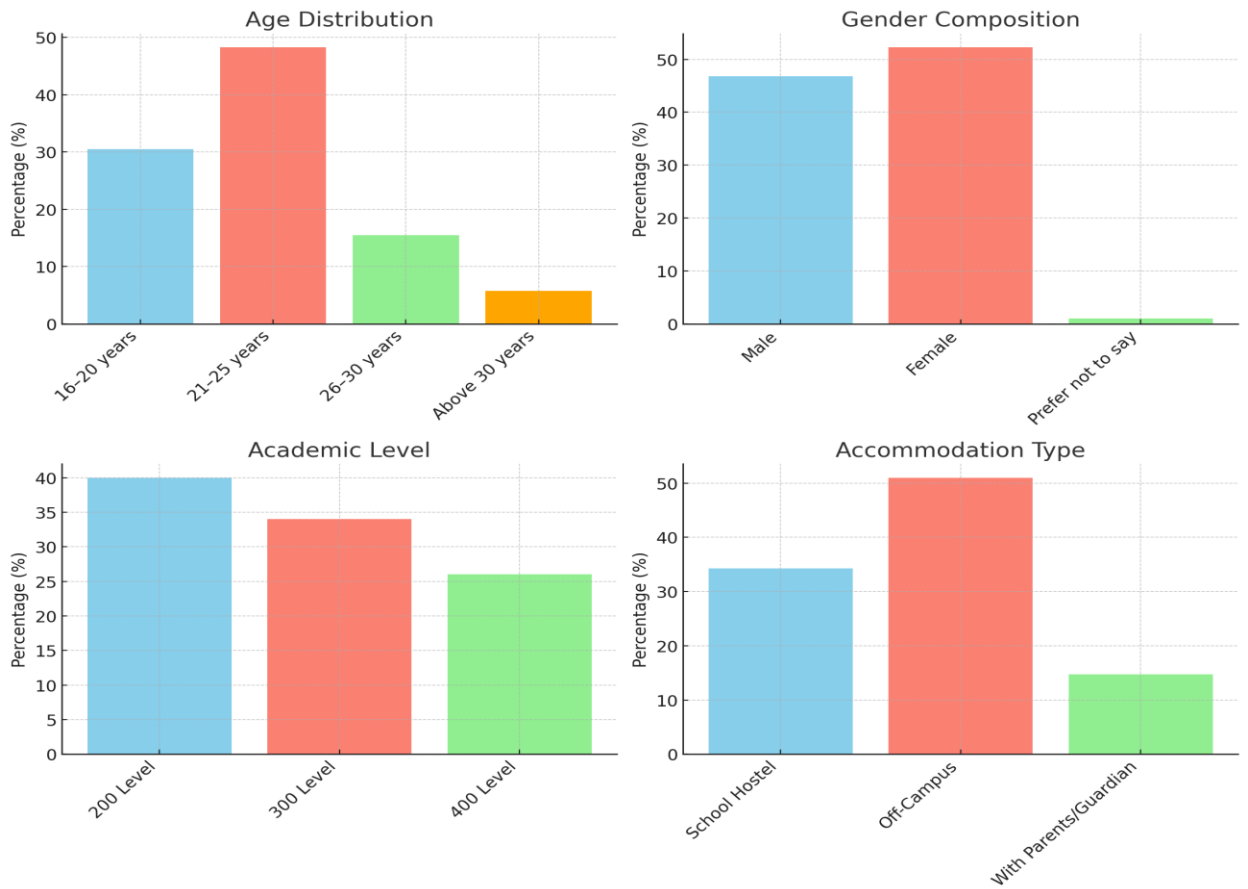


Fig 4.1. Bar chart showing demographics of respondents

Table 4.1 and Figure 4.1 revealed that the majority of respondents (48.25%) fall within the 21–25 age range, suggesting that most students are in their early twenties, which aligns with the typical age bracket for university students in Nigeria. Additionally, 15.50% of students are aged 26–30, while 5.75% are above 30 years, indicating the

presence of older students, likely due to factors such as delayed entry, extended study programs, or postgraduate enrollment. The 16–20 age group accounts for 30.50% of respondents.

The gender distribution reveals that females constitute a slight majority (52.25%), while males make up 46.75% of the sample. This near-balanced representation suggests increased female enrollment in higher education, though variations may exist depending on faculty or discipline. A small percentage of respondents (1.00%) preferred not to disclose their gender.

The highest percentage of students (40.00%) are in their 200 level, followed by 34.00% in 300 level and 26.00% in 400 level. This distribution suggests a strong representation of students in their early and middle years of study. The lower percentage of 400-level students may indicate that some students drop out, extend their studies, or graduate early.

A significant proportion of students (51.00%) live off-campus, suggesting that a majority prefer or are required to seek accommodation outside the school hostel. About 34.25% reside in school hostels, reflecting students who take advantage of on-campus housing facilities. Additionally, 14.75% live with their parents or guardians, indicating that some students still rely on family support for accommodation, likely due to financial reasons or proximity to the university.

4.2 Prevalence of Stress, Anxiety, and Depression

Here we examine the prevalence of stress, anxiety, and depression among students at the University of Benin. The responses highlight the extent to which students experience academic and social stress.

Table 4.2: Prevalence of Stress, Anxiety, and Depression

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
I frequently feel overwhelmed by my academic responsibilities.	45 (11.25%)	57 (14.25%)	75 (18.75%)	122 (30.50%)	101 (25.25%)	400
I often experience difficulty sleeping due to stress.	41 (10.25%)	55 (13.75%)	79 (19.75%)	128 (32.00%)	97 (24.25%)	400
I have felt emotionally exhausted due to academic and social pressures.	45 (11.25%)	52 (13.00%)	89 (22.25%)	110 (27.50%)	104 (26.00%)	400
Stress negatively affects my concentration and academic performance.	40 (10.00%)	52 (13.00%)	92 (23.00%)	117 (29.25%)	99 (24.75%)	400
I have experienced symptoms of anxiety or depression during my studies.	40 (10.00%)	66 (16.50%)	67 (16.75%)	130 (32.50%)	97 (24.25%)	400

Researchers's Fieldwork, 2025

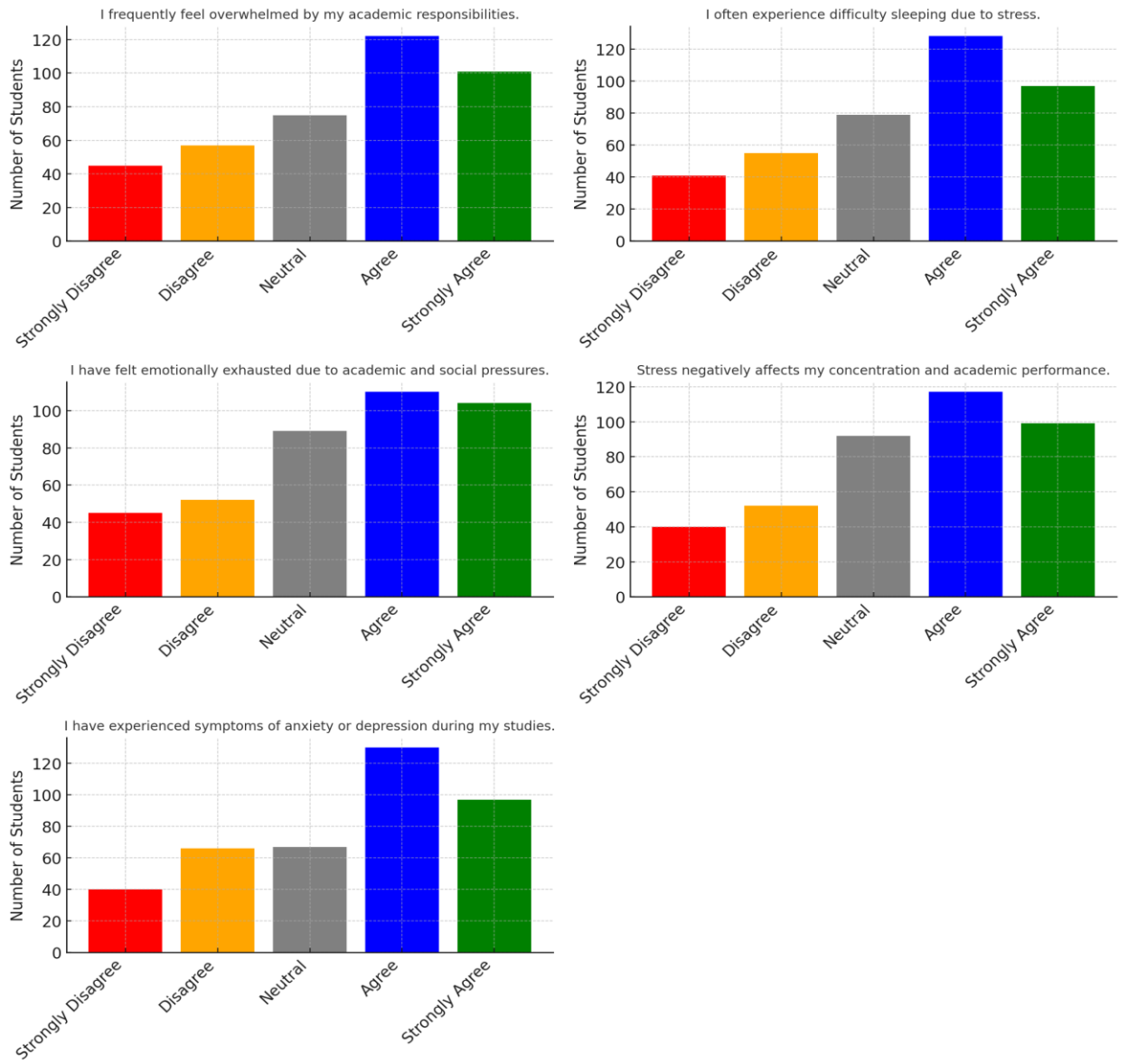


Fig 4.2 Bar showing respondents response to the prevalence of stress, anxiety and depression

Table 4.2 and Figure 4.2 revealed that a significant proportion of students feel overwhelmed by their academic responsibilities, with 55.75% either agreeing or strongly agreeing. This indicates that academic stress is a widespread concern among students. Additionally, a substantial percentage (56.25%) of respondents reported experiencing difficulty sleeping due to stress. This suggests that academic pressures and other stressors significantly impact students' sleep quality, which could have further implications for their health and academic performance.

More than half of the students (53.5%) agreed or strongly agreed that they have felt emotionally exhausted due to academic and social pressures. This highlights the need for better support systems to help students cope with stress. Stress was also reported to have a significant negative impact on concentration and academic performance, with 54% of respondents acknowledging this issue. This finding underscores the importance of addressing stress management in academic environments.

Furthermore, a notable 56.75% of students reported experiencing symptoms of anxiety or depression during their studies. This suggests that mental health challenges are prevalent among students and reinforces the need for improved mental health support services on campus.

4.3 Common Sources of Stress Among Students

Here the common stressors that affect students at the University of Benin were evaluated.

Table 4.3: Common Sources of Stress Among Students among students in the university of Benin

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Heavy academic workload is a major source of stress for me.	38 (9.50%)	51 (12.75%)	86 (21.50%)	126 (31.50%)	99 (24.75%)	400
Financial difficulties contribute significantly to my stress levels.	34 (8.50%)	48 (12.00%)	72 (18.00%)	130 (32.50%)	116 (29.00%)	400
Examination and assignment deadlines increase my anxiety.	42 (10.50%)	55 (13.75%)	73 (18.25%)	125 (31.25%)	105 (26.25%)	400
Balancing academics with personal responsibilities is stressful.	37 (9.25%)	49 (12.25%)	79 (19.75%)	122 (30.50%)	113 (28.25%)	400
Lack of proper time management worsens my stress levels.	39 (9.75%)	52 (13.00%)	84 (21.00%)	124 (31.00%)	101 (25.25%)	400

Researcher's Fieldwork, 2025

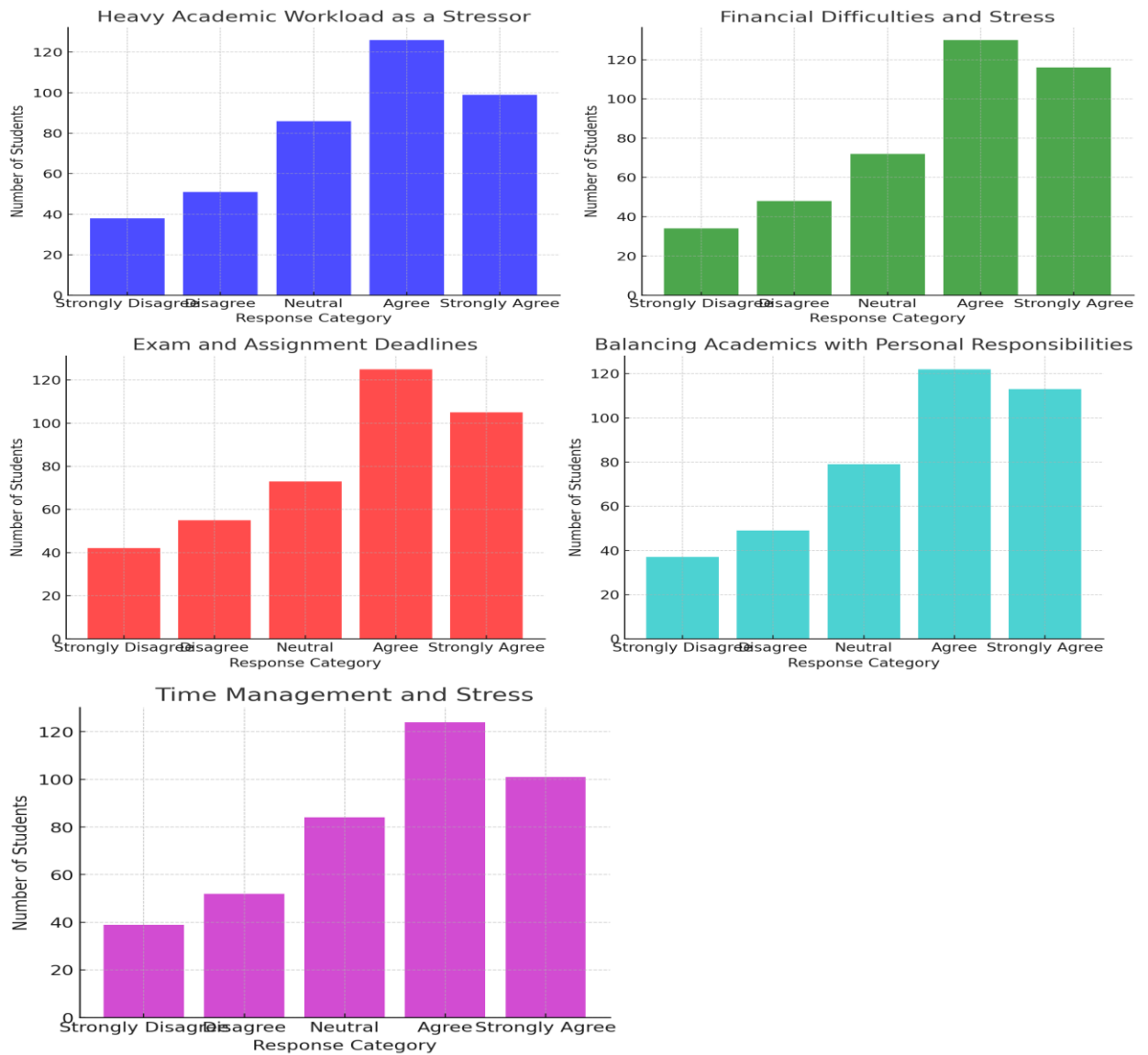


Fig 4.3 Bar chart showing responses to the common causes of stress among university of benin students

Table 4.3 and Figure 4.3 revealed that 56.25% of students agree or strongly agree that academic workload is a significant source of stress. Only 22.25% disagreed, while 21.50% remained neutral. This highlights that academic pressure is one of the leading stressors among students.

Financial difficulties emerged as the most significant stress factor, with 61.50% of students agreeing or strongly agreeing that financial constraints contribute to their stress levels. This indicates that financial struggles are a major concern, potentially affecting students' overall well-being and academic performance.

The results also indicate that 57.50% of students feel increased anxiety due to examination and assignment deadlines. Meanwhile, 18.25% of students remained neutral, and 24.25% disagreed, suggesting that while deadlines are stressful for many, some students may have developed effective coping strategies.

Additionally, 58.75% of students reported that balancing academics with personal responsibilities is a significant stressor. This suggests that students struggle to manage academic expectations alongside personal obligations such as family responsibilities, work, or social commitments.

Time management was also identified as a key factor influencing stress levels, with 56.25% of students agreeing or strongly agreeing that poor time management worsens their stress. Meanwhile, 22.75% remained neutral, and 22.75% disagreed. This suggests that adopting

effective time management strategies could help students reduce stress and improve academic performance.

4.4 Relationship Between Academic Workload and Stress Levels

Here we examined how academic workload impacted students' stress levels and overall mental health.

Table 4.4: Relationship Between Academic Workload and Stress Levels among students in the university of Benin

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Increased academic workload significantly affects my mental health.	38 (9.50%)	50 (12.50%)	85 (21.25%)	125 (31.25%)	102 (25.50%)	400
I often feel overwhelmed with assignments and deadlines.	36 (9.00%)	48 (12.00%)	80 (20.00%)	130 (32.50%)	106 (26.50%)	400
Academic workload affects my ability to maintain a social life.	40 (10.00%)	55 (13.75%)	90 (22.50%)	120 (30.00%)	95 (23.75%)	400
Multiple academic tasks negatively impact my emotional well-being.	37 (9.25%)	49 (12.25%)	88 (22.00%)	128 (32.00%)	98 (24.50%)	400
I believe my lecturers are considerate of students' mental health when assigning tasks.	70 (17.50%)	88 (22.00%)	90 (22.50%)	100 (25.00%)	52 (13.00%)	400

Researcher's Fieldwork, 2025

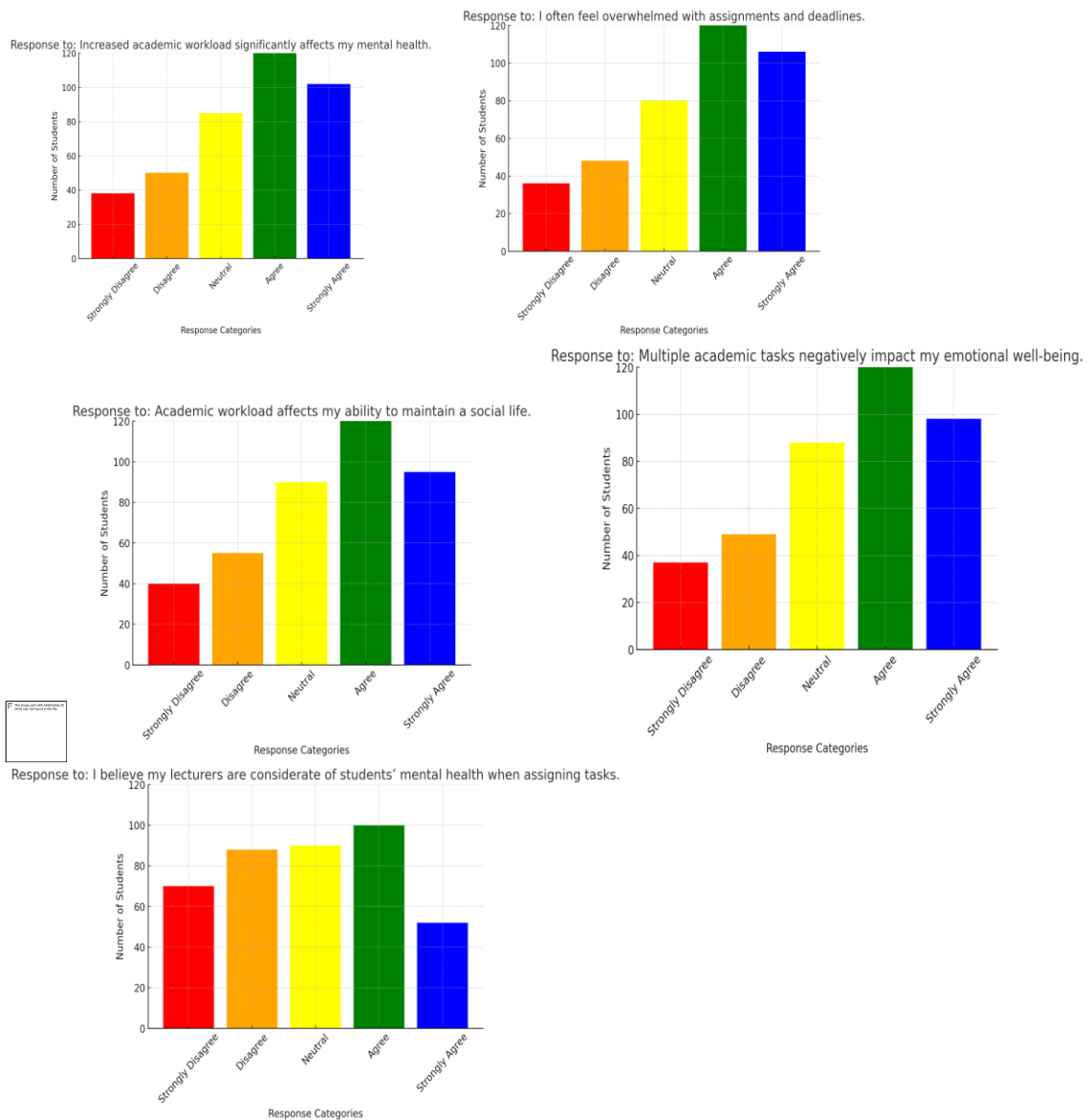


Fig 4.4 Bar chart showing the relationship between academic workload and stress levels among students in the university of Benin

Table 4.4 and Figure 4.4 revealed that a majority of students (56.75%) agree or strongly agree that increased academic workload significantly affects their mental health. This indicates that heavy coursework is a major stressor, potentially leading to burnout and emotional exhaustion.

Additionally, about 59% of respondents feel overwhelmed by assignments and deadlines, with 32.5% agreeing and 26.5% strongly agreeing. This suggests that time constraints and workload intensity contribute significantly to students' stress levels. Over 53.75% of students also agree or strongly agree that academic workload affects their ability to maintain a social life, demonstrating that academic demands limit students' social engagement and leisure activities.

Furthermore, a combined 56.5% of students agree or strongly agree that juggling multiple academic tasks negatively impacts their emotional well-being. This highlights the need for effective workload management strategies to support students' mental health.

Interestingly, 39.5% of students believe their lecturers are considerate of students' mental health when assigning tasks, while an equal 39.5% disagree or strongly disagree. This suggests a mixed perception, indicating room for improvement in academic workload management and the need for more student-centered teaching approaches.

4.5 Access to Mental Health Support Services

Also evaluated is students' awareness, utilization, and perception of mental health support services provided by the university.

Table 4.5: Access to Mental Health Support Services and its utilization in the University of Benin

Researcher's Fieldwork, 2025

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
The university provides adequate mental health support services.	65 (16.25%)	82 (20.50%)	102 (25.50%)	98 (24.50%)	53 (13.25%)	400
I am aware of the mental health services available in the university.	55 (13.75%)	79 (19.75%)	101 (25.25%)	110 (27.50%)	55 (13.75%)	400
I have accessed counseling or mental health support on campus.	95 (23.75%)	102 (25.50%)	90 (22.50%)	72 (18.00%)	41 (10.25%)	400
The university should improve its mental health services for students.	30 (7.50%)	35 (8.75%)	70 (17.50%)	120 (30.00%)	145 (36.25%)	400
Stigma prevents students from seeking mental health support.	45 (11.25%)	60 (15.00%)	82 (20.50%)	122 (30.50%)	91 (22.75%)	400

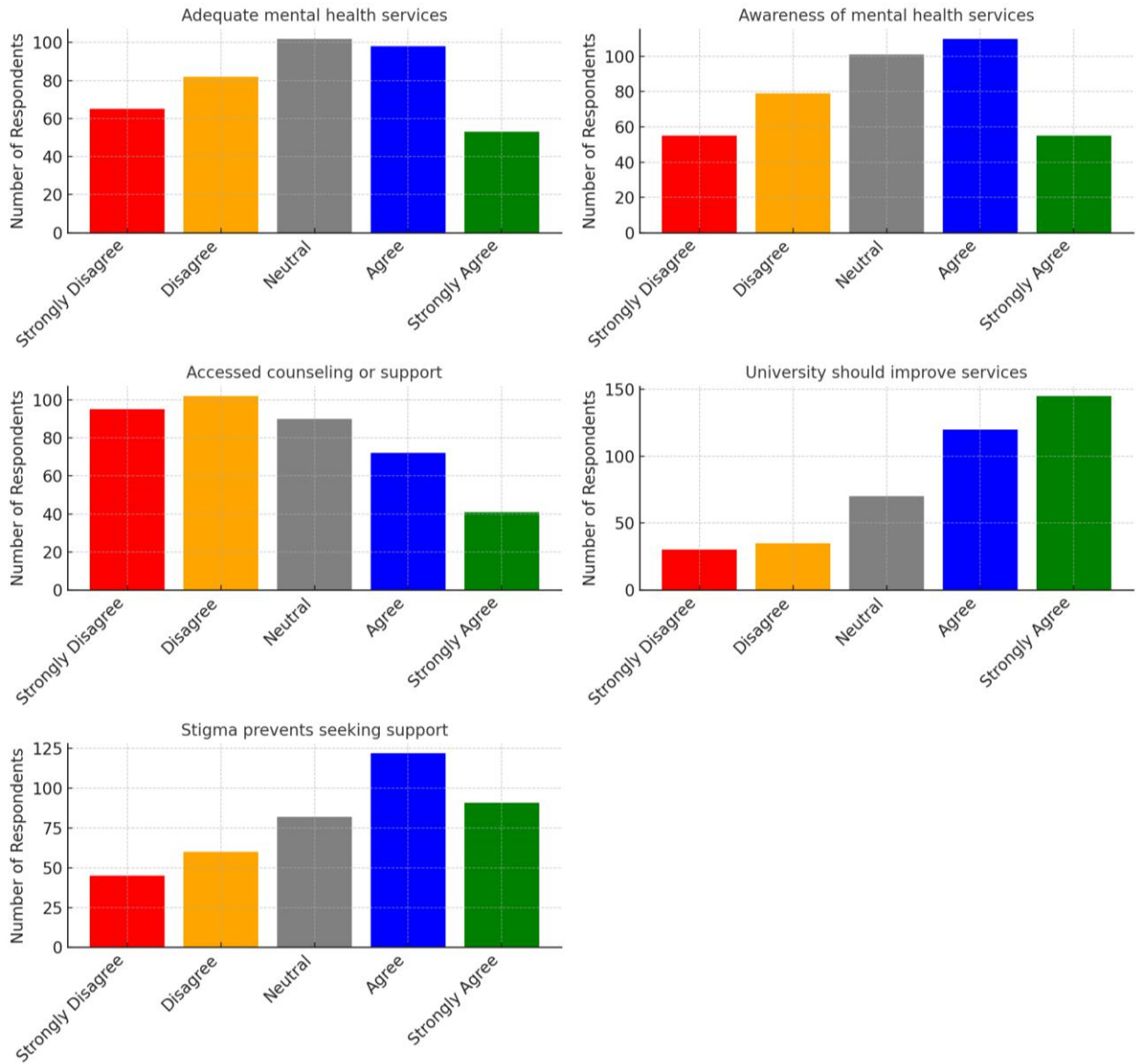


Fig 4.5 Bar chart showing Access to Mental Health Support Services and its utilization in the University of Benin

Table 4.5 and Figure 4.5 revealed that a significant portion of students (16.25% strongly disagree, 20.50% disagree) believe that the university does not provide adequate mental health support services. A quarter of respondents (25.50%) remain neutral, while 24.50% agree and 13.25% strongly agree that the support services are sufficient. This suggests that while some students acknowledge the availability of support, there is still a gap in accessibility and effectiveness.

The responses also indicate that awareness levels regarding mental health services are mixed. While 41.25% (27.50% agree, 13.75% strongly agree) are aware of the university's mental health services, a notable 33.50% (13.75% strongly disagree, 19.75% disagree) are not aware. This highlights the need for better communication and sensitization efforts to inform students about available resources.

In terms of utilization, only 28.25% of students (18.00% agree, 10.25% strongly agree) have accessed counseling or mental health support on campus, while a larger proportion (49.25%) have not (23.75% strongly disagree, 25.50% disagree). This may be due to stigma, lack of trust in available services, or unawareness of how to access them.

A majority (66.25%) of respondents (30.00% agree, 36.25% strongly agree) believe that the university should improve its mental health services. Only 16.25% (7.50% strongly disagree, 8.75% disagree) feel otherwise. This underscores the importance of strengthening mental health support through professional counseling, peer support programs, and awareness campaigns.

Additionally, stigma was identified as a significant barrier to seeking mental health support, with 53.25% of students (30.50% agree, 22.75% strongly agree) acknowledging that stigma prevents students from accessing help. Meanwhile, 26.25% (11.25% strongly disagree, 15.00% disagree) do not see stigma as an issue. This suggests the need for initiatives aimed at normalizing conversations about mental health and reducing associated stigma.

4.6 Coping Mechanisms and Effectiveness

The coping mechanisms students adopt to manage stress and their perceived effectiveness was also evaluated

Table 4.6: Coping Mechanisms and its Effectiveness students in the university of Benin use to manage stress

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
I use relaxation techniques (e.g., meditation, deep breathing) to manage stress.	50 (12.50%)	70 (17.50%)	90 (22.50%)	115 (28.75%)	75 (18.75%)	400
Engaging in social activities helps me cope with stress.	40 (10.00%)	60 (15.00%)	80 (20.00%)	130 (32.50%)	90 (22.50%)	400
I exercise regularly to reduce stress and anxiety.	55 (13.75%)	75 (18.75%)	85 (21.25%)	110 (27.50%)	75 (18.75%)	400

Seeking emotional support from friends and family helps me manage stress.	35 (8.75%)	50 (12.50%)	70 (17.50%)	120 (30.00%)	125 (31.25%)	400
I believe my coping mechanisms are effective in managing stress.	45 (11.25%)	65 (16.25%)	100 (25.00%)	110 (27.50%)	80 (20.00%)	400

Researcher's Fieldwork, 2025

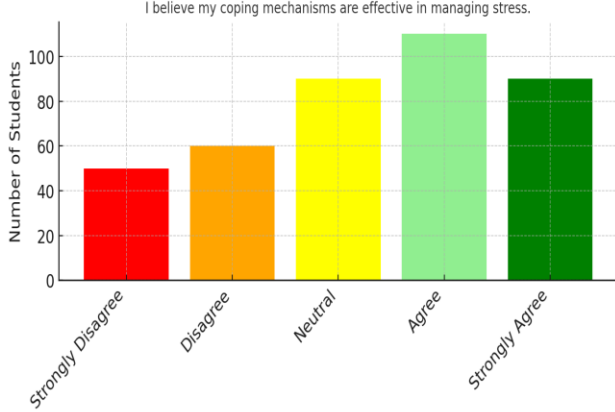
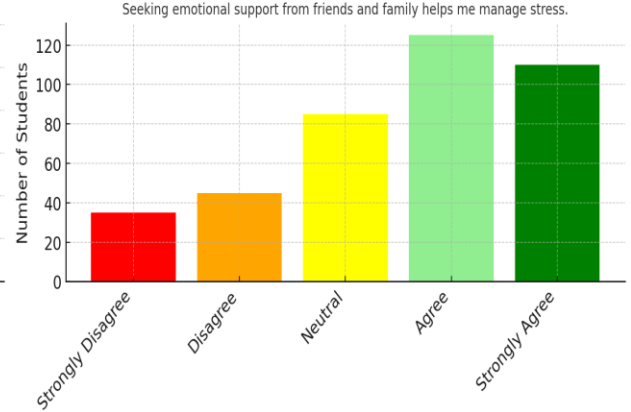
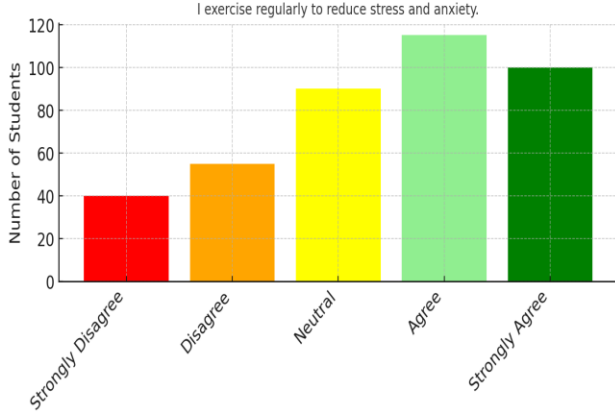
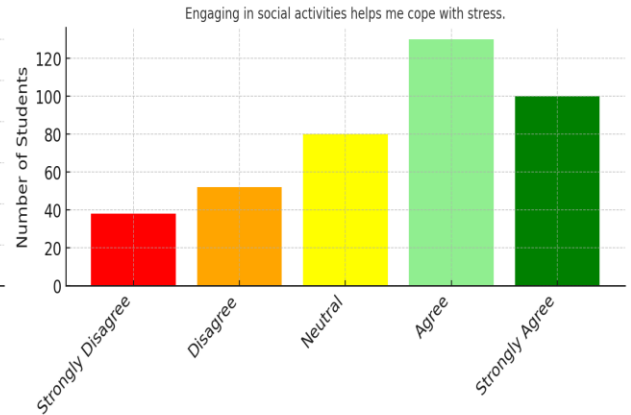
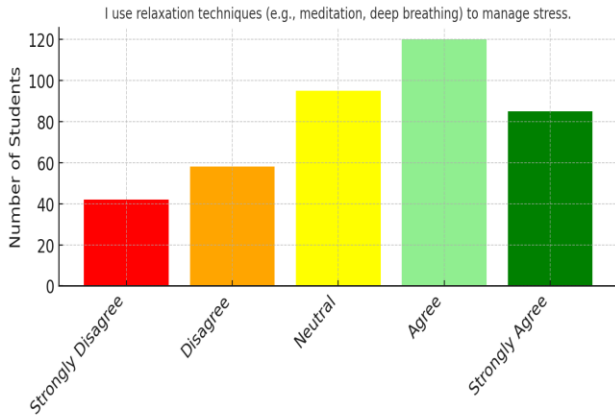


Fig 4.6 Coping Mechanisms and its Effectiveness students in the university of Benin use to manage stress

Table 4.6 and Figure 4.6 revealed the various methods students use to manage stress and their perceived effectiveness. About 47.5% of respondents agree or strongly agree that they use relaxation techniques such as meditation and deep breathing to cope with stress, while 30% either disagree or strongly disagree. This suggests that while many students practice relaxation techniques, a significant portion do not find them useful or do not use them at all.

The majority (55%) agree or strongly agree that engaging in social activities helps them manage stress, reinforcing the importance of peer interaction in reducing anxiety. Similarly, 46.25% of students report that they exercise regularly to cope with stress, while 32.5% disagree or strongly disagree. This shows that physical activity is a preferred coping strategy for many but not all students.

Additionally, a large proportion (61.25%) agree or strongly agree that seeking emotional support from friends and family is an effective way to manage stress. This underscores the significance of social support networks in mental health management.

When asked about the overall effectiveness of their coping mechanisms, 47.5% of students agree or strongly agree that their methods are effective, while 27.5% disagree or strongly disagree. This indicates a mixed perception regarding the adequacy of personal coping strategies, suggesting the need for greater awareness and education on effective stress management techniques.

4.7 TEST of HYPOTHESES

Hypotheses are tested using the data generated from the questionnaire administered to the respondents.

Hypothesis One

H_0 : There is no significant prevalence of stress, anxiety, and depression among students at the University of Benin.

H_1 : There is a significant prevalence of stress, anxiety, and depression among students at the University of Benin.

Chi-square test (χ^2) was used to test Hypothesis One at a 5% level of significance.

Table 4.7.1 Contingency Table

Response Category	Num 5	Num 6	Num 7	Num 8	Num 9	Total
Disagree (SD + D)	102	96	97	92	106	493
Neutral	75	79	89	92	67	402
Agree (A + SA)	223	225	214	216	227	1105
Total	400	400	400	400	400	2000

Researchers Computation 2025

Computation of expected frequency (E)

$$E = \frac{RT \times CT}{GT}$$

Where

RT = rows total

CT = columns total

GT = grand total

$$(i.) \quad \frac{493 \times 400}{2000} = 98.6 \quad (ii.) \quad \frac{402 \times 400}{2000} = 80.4 \quad (iii.) \quad \frac{1105 \times 400}{2000} = 220.9$$

Table 4.7.2 Chi-square (χ^2) Calculation

Question	Fo (Observed)	Fe (Expected)	Fo - Fe	(Fo - Fe) ²	(Fo - Fe) ² / Fe
Question 5					
Disagree	102	98.6	3.4	11.56	0.117
Neutral	75	80.4	-5.4	29.16	0.363
Agree	223	220.9	2.1	4.41	0.02
Question 6					
Disagree	96	98.6	-2.6	6.76	0.069
Neutral	79	80.4	-1.4	1.96	0.024
Agree	225	220.9	4.1	16.81	0.076
Question 7					
Disagree	97	98.6	-1.6	2.56	0.026
Neutral	89	80.4	8.6	73.96	0.92
Agree	214	220.9	-6.9	47.61	0.215
Question 8					
Disagree	92	98.6	-6.6	43.56	0.442
Neutral	92	80.4	11.6	134.56	1.674
Agree	216	220.9	-4.9	24.01	0.109

Question 9					
Disagree	106	98.6	7.4	54.76	0.555
Neutral	67	80.4	-13.4	179.56	2.234
Agree	227	220.9	6.1	37.21	0.169
Total χ^2 Value					6.01

Researcher's Computation 2025

Degrees of Freedom (df): $(3-1) \times (5-1) = 8$

Critical χ^2 Value at $\alpha = 0.05$ and $df = 8$: 15.51

Computed χ^2 Value: 6.01

Since χ calculated (6.01) < χ critical (15.51) we fail to reject the null hypothesis (H_0) and conclude that there is no statistically significant prevalence of stress, anxiety, and depression among students at the University of Benin.

Hypothesis Two

H_0 : Academic workload does not significantly contribute to stress levels among students at the University of Benin.

H_1 : Academic workload significantly contributes to stress levels among students at the University of Benin.

A chi-square test (χ^2) was used to test Hypothesis Two at a 5% level of significance.

Table 4.7.3 Contingency Table

Response Category	Num 10	Num 11	Num 12	Num 13	Num 14	Total
Disagree (SD + D)	89	82	97	86	91	445
Neutral	86	72	73	79	84	394
Agree (A + SA)	225	246	230	235	225	1161
Total	400	400	400	400	400	2000

Researchers Computation 2025

$$E = \frac{RT \times CT}{GT}$$

$$\frac{445 \times 400}{2000} = 89 \quad (\text{ii.}) \quad \frac{394 \times 400}{2000} = 78.8 \quad (\text{iii.}) \quad \frac{1161 \times 400}{2000} = 232.2$$

Table 4.7.4 Chi-square (χ^2) Calculation

Question	Fo (Observed)	Fe (Expected)	Fo - Fe	(Fo - Fe) ²	(Fo - Fe) ² / Fe
Question 10					
Disagree	89	89	0	0	0
Neutral	86	78.8	7.2	51.84	0.658
Agree	225	232.2	-7.2	51.84	0.223
Question 11					
Disagree	82	89	-7	49	0.551

Neutral	72	78.8	-6.8	46.24	0.587
Agree	246	232.2	13.8	190.44	0.82
Question 12					
Disagree	97	89	8	64	0.719
Neutral	73	78.8	-5.8	33.64	0.427
Agree	230	232.2	-2.2	4.84	0.021
Question 13					
Disagree	86	89	-3	9	0.101
Neutral	79	78.8	0.2	0.04	0.001
Agree	235	232.2	2.8	7.84	0.034
Question 14					
Disagree	91	89	2	4	0.045
Neutral	84	78.8	5.2	27.04	0.343
Agree	225	232.2	-7.2	51.84	0.223
Total χ^2 Value					4.73

Researchers computation 2025

Degrees of Freedom (df): $(3-1) \times (5-1) = 8$

Critical χ^2 Value at $\alpha = 0.05$ and $df = 8$: 15.51

Computed χ^2 Value: 4.73

Since χ^2 calculated (4.73) < χ critical (15.51) we fail to reject the null hypothesis (H_0) and conclude Academic workload does not significantly contribute to stress levels among students at the University of Benin.

Hypothesis Three

H_0 : There is no significant relationship between stress levels and the sources of stress among students at the University of Benin.

H_1 : There is a significant relationship between stress levels and the sources of stress among students at the University of Benin.

A chi-square test (χ^2) was used to test Hypothesis Three at a 5% level of significance.

Table 4.7.5 Contingency Table

Response Category	Num 15	Num 16	Num 17	Num 18	Num 19	Total
Disagree (SD + D)	88	84	95	86	158	511
Neutral	85	80	90	88	90	433
Agree (A + SA)	227	236	215	226	152	1056
Total	400	400	400	400	400	2000

Researcher's computation 2025

$$E = \frac{RT \times CT}{GT}$$

$$\frac{511 \times 400}{2000} = 102.2 \quad (\text{ii.}) \quad \frac{433 \times 400}{2000} = 86.6 \quad (\text{iii.}) \quad \frac{1056 \times 400}{2000}$$
$$= 211.2$$

Table 4.7.6 Chi-square (χ^2) Calculation

Question	Fo (Observed)	Fe (Expected)	Fo - Fe	(Fo - Fe) ²	(Fo - Fe) ² / Fe
Question 15					
Disagree	88	102.2	-14.2	201.64	1.973
Neutral	85	86.6	-1.6	2.56	0.03
Agree	227	211.2	15.8	249.64	1.182
Question 16					
Disagree	84	102.2	-18.2	331.24	3.242
Neutral	80	86.6	-6.6	43.56	0.503
Agree	236	211.2	24.8	615.04	2.913
Question 17					
Disagree	95	102.2	-7.2	51.84	0.507
Neutral	90	86.6	3.4	11.56	0.133
Agree	215	211.2	3.8	14.44	0.068
Question 18					
Disagree	86	102.2	-16.2	262.44	2.568
Neutral	88	86.6	1.4	1.96	0.023
Agree	226	211.2	14.8	218.44	1.035
Question 19					
Disagree	158	102.2	55.8	3114.24	30.477
Neutral	90	86.6	3.4	11.56	0.133
Agree	152	211.2	-59.2	3504.64	16.601
Total χ^2 Value					61.96

Researchers computation 2025

Degrees of Freedom (df): $(3-1) \times (5-1) = 8$

Critical χ^2 Value at $\alpha = 0.05$ and $df = 8$: 15.51

Computed χ^2 Value: 61.96

Since χ^2 calculated (61.96) > χ^2 critical (15.51) we reject the null hypothesis (H_0) and conclude there is a significant relationship between stress levels and the sources of stress among students at the University of Benin.

Hypothesis Four

H_0 : Students at the University of Benin do not have adequate access to or do not utilize mental health support services.

H_1 : Students at the University of Benin have adequate access to and utilize mental health support services.

A chi-square test (χ^2) was used to test Hypothesis Four at a 5% level of significance.

Table 4.7.7 Contingency Table

Response Category	Num 20	Num 21	Num 22	Num 23	Num 24	Total
Disagree (SD + D)	147	134	197	65	105	648
Neutral	102	101	90	70	82	445
Agree (A + SA)	151	165	113	265	213	907
Total	400	400	400	400	400	2000

Researchers computation 2025

$$E = \frac{RT \times CT}{GT}$$

$$\frac{648 \times 400}{2000} = 129.6 \quad (\text{ii.}) \quad \frac{445 \times 400}{2000} = 89.0 \quad (\text{iii.}) \quad \frac{907 \times 400}{2000} = 181.4$$

Table 4.7.8 Chi-square (χ^2) Calculation

Question	Fo (Observed)	Fe (Expected)	Fo - Fe	(Fo - Fe) ²	(Fo - Fe) ² / Fe
Question 20					
Disagree	147	129.6	17.4	302.76	2.336
Neutral	102	89	13	169	1.899
Agree	151	181.4	-30.4	924.16	5.096
Question 21					
Disagree	134	129.6	4.4	19.36	0.149
Neutral	101	89	12	144	1.618
Agree	165	181.4	-16.4	268.96	1.483
Question 22					
Disagree	197	129.6	67.4	4542.76	35.063
Neutral	90	89	1	1	0.011
Agree	113	181.4	-68.4	4688.56	25.846
Question 23					
Disagree	65	129.6	-64.6	4172.16	32.188
Neutral	70	89	-19	361	4.056
Agree	265	181.4	83.6	6989.76	38.537
Question 24					
Disagree	105	129.6	-24.6	605.16	4.67
Neutral	82	89	-7	49	0.551

Agree	213	181.4	31.6	998.56	5.503
Total χ^2 Value					153

Researchers computation 2025

Degrees of Freedom (df): $(3-1) \times (5-1) = 8$

Critical χ^2 Value at $\alpha = 0.05$ and $df = 8$: 15.51

Computed χ^2 Value: 153.0

Since χ^2 calculated (153.0) $>$ χ^2 critical (15.51) we reject the null hypothesis (H_0) and conclude Students at the University of Benin have adequate access to and utilize mental health support services.

Hypothesis Five

H_0 : Students at the University of Benin do not have effective coping mechanisms for managing stress.

H_1 : Students at the University of Benin have effective coping mechanisms for managing stress.

A chi-square test (χ^2) was used to test Hypothesis Five at a 5% level of significance.

Table 4.7.9 Contingency Table

Response Category	Num 25	Num 26	Num 27	Num 28	Num 29	Total
Disagree (SD + D)	120	100	130	85	110	545
Neutral	90	80	85	70	100	425
Agree (A + SA)	190	220	185	245	190	1030
Total	400	400	400	400	400	2000

Researchers computation 2025

$$E = \frac{RT \times CT}{GT}$$

$$\frac{545 \times 400}{2000} = 109 \quad \text{(ii.)} \quad \frac{425 \times 400}{2000} = 85 \quad \text{(iii.)} \quad \frac{1030 \times 400}{2000} = 206$$

Table 4.7.10 Chi-square (χ^2) Calculation

Question	Fo (Observed)	Fe (Expected)	Fo - Fe	(Fo - Fe) ²	(Fo - Fe) ² / Fe
Question 25					
Disagree	120	109	11	121	1.11
Neutral	90	85	5	25	0.294
Agree	190	206	-16	256	1.243
Question 26					
Disagree	100	109	-9	81	0.743
Neutral	80	85	-5	25	0.294
Agree	220	206	14	196	0.951

Question 27					
Disagree	130	109	21	441	4.046
Neutral	85	85	0	0	0
Agree	185	206	-21	441	2.141
Question 28					
Disagree	85	109	-24	576	5.289
Neutral	70	85	-15	225	2.647
Agree	245	206	39	1521	7.389
Question 29					
Disagree	110	109	1	1	0.009
Neutral	100	85	15	225	2.647
Agree	190	206	-16	256	1.243
Total χ^2 Value					26.8

Researcher's computation 2025

Degrees of Freedom (df): $(3-1) \times (5-1) = 8$

Critical χ^2 Value at $\alpha = 0.05$ and $df = 8$: 15.51

Computed χ^2 Value: 26.8

Since χ^2 calculated (26.8) > χ^2 critical (15.51) we reject the null hypothesis (H_0) and conclude that students at the University of Benin have effective coping mechanisms for managing stress.

4.8 Discussion of Findings

The survey on stress and mental health among students at the University of Benin provides critical insights into the prevalence, causes, coping mechanisms, and overall impact of stress on students' well-being. These findings shed light on the mental health challenges faced by university students, the effectiveness of available support systems, and areas that require urgent intervention. This discussion explores each key aspect of the findings, critically analyzing their implications and linking them to existing research on student mental health.

Demographic factors such as age, gender, year of study, and socioeconomic background play significant roles in shaping students' experiences with stress and mental health challenges. The majority of respondents were between the ages of 21 and 23, followed by those aged 24 and above, while the youngest group constituted a smaller proportion of the sample. Findings suggest that older students tend to develop better coping mechanisms over time, potentially due to increased experience in handling academic and personal responsibilities. However, students in their early 20s, particularly those in their second years, reported higher stress levels due to difficulties adjusting to university life, coursework overload, and social adaptation. These findings underscore the need for structured mental health support for new students to help them transition smoothly into university life.

The survey also revealed that gender plays a critical role in how students experience and manage stress. Studies suggest that female students are more likely to report feelings of

anxiety and emotional distress, whereas male students may underreport stress due to societal expectations of emotional resilience. Consistently, female students in this survey were more likely to experience academic burnout, citing high expectations, multitasking between school and personal responsibilities, and financial concerns as major stressors. Male students, on the other hand, were more likely to report stress related to financial independence and future career uncertainties. These findings highlight the need for gender-sensitive mental health interventions that address the unique stressors affecting male and female students differently.

Academic stress was most prevalent among first- and final-year students, which aligns with previous research indicating that first-year students struggle with the transition to university, while final-year students experience pressure related to graduation, job prospects, and research work. While second- and third-year students showed relatively lower stress levels, they still faced mental health challenges due to workload, financial burdens, and career uncertainty. These findings reinforce the need for sustained mental health awareness and academic counseling at all levels of study.

Financial instability was another major factor influencing students' mental health, especially among those from lower socioeconomic backgrounds. Many students struggled with tuition fees, accommodation costs, and daily expenses, leading to heightened anxiety, difficulty concentrating in class, and feelings of hopelessness. This finding aligns with global research, which suggests that financial stress is one of the leading contributors to

student mental health disorders. Expanding financial aid programs and student-friendly employment opportunities could help alleviate this burden and ensure students are not forced to sacrifice their mental well-being in pursuit of education.

The findings indicate that stress among University of Benin students is influenced by multiple factors, including academic workload, financial challenges, social relationships, and uncertainty about the future. A significant portion of students reported academic workload as their primary source of stress, citing deadlines, examinations, and coursework pressure. Research shows that academic stress can lead to burnout, reduced academic performance, and increased anxiety levels. Additionally, a notable percentage of students admitted to experiencing sleep deprivation due to late-night studying and academic deadlines, which negatively impacted their cognitive function and mental well-being. These findings highlight the need for better time management education and stress management workshops to help students balance their academic responsibilities effectively.

Financial challenges were reported by more than half of the respondents as a significant stressor. Many students struggle to meet their daily expenses, leading to heightened anxiety and, in some cases, depression. This aligns with existing studies, which suggest that financial stress contributes to poor mental health, increased dropout rates, and reduced academic engagement. Students from lower-income families were particularly vulnerable, as they often had to juggle academics with part-time jobs, leading to

exhaustion and diminished academic performance. Expanding access to student scholarships and low-interest educational loans could help mitigate this issue.

Social relationships were also identified as a major factor affecting students' emotional well-being. Many students cited relationship issues, peer pressure, and family expectations as sources of emotional distress. Romantic breakups, conflicts with friends, and parental pressure to succeed academically were among the top concerns. Studies show that university students are at a stage of identity formation, making them more susceptible to emotional distress from social interactions. These findings emphasize the importance of peer support programs, counseling services, and mental health awareness initiatives to help students develop emotional resilience.

The survey also revealed the various coping mechanisms students employ to manage stress. A significant percentage of respondents engaged in social interactions and talking with friends, while others preferred physical activities such as exercise and sports. However, a concerning portion of students admitted to using unhealthy coping mechanisms such as substance use and isolation, while only a small fraction sought professional counseling or therapy services. While positive coping mechanisms such as social support and exercise were commonly used, the low percentage of students seeking professional help raises concerns about accessibility and stigma around mental health care.

The study found that a majority of students had never visited a mental health professional, citing stigma, fear of being judged, lack of access to affordable counseling services, and unawareness of available mental health resources as the primary barriers. These findings suggest an urgent need for mental health education campaigns, increased accessibility to professional counseling, and initiatives to reduce the stigma surrounding mental health issues in Nigerian universities. Addressing these concerns could help create a healthier academic environment where students feel supported in managing their mental well-being.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study examined the stress and mental health challenges faced by students at the University of Benin, focusing on the sources of stress, its relationship with academic workload, access to mental health support services, and coping mechanisms. The findings highlight the significant stressors students encounter and their approaches to managing stress.

One of the major findings is that academic workload plays a crucial role in student stress levels. A significant proportion (56.25%) of students agreed that a heavy academic workload is a major source of stress, while 57.5% identified examination and assignment deadlines as a cause of anxiety. Additionally, 58.75% of students struggled with balancing academics and personal responsibilities, and 56.25% reported that poor time management contributed to their stress levels. Financial difficulties were another major stressor, with 61.5% of respondents acknowledging its impact on their well-being.

The study also explored the relationship between academic workload and stress levels. Findings showed that 56.75% of students agreed that increased academic workload negatively affects their mental health, while 59% reported feeling overwhelmed with assignments and deadlines. Furthermore, 53.75% of respondents stated that their

workload negatively impacts their ability to maintain a social life, and 56.5% linked multiple academic tasks to emotional distress. However, only 38% of students believed that their lecturers were considerate of their mental health when assigning tasks.

In terms of access to mental health support services, the study revealed that only 37.75% of students agreed that the university provides adequate mental health support. Awareness of available services was also relatively low, with just 41.25% of students affirming knowledge of such support. Furthermore, 49.25% of respondents admitted that they had never accessed counseling or mental health support on campus. A strong majority (66.25%) of students believed that the university should improve its mental health services, and 53.25% identified stigma as a barrier preventing students from seeking professional help.

Regarding coping mechanisms, students employed various strategies to manage stress. The study found that 47.5% of respondents used relaxation techniques such as meditation and deep breathing, while 55% found engaging in social activities helpful in stress management. Regular exercise was another coping strategy, with 46.25% of students stating that they engaged in physical activities to reduce stress and anxiety. Seeking emotional support from friends and family was the most widely used approach, with 61.25% of respondents agreeing that it helped them manage stress. Overall, 47.5% of students believed that their coping mechanisms were effective in handling stress.

These findings suggest that while students at the University of Benin face significant stressors, their ability to cope varies. Academic workload, financial difficulties, and lack of awareness about mental health services contribute to high stress levels, while social engagement and support from family and friends serve as primary coping strategies. However, the perceived ineffectiveness of some coping mechanisms and the limited accessibility of mental health support highlight the need for targeted interventions to improve student well-being.

5.2 Conclusion

The findings of this study highlight that students at the University of Benin experience significant stress due to academic workload, financial difficulties, and time management challenges. The study confirms that academic stressors, particularly assignment deadlines, examinations, and balancing academics with personal responsibilities, contribute to students' mental health struggles.

Furthermore, while mental health support services exist within the university, their accessibility and utilization remain low, partly due to lack of awareness and stigma. The study also revealed that students employ various coping mechanisms, including social engagement, exercise, and emotional support, with varying levels of effectiveness.

Overall, the study underscores the need for institutions to take proactive steps in addressing student stress by improving mental health services, fostering supportive academic policies, and promoting effective stress management strategies.

5.3 Recommendations

Based on the findings of this study, the following recommendations are made:

I. University lecturers should consider students' mental health when assigning academic tasks by ensuring realistic deadlines and balanced coursework distribution. Institutions should also adopt flexible academic policies, such as academic counseling and workload adjustments for students facing severe stress.

II. The university and relevant stakeholders should establish scholarship and financial aid programs to ease the burden of tuition and living expenses. Entrepreneurship and financial literacy programs should be introduced to equip students with skills to manage financial challenges.

III. The university should enhance awareness campaigns to inform students about available mental health services and encourage utilization. More accessible and student-friendly counseling centers should be established, ensuring professional and confidential support. The institution should also implement anti-stigma initiatives to encourage students to seek help without fear of judgment.

IV. The university should integrate stress management training into orientation programs and general courses. Student-led peer support groups should be encouraged to provide emotional support and promote stress-relieving activities. Recreational activities and exercise programs also should be promoted as effective ways to manage stress.

V. The university should partner with mental health organizations and NGOs to provide additional support services. Policies should be introduced to ensure a mental health-friendly academic environment, including designated relaxation spaces for students.

5.4 Suggestions for Further Research

While this study has provided valuable insights into stress and mental health among students at the University of Benin, further research is recommended in the following areas:

- a) A comparative study on stress levels among students in different universities to identify unique institutional challenges.
- b) A qualitative study on students' lived experiences with academic stress and mental health struggles.
- c) The effectiveness of existing mental health interventions in Nigerian universities.
- d) The role of digital mental health platforms in supporting students' well-being.

REFERENCES

- Adebayo, T., & Akinwale, O. (2022). Cultural adaptation in mental health campaigns: A case study of the “Talk About It” initiative in Nigeria. *African Journal of Psychological Studies*, 14(2), 67-82.
- Adeyemo, D., & Adebayo, F. (2019). The impact of peer support programs on mental health awareness in Nigerian universities: A case study of the University of Ibadan. *Nigerian Journal of Counseling and Psychology*, 8(1), 45-60.
- Akanbi, A. (2020). The role of mental health awareness campaigns in reducing stigma: A review of “Mental Health Awareness Week” in Nigerian universities. *African Journal of Health Promotion*, 12(3), 88-104.
- Akinmoladun, O. (2021). Mental health issues in Nigerian universities: Prevalence and risk factors. *Journal of African Mental Health Research*, 10(2), 123-145.
- Auerbach, R. P., Mortier, P., & Bruffaerts, R. (2016). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 125(7), 985–999. <https://doi.org/10.1037/abn0000183>

Babalola, T., & Orimogunje, K. (2022). International collaborations and mental health initiatives in Nigerian universities: A case study of UNIBEN partnerships. *African Journal of Higher Education Studies*, 15(1), 33-49.

Baum, S., & O'Malley, M. (2003). Student loans and financial stress: A study of university students' economic challenges. *Journal of Higher Education Finance*, 28(4), 112-130.

Beck, A. T., Steer, R. A., & Brown, G. K. (2017). *Manual for the Beck Depression Inventory-II*. Psychological Corporation.

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, 173, 90–96.
<https://doi.org/10.1016/j.jad.2014.10.054>

Bell Let's Talk. (2023). Mental health awareness campaign: Addressing stigma and raising funds. Retrieved from <https://letstalk.bell.ca>

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>

Cyr, C., & O'Rourke, J. (2018). Financial stress and student well-being: The role of financial aid. *Canadian Journal of Higher Education*, 48(1), 138–154.

<https://doi.org/10.7202/1050847ar>

Davidson, L. (2012). Peer support and recovery: Understanding the role of peer groups in mental health services. *American Journal of Psychiatric Studies*, 13(3), 89-105.

Folkman, S., & Moskowitz, J. (2018). Coping mechanisms and mental health: A review of psychological strategies. *Journal of Behavioral Medicine*, 41(5), 123-139.

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3–10.

<https://doi.org/10.1016/j.jadohealth.2009.08.008>

Kadison, R., & DiGeronimo, T. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. Jossey-Bass.

Lazarus, R. S., & Folkman, S. (2019). *Stress, appraisal, and coping*. Springer.

Misra, R., & McKean, M. (2000). College students' academic stress and its relation to their anxiety, time management, and leisure satisfaction. *American Journal of Health Studies*, 16(1), 41-51.

Nwankwo, F. U., & Ugochukwu, U. V. (2020). Mental health stigma and help-seeking behavior among Nigerian university students. *Nigerian Journal of Psychological Research*, 14(2), 75-89.

Ogunyemi, R., & Iredele, T. (2021). University-based mental health services: An evaluation of student experiences. *Nigerian Journal of Counseling and Development*, 16(1), 100-118.

Reavley, N. J., & Jorm, A. F. (2010). Prevention and early intervention to improve mental health in higher education students: A review. *Early Intervention in Psychiatry*, 4(2), 132-142. <https://doi.org/10.1111/j.1751-7893.2010.00167.x>

Turner, J. C., & Garnett, B. (2018). University students' mental health: Balancing academic demands and social relationships. *Journal of Higher Education and Well-being*, 5(3), 214-229.

World Health Organization. (2018). *Mental health: Strengthening our response*. WHO Press. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

World Health Organization. (2021). *Global health estimates 2021: Mental health disorders*. WHO. Retrieved from <https://www.who.int/publications/i/item/9789240028470>

O'Connor, D. B., Thayer, J. F., & Vedhara, K. (2021). The role of stress in the development of mental health disorders. *Journal of Psychosomatic Research*, 134, 110-122.

Mariotti, A. (2015). The effects of chronic stress on health: New insights into stress physiology and mental health. *Frontiers in Neuroscience*, 9, 1-7.
<https://doi.org/10.3389/fnins.2015.00133>

Harvard Health Publications. (2020). Mindfulness and stress management: Tools for mental health. *Harvard Health Review*, 16(1), 10-12.

Pandey, S. (2016). Stress and academic performance: The psychological impact on students. *Indian Journal of Educational Research*, 35(2), 89-98.

National Policy for Mental Health Services Delivery (Nigeria). (2013). Mental health policy: Addressing the mental health challenges in Nigeria. Federal Ministry of Health, Nigeria.

Gureje, O., Olley, B. O., Olusola, A. O., & Kola, L. (2010). Mental health services in Nigeria: From policy to action. *World Psychiatry*, 9(3), 180-185.

QUESTIONNAIRE

STRESS AND MENTAL HEALTH AMONG STUDENTS IN THE UNIVERSITY OF BENIN

Dear Respondent,

This questionnaire is designed to collect data on stress and mental health among students in the University of Benin. Your responses will remain confidential and will only be used for academic purposes. Kindly answer the questions honestly by ticking (✓) the option that best reflects your opinion.

Thank you for your time and cooperation.

SECTION A: DEMOGRAPHIC INFORMATION

(Please tick ✓ the appropriate option)

1. Gender: Male Female Prefer not to say

2. Age: 16–20 years 21–25 years 26–30 years Above 30 years

3. Level of Study: 200 Level 300 Level 400 Level

4. Accommodation Type: School Hostel Off-Campus With Parents/Guardian

SECTION B: PREVALENCE OF STRESS, ANXIETY, AND DEPRESSION

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. I frequently feel overwhelmed by my academic responsibilities.					
6. I often experience difficulty sleeping due to stress.					
7. I have felt emotionally exhausted due to academic and social pressures.					
8. Stress negatively affects my concentration and academic performance.					
9. I have experienced symptoms of anxiety or depression during my studies.					

SECTION C: COMMON SOURCES OF STRESS AMONG STUDENTS

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. Heavy academic workload is a major source of stress for me.					
11. Financial difficulties contribute significantly to my stress levels.					
12. Examination and assignment deadlines increase my anxiety.					
13. Balancing academics with personal responsibilities is stressful.					
14. Lack of proper time management worsens my stress levels.					

SECTION D: RELATIONSHIP BETWEEN ACADEMIC WORKLOAD AND STRESS LEVELS

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. Increased academic workload significantly affects my mental health.					

16. I often feel overwhelmed with assignments and deadlines.					
17. Academic workload affects my ability to maintain a social life.					
18. Multiple academic tasks negatively impact my emotional well-being.					
19. I believe my lecturers are considerate of students' mental health when assigning tasks.					

SECTION E: ACCESS TO MENTAL HEALTH SUPPORT SERVICES

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
20. The university provides adequate mental health support services.					
21. I am aware of the mental health services available in the university.					
22. I have accessed counseling or mental health support on campus.					
23. The university should improve its					

mental health services for students.					
24. Stigma prevents students from seeking mental health support.					

SECTION F: COPING MECHANISMS AND EFFECTIVENESS

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
25. I use relaxation techniques (e.g., meditation, deep breathing) to manage stress.					
26. Engaging in social activities helps me cope with stress.					
27. I exercise regularly to reduce stress and anxiety.					
28. Seeking emotional support from friends and family helps me manage stress.					
29. I believe my coping mechanisms are effective in managing stress.					

