

# African Journal for the Psychological Studies of Social Issues

Volume 28 Number 2, June/July, 2025 Edition

Founding Editor-in-Chief: Professor Denis C.E. Ugwuegbu  
(Retired Professor of Department of Psychology,  
University of Ibadan.)

Editor-in-Chief: Professor Shyngle K. Balogun.  
Department of Psychology, University of Ibadan.

Associate Editor: Professor. Benjamin O. Ehigie  
Department of Psychology, University of Ibadan.

## **EDITORIAL ADVISORY BOARD**

Professor S. S. Babalola	University of South Africa
Professor S.E. Idemudia	University of South Africa
Professor Tope Akinshaw	Adekunle Ajasin University, Nigeria
Professor O.A Ojedokun	Adekunle Ajasin University, Nigeria
Professor Catherine O Chowwen	University of Ibadan, Nigeria
Professor. Grace Adejunwon	University of Ibadan, Nigeria
Professor. A.M. Sunmola	University of Ibadan, Nigeria
Professor. B. Nwakwo	Caritas University, Nigeria
Professor. K.O. Taiwo	Lagos State University, Nigeria
Professor. Bayo Oluwole	University of Ibadan, Nigeria

---

Journal of the African Society for THE PSYCHOLOGICAL STUDY OF  
SOCIAL ISSUES % DEPT OF Psychology, University of Ibadan, Nigeria

# HEALTH EDUCATION AND SOCIAL SUPPORT: A PANACEA FOR STIGMATIZATION OF THE MENTALLY CHALLENGED IN IBADAN NORTH LOCAL GOVERNMENT OF NIGERIA

<sup>\*1</sup>Olanrewaju Abdulhamid Tolulope

<sup>2</sup>Adara Testimony Temitope

<sup>1</sup>Department of Psychology, Lead City University, Ibadan, Nigeria

<sup>2</sup>Department of Psychology, University of Ibadan, Ibadan, Nigeria

\*Corresponding author: [Olanrewajuabdulhamid7@gmail.com](mailto:Olanrewajuabdulhamid7@gmail.com); +2347088280549

## ABSTRACT

*This study explores health education and social support as panacea for mental health de-stigmatization among young adults. Using a cross-sectional survey design, data were collected from 300 randomly selected adolescents using structured questionnaires. The Mental Health Inventory (MHI) and the Multidimensional Scale of Perceived Social Support (MSPSS) were employed to measure mental health status and perceived social support, respectively. The result revealed that demographic variables have joint influence on mental health de-stigmatization among young adults [F (5,594) = 7.758,  $p < .05$ ]. Gender ( $\beta = -.11$ ,  $t = -2.83$ ;  $p < .05$ ) and religion ( $\beta = -.18$ ,  $t = -3.50$ ;  $p < .05$ ) had significant independent influence on mental health de-stigmatization among young adults. The results showed that Social support ( $\beta = .34$ ;  $t = 5.59$ ;  $P < .05$ ) significantly, independently influence mental health de-stigmatization among young adults. The results also showed that Health education ( $\beta = .42$ ;  $t = 6.94$ ;  $P < .05$ ) significantly, independently influence mental health de-stigmatization among young adults. Social support and health education significantly jointly predicted mental health de-stigmatization [F (199) = 36.92;  $p < .05$ ] among young adults in Ibadan North Local Government Area. Recommendations include the implementation of peer support programs, family counseling services, and socio-economic interventions to alleviate financial burdens on families. These strategies are essential for fostering environments conducive to positive mental health among adolescents in Nigerian universities. Further research is suggested to explore longitudinal impacts and the effectiveness of targeted interventions in diverse settings.*

**Keywords:** Health Education, Social Support. Mental Health De-Stigmatization, Young Adults

## INTRODUCTION

The slogan "no health without mental health" is endorsed by various organizations and highlights the importance of mental well-being in overall health (Whitney & Peterson, 2019). Mental disorders significantly contribute to the global burden of disease, as shown by the World Health Organization's estimates. The World Health Organization (WHO) defines mental health as a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (Ghebreyesus, 2020). Mental health conditions, such as mood disorders, substance abuse, schizophrenia, and dementia, account for a substantial portion of disability-adjusted life-years, surpassing the impact of cardiovascular disease and cancer in some regions. This emphasizes the need to prioritize mental health alongside physical health to address the growing burden of non-communicable diseases worldwide.

Mental health refers to a person's emotional, psychological, and social well-being. It encompasses how individuals think, feel, and behave, as well as how they cope with stress, relate to others, and make decisions (Kivimäki et al., 2020). Mental health is an essential aspect of overall health and is just as important as physical health. Good mental health allows individuals to function effectively in their daily lives, maintain positive relationships, cope with stress, and adapt to changes and challenges. It also plays a crucial role in shaping one's self-esteem, resilience, and overall quality of life. Conversely, poor mental health can have a significant impact on an individual's thoughts, feelings, and behaviors (Pan et al., 2021). Common mental health issues include anxiety disorders, depression, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), and eating disorders, among others. These conditions can affect a person's mood, behavior, and ability to function, leading to difficulties in relationships, work, and daily activities. Very often people with mental health conditions are stigmatized.

Goffman described stigma as a deeply discrediting attribute that reduces a bearer from a whole and ordinary person to a tainted, discounted one (Tyler, 2018). According to Goffman,

stigma is based on a complex link between an attribute and a stereotype. Stigma has been defined as the experience of being negatively differentiated due to a specific ailment, group membership, or life stage (Aranda et al., 2023). Stigmatization happens when there is a power imbalance, as only powerful groups may cause societal injustices. Goffman defined three types of stigma: stigma originating from tribal identities such as race, stigma originating from apparent bodily abominations such as infirmity, and stigma arising from a deficiency in the individual's character, such as mental illness (Clair, 2018).

Labeling someone as mentally sick, whether ancient or modern, has been crucial to the stigmatization process since it immediately identifies someone as having less social value. Throughout history, some type of branding has been employed to identify socially undesirable individuals (Major et al., 2018). Other tactics have included pillorying, requiring a person to wear a symbol on their clothing, such as a scarlet letter or the Star of David, or tattooing a number on a prisoner's forearm. The Quran (5:38) states that a thief's hands must be severed as punishment and as an example of their guilt (Tyler & Slater, 2018). Christians stigmatized themselves by prominently wearing the cross as a mark of rebellion against their polytheistic Roman pagan overlords. In Christian tradition, the term *stigmata* has taken on a new meaning—of grace rather than disgrace—to reflect the marks that mimic Christ's wounds (Turan et al., 2019). The term *stigma* is derived from the ancient Greek *stizein* (meaning to tattoo or brand with a sharp stick or stig), which described a distinguishing mark burned, cut, or tattooed into the flesh of slaves or criminals to let others know who they were and how lowly they were regarded in society (Zhang et al., 2021). Hence, the Latin derivation *stigma* (*atis*) conveys the idea of a mark of disgrace or ignominy.

In today's environment, the general public is most likely to come in contact people suffering from mental illnesses through news or entertainment media, where they are portrayed as unpredictable, violent, and dangerous (Fox et al., 2018). The popular psychokiller plot has long been used by the film industry. Associating mental illness with violence contributes to the perpetuation of prejudice and discrimination, as danger and unpredictability are key assumptions underlying societal intolerance. Though people with mental illnesses are no longer tattooed, they continue to suffer the indelible signs of poverty, disenfranchisement, and homelessness, as well as being expelled through subtler means such as criminalization, unemployment, and general social intolerance (Puhl et al., 2020). This brief history of mental illness stigmatization reveals that preconceptions have tended to build over time, rather than being exhausted and replaced as new eras of discourse have emerged (Nyblade et al., 2019). Modern prejudices continue to characterize people suffering from mental illnesses as blameworthy (often sinful), unskilled, unpredictable, and violent. Furthermore, current biological explanations for mental diseases may have reinforced the belief that people with mental illnesses are genetically defective (or tainted) and thus would never fully heal. Stigmatization often arises due to ignorance due to lack of proper information about mental illness. Hence, the need for health education to enlighten people on mental health.

Health education is a process that aims to provide individuals and communities with the knowledge, skills, and resources to make informed decisions about their health. It encompasses a wide range of activities and interventions designed to promote healthy behaviors, prevent illness, and improve overall well-being. Health education plays a crucial role in promoting well-being and preventing illness within communities (Koelen & Van den Ban, 2023). By providing individuals with the knowledge and skills to make informed decisions about their health, health education empowers them to adopt healthy behaviors and lifestyles. This can include educating individuals on topics such as nutrition, exercise, mental health, sexual health, and disease prevention.

One of the key benefits of health education is its ability to raise awareness about health issues and promote early detection of diseases (Sharma, 2021). By teaching individuals about the signs and symptoms of common illnesses, as well as the importance of regular screenings and check-ups, health education can help individuals take proactive steps to maintain their health.

and seek timely medical treatment when needed. Furthermore, health education can also play a role in addressing health disparities within communities (Kyaw et al., 2019). By providing targeted education and resources to underserved populations, health education programs can help bridge the gap in access to healthcare services and empower individuals to take control of their health outcomes.

Health education plays a crucial role in the de-stigmatization of mental health by providing accurate information, raising awareness, and promoting understanding of mental health issues. Through education, individuals can learn about the common signs and symptoms of mental illnesses, understand the importance of seeking help, and acquire skills to support themselves and others (McKenzie et al., 2022). By dispelling myths and misconceptions surrounding mental health, health education helps reduce stigma and discrimination, creating a more supportive and inclusive environment for those struggling with mental health challenges. Ultimately, the integration of mental health education into health education programs can contribute to breaking down barriers, fostering empathy, and promoting a culture of acceptance and compassion towards individuals facing mental health issues.

Social support refers to the assistance, care, and encouragement provided by individuals within one's social network, such as family, friends, peers, or community members. This support can come in various forms, including emotional support (such as listening, empathy, and reassurance), instrumental support (such as practical help with tasks or resources), informational support (such as advice, guidance, or information), and appraisal support (such as feedback, validation, or affirmation) (Cohen & McKay, 2020). It refers to the function and quality of social interactions, such as the perceived availability of assistance or support received. It is an interactive process that can be linked to altruism, a sense of obligation, and the perception of reciprocity (French et al., 2018). Social support in the narrowest sense has been described in a variety of ways. For example, it could be seen as resources offered by others, coping aid, or a resource exchange. Social support can also come from a social worker.

Several sorts of social support have been studied, including instrumental (e.g., helping with a problem), tangible (e.g., donating items), informational (e.g., giving guidance), and emotional (e.g., providing confidence). Health and well-being are not merely the result of actual support provision, but are the consequence of participation in a meaningful social context (Oakley, 2018). Receiving support gives meaning to individuals' lives by virtue of motivating them to give in return, to feel obligated, and to be attached to their ties. Companionship to refer to such a harmonious network of mutual support and obligation (Wang et al., 2018). Being embedded in a positive social world might be more powerful than receiving help. The most common distinction made is the one between perceived available support and support actually received. The former may pertain to anticipating help in time of need, and the latter to help provided within a given time period.

Social support can play a crucial role in de-stigmatizing mental health by providing individuals with a sense of belonging, understanding, and acceptance. When individuals feel supported by their friends, family, and community, they are more likely to seek help for their mental health issues and feel less ashamed or embarrassed about their struggles (Saltzman et al., 2020). Social support can also help to challenge negative stereotypes and misconceptions about mental illness by fostering open and honest conversations about mental health. By sharing their experiences and offering support to others, individuals can help to break down barriers and reduce the stigma surrounding mental health. Additionally, social support can help individuals to build resilience and coping skills, which can in turn improve their mental health and well-being. Knowing that they have a strong support system in place can give individuals the confidence and motivation to seek help, practice self-care, and take steps towards recovery.

The stigmatization of mental health can have profound negative effects on individuals, communities, and society as a whole. One of the most significant consequences of mental health stigma is the reluctance of individuals to seek help and support for their mental health issues. Stigma can create a barrier to accessing treatment by fostering feelings of shame, fear of

judgment, and discrimination. As a result, individuals may delay seeking help, leading to a worsening of symptoms, reduced quality of life, and increased risk of long-term mental health challenges. Furthermore, mental health stigma can contribute to social isolation and loneliness among individuals with mental health conditions. The fear of being judged or misunderstood may cause individuals to withdraw from social interactions, leading to feelings of exclusion and disconnection from others. This social isolation can exacerbate mental health symptoms, increase feelings of loneliness and despair, and impact individuals' ability to maintain healthy relationships and support networks. The lack of social support and understanding can further perpetuate the cycle of stigma and isolation, creating a harmful environment for those struggling with mental health issues.

In addition, mental health stigma can have detrimental effects on individuals' self-esteem, confidence, and overall well-being. The negative stereotypes and discrimination associated with mental illness can internalize feelings of shame, self-blame, and worthlessness in individuals, leading to a negative impact on their mental health and sense of identity. Stigma can also hinder individuals' ability to disclose their mental health struggles, seek help, and engage in open and honest conversations about their experiences. This can create a sense of secrecy and shame around mental health, further isolating individuals and impeding their recovery and healing journey. Overall, the stigmatization of mental health can perpetuate a cycle of silence, shame, and suffering that undermines individuals' well-being, hinders access to care, and contributes to negative mental health outcomes. Mental health disorders can have significant impacts on society, affecting individuals, families, workplaces, and communities. These disorders can lead to decreased productivity, increased healthcare costs, and strain on social support systems. Stigma surrounding mental illness may prevent individuals from seeking help, leading to untreated conditions and potential negative outcomes. Mental health disorders can also contribute to issues such as substance abuse, homelessness, and criminal behavior, further burdening society. The study seeks to answer the below questions

1. What is the extent to which gender, age, religion, and marital status influence the stigmatization of individuals with mental illness?
2. How do individuals perceive the role of health education in combating the stigmatization of the mentally ill?
3. To what extent is social support perceived as an effective means of reducing stigma against individuals with mental illness?

### **Purpose of the study**

The main objective of the study is to examine health education and social support as panacea for mental health de-stigmatization among young adults. The study aims;

1. To determine if gender age, religion and marital status are significant factors in mental health de-stigmatization among young adults in Ibadan North Local Government Area.
2. To examine the influence of health education on mental health de-stigmatization among young adults in Ibadan North Local Government Area.
3. To investigate the influence of social support on mental health de-stigmatization among young adults in Ibadan North Local Government Area.

### **Hypotheses**

1. Demographic variables will have significant influence on mental health de-stigmatization among young adults in Ibadan North Local Government Area.
2. Social support and health education will significantly independently and jointly influence mental health de-stigmatization among young adults in Ibadan North Local Government Area.

## METHODOLOGY

### *Research Design*

This study employed ex-post facto design because the variables of interest (i.e.; social support and health education and mental health de-stigmatization) would have already occurred in nature prior to the commencement of this study.

### *Population of the Study*

The study population will comprise of young adults in Ibadan North Local Government Area, Oyo State. Oyo State, located in southwestern Nigeria, is renowned for its rich cultural heritage, historical significance, and economic vibrancy.

### *Sampling and Sampling Technique*

The study involved a total of 250 young adults in Ibadan North Local Government Area. Simple random selection was used for sampling. The data for this study was collected by distributing questionnaires to 250 randomly selected youths within the selected local government. The participants were informed of the study's purpose, and their names and responses were kept private and anonymous. Respondents were also told that there were no right or wrong answers and that they should be as honest as possible.

### *Instrument*

**Section A:** This section includes socio-demographic factors such as age, religion, and gender.

**Section B:** The Multidimensional Scale of Perceived Social Support (MSPSS) is a widely used research tool developed by Gregory Zimet and colleagues in 1988 to measure perceptions of support from family, friends, and a significant other. Comprising 12 items divided into three subscales, the MSPSS has demonstrated good internal and test-retest reliability, validity, and a stable factorial structure across various studies. It has been translated into numerous languages and utilized in diverse cultural contexts. Participants are instructed to rate their agreement with statements on a scale from 1 to 7, and mean scores are calculated for each subscale and the total scale. Low, moderate, and high support levels are determined based on the mean scale scores. Wang et al. (2017) found satisfactory internal reliability for the MSPSS in China.

**Section C:** The Stigma Scale, developed by King et al (2007), is a research instrument designed to measure stigma related to mental illness. The scale aims to assess various dimensions of stigma, including public stigma, self-stigma, and perceived stigma from others. It typically consists of a series of statements or questions that respondents respond to based on their agreement, experiences, or feelings regarding mental illness-related stigma. Responses will be collected on a five-point (0-4) Likert scale alternating between positive and negative wording to address response bias.

**Section D:** The Health Literacy Instrument for Adults (HELIA) is a tool designed to measure health literacy among adult populations. Developed by researchers, the HELIA aims to assess individuals' ability to obtain, understand, process, and apply health information to make informed decisions about their health. The instrument typically consists of a series of items or questions covering various aspects of health literacy, such as reading comprehension, numeracy skills, health-related knowledge, and the ability to navigate health systems and services effectively. HELIA is structured to capture the multidimensional nature of health literacy, including functional, interactive, and critical health literacy skills. Responses will be collected on a five-point Likert scale from 1- Never to 5- Always.

### Data Analysis

Pearson product moment correlation was used to calculate inter-variable correlations among the variables in the study. Multiple Regression Analysis was used to test the hypothesis. The Statistical Package for Social Scientists was used for all analyses (SPSS).

### Results

#### Demographic Characteristics of Respondents

**Table 1: Demographic Distribution of Respondents**

SN	Variable	Response	Frequency (N)	Percentage (%)
1	Sex	Male	106	42.4
		Female	144	57.6
2	Age	13-16	11	4.4
		17-20	99	39.8
		21-24	140	55.9
3	Religious affiliation	Christianity	161	64.4
		Islam	59	23.7
		Others	30	11.9

The demographic distribution of respondents in this study is detailed in Table 4.1, which includes data from 250 individuals. The sample comprises 42.4% males (106 respondents) and 57.6% females (144 respondents). Age-wise, the majority of participants are in the 21-24 age range, making up 55.9% (140 respondents), followed by 39.8% (99 respondents) in the 17-20 age range, and a small segment of 4.4% (11 respondents) aged 13-16. Regarding religious affiliation, a significant proportion of respondents identify as Christians (64.4%, 161 respondents), while 23.7% (59 respondents) are Muslims, and the remaining 11.9% (30 respondents) belong to other religious groups.

#### Testing of Hypothesis

**Hypothesis One:** Demographic variables will have significant influence on mental health de-stigmatization among young adults in Ibadan North Local Government Area.

**Table 2: Summary of Multiple Regression Analysis Showing the Influence of socio demographic variables on mental health de-stigmatization among young adults**

Predictors	$\beta$	T	p	R	R <sup>2</sup>	F	P
Age	-.042	-.831	>.05	.248	.061	7.758	<.01
Gender	-.113	-2.832	<.05				
Religion	-.177	-3.502	<.05				

The result revealed that demographic variables have joint influence on mental health de-stigmatization among young adults ( $R^2 = 0.061$ ,  $F(5,594) = 7.758$ ,  $p < .05$ ). When combined socio demographic variable accounted for 6% of the change observed in the self-report mental health de-stigmatization. The result revealed that gender ( $\beta = -.11$ ,  $t = -2.83$ ;  $p < .05$ ) and religion ( $\beta = -.18$ ,  $t = -3.50$ ;  $p < .05$ ) have significant independent influence on mental health de-stigmatization among young adults. While age ( $\beta = -.04$ ,  $t = -.831$ ;  $p > .05$ ) have no significant independent influence on mental health de-stigmatization among young adults. This means that hypothesis one is partly accepted.

**Hypothesis Two:** Social support and health education will significantly independently and jointly influence mental health de-stigmatization among young adults in Ibadan North Local Government Area.

**Table 3: Summary of Multiple Regression Analysis of the combined prediction of independent variables (Social support and health education) on mental health de-stigmatization among young adults in Ibadan North Local Government Area.**

Predictors	B	T	p	R	R <sup>2</sup>	df	F	p
Social Support	.34	5.59	<.05	.52	.27	199	36.92**	<.05
Health Education	.42	6.94	<.05					

\*\* p< 0.05, N= 250

The results in table 3 shows that Social support ( $\beta = .34$ ;  $t = 5.59$ ;  $P < .05$ ) significantly, independently influence mental health de-stigmatization among young adults. The results also shows that Health education ( $\beta = .42$ ;  $t = 6.94$ ;  $P < .05$ ) significantly, independently influence mental health de-stigmatization among young adults. Table 3 showed Social support and health education significantly jointly predicts mental health de-stigmatization [ $F(199)= 36.92$ ;  $p < .05$ ] among young adults in Ibadan North Local Government Area. This mean that hypothesis 4 was therefore accepted. Both Social support and health education had yielded 27% ( $R^2=0.27$ ), variance in the measure of mental health de-stigmatization, this implies that there are additional factors that affect the level of mental health de-stigmatization among young adults.

## DISCUSSION

Hypothesis One posited that demographic variables would significantly influence mental health de-stigmatization among young adults in the Ibadan North Local Government Area. Consequently, the hypothesis is partially supported: while gender and religion significantly influence mental health de-stigmatization, age does not have a significant independent impact. Firstly, the fact that demographic variables collectively account for 6% of the variance in mental health de-stigmatization indicates that these factors do play a notable role, although they are not the sole determinants. This suggests that while demographic factors are influential, other variables such as cultural, social, or educational factors might also significantly impact mental health de-stigmatization and should be considered in future studies and interventions. The significant influence of gender on mental health de-stigmatization implies that gender-specific strategies may be necessary to address the different ways in which stigma is experienced and perceived by males and females. The significant influence of religion on mental health de-stigmatization underscores the importance of involving religious leaders and communities in mental health initiatives. On the other hand, the lack of a significant independent effect of age suggests that interventions aimed at de-stigmatizing mental health should not necessarily be age-specific within the young adult demographic. A research study examined gender-specific factors associated with unsuppressed viral load in individuals living with HIV (Maragh-Bass et al., 2021). Men-specific factors included opposite-sex partners, older age, and HIV disclosure stigma, while women-specific factors included time since diagnosis and personal barriers to medication adherence. Women were more likely to have unsuppressed viral load as more people knew about their HIV status, and social support did not correlate with viral suppression in women. Interventions should consider gender-specific approaches to addressing stigma, promoting medication adherence, and achieving viral suppression. Another study investigated mental health, help-seeking behavior, and social support in UK military personnel (Jones et al., 2019). Mental health problems were similar for men and women, with high levels of social support for both genders. Women were less likely to report alcohol misuse but more likely to seek formal medical help, while men should be



encouraged to engage with formal medical sources. Women should utilize informal support networks more, emphasizing different support-seeking patterns based on gender in military personnel with mental health histories. These findings highlight the need for culturally sensitive approaches to mental health de-stigmatization that consider gender and religious influences while also exploring additional factors that may contribute to stigma.

Hypothesis Two posits Social support and health education will significantly independently and jointly influence mental health de-stigmatization among young adults in Ibadan North Local Government Area. The results provided evidence supporting Hypothesis Two, demonstrating that social support significantly influences mental health de-stigmatization among young adults. The findings highlight the critical role of social support in the process of mental health de-stigmatization. Given that social support significantly influences mental health de-stigmatization, this suggests that individuals who receive higher levels of social support are more likely to have reduced stigma towards mental health issues. This underscores the importance of fostering strong social networks and support systems to combat mental health stigma. Moreover, the significant influence of social support indicates that initiatives to increase mental health awareness should not only target individuals but also their broader social environments. Educating communities about the importance of supporting individuals with mental health issues can create a more accepting and supportive atmosphere, which can help in reducing stigma. Emerging adults face mental health challenges due to various stressors, with limited professional care often due to support and stigma issues. A study explored how university students manage their mental wellness through social support, identifying a concept called the Mosaic of Social Support (Park, 2018). This support system involves different groups with specific roles, benefits, and limitations that students selectively engage with. The paper discussed leveraging technology to improve the accessibility, safety, and sustainability of the Mosaic of Social Support, aiming to tailor help to meet students' needs effectively. In addition, mental health service providers should consider incorporating strategies that strengthen social support into their treatment plans. This could involve connecting patients with support groups, providing family therapy sessions, or offering resources that help build and maintain strong support networks.

The results also indicated that health education has a significant influence on mental health de-stigmatization was accepted. The significant influence of health education on mental health de-stigmatization has several key implications. Firstly, it underscores the importance of implementing comprehensive health education programs aimed at reducing stigma associated with mental health issues. These programs should provide accurate information about mental health conditions, challenge misconceptions, and promote understanding and empathy among young adults. Athletes face significant pressures and risks related to mental health, impacting their performance and well-being. A study investigated the stigma surrounding mental health promotion in sports persists, hindering athletes from accessing necessary resources and support (Puga et al., 2023). The findings of the study suggested that health education can be a powerful tool in changing attitudes and behaviors related to mental health. This highlights the need for continuous and sustained educational efforts, including workshops, seminars, and media campaigns, to maintain and build upon the progress made in de-stigmatizing mental health.

The results showed that social support and health education together significantly predict mental health de-stigmatization among young adults in the Ibadan North Local Government Area. This underscores the importance of implementing both social support systems and comprehensive health education programs to effectively reduce mental health stigma among young adults. The significant influence of social support on mental health de-stigmatization implies that fostering strong social networks, peer support groups, and community-based initiatives can be crucial. A study highlighted the importance of mental health, focusing on psychiatry and psychological well-being (Asif & Sial, 2020). It emphasized the role of psychiatry in diagnosis and treatment, promoting psychological well-being, and

addressing mental health awareness and destigmatization. The strong predictive value of health education highlights the need for targeted educational campaigns and programs that provide accurate information about mental health. Educating young adults about mental health issues, their prevalence, and the benefits of seeking help can demystify mental health problems and reduce associated stigma.

## Conclusion

The findings of this study highlight the critical role of demographic variables, social support, and health education in influencing mental health de-stigmatization among young adults in Ibadan North Local Government Area. The partial acceptance of the hypothesis regarding demographic factors indicates that while gender and religion significantly impact mental health de-stigmatization, age does not have a notable independent effect. Social support and health education emerged as significant predictors, both independently and jointly, underscoring the necessity of fostering robust social networks and implementing comprehensive health education programs to effectively reduce mental health stigma. These results suggest that tailored interventions addressing gender-specific challenges and leveraging religious platforms could enhance the efficacy of de-stigmatization efforts.

## Recommendations

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

1. **Develop Gender-Specific Interventions:** Given the significant influence of gender on mental health de-stigmatization, it is crucial to create tailored strategies that address the unique challenges and societal pressures faced by males and females. For example, programs could focus on promoting mental health awareness among males and reducing stigma associated with help-seeking behaviors, while for females, interventions could emphasize empowerment and support systems.
2. **Leverage Religious Platforms:** Since religion significantly influences mental health de-stigmatization, engaging religious leaders and integrating mental health education into religious teachings could be a powerful strategy. Religious leaders can play a key role in disseminating accurate information and fostering supportive attitudes towards mental health within their communities.
3. **Enhance Social Support Systems:** Strengthening social networks and support systems is essential. Initiatives could include establishing peer support groups, family therapy sessions, and community-based programs that encourage open discussions about mental health. Educating communities on the importance of providing support to individuals with mental health issues can create a more accepting environment.
4. **Implement Comprehensive Health Education Programs:** Health education programs should be comprehensive, providing accurate information about mental health conditions, challenging misconceptions, and promoting understanding and empathy. These programs could include workshops, seminars, and media campaigns aimed at young adults, to maintain and build upon progress in de-stigmatizing mental health.
5. **Foster Community Involvement:** Community-based initiatives should be encouraged to create a supportive environment for young adults. This could involve collaboration with local organizations, schools, and community centers to host events and activities that promote mental health awareness and de-stigmatization.
6. **Continuous and Sustained Educational Efforts:** There should be continuous and sustained efforts to educate the public about mental health. Regular mental health awareness campaigns, updates in school curriculums, and public service announcements can help in maintaining the momentum of de-stigmatization efforts.

## REFERENCES

- Aranda, A. M., Helms, W. S., Patterson, K. D. W., Roulet, T. J., & Hudson, B. A. (2023). Standing on the Shoulders of Goffman: Advancing a Relational Research Agenda on Stigma. *Business & Society*, 62(7), 1339–1377. <https://doi.org/10.1177/00076503221148441>
- Asif, M., & Sial, A. (2020). *Mental Health Matters: Insights into Psychiatry and Psychological Well-being*. [https://www.researchgate.net/profile/Ghualm-Shabir/publication/372548396\\_Mental\\_Health\\_Matters\\_Insights\\_into\\_Psychiatry\\_and\\_Psychological\\_Well-being/links/64bdf7ffb9ed6874a5406428/Mental-Health-Matters-Insights-into-Psychiatry-and-Psychological-Well-being.pdf](https://www.researchgate.net/profile/Ghualm-Shabir/publication/372548396_Mental_Health_Matters_Insights_into_Psychiatry_and_Psychological_Well-being/links/64bdf7ffb9ed6874a5406428/Mental-Health-Matters-Insights-into-Psychiatry-and-Psychological-Well-being.pdf)
- Clair, M. (2018). Stigma. In J. M. Ryan (Ed.), *Core Concepts in Sociology* (1st ed., pp. 318–321). Wiley. <https://doi.org/10.1002/9781394260331.ch86>
- Cohen, S., & McKay, G. (2020). Social support, stress and the buffering hypothesis: A theoretical analysis. In *Handbook of psychology and health, Volume IV* (pp. 253–267). Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9781003044307-10/social-support-stress-buffering-hypothesis-theoretical-analysis-sheldon-cohen-garth-mckay>
- Fox, A. B., Earnshaw, V. A., Taverna, E. C., & Vogt, D. (2018). Conceptualizing and measuring mental illness stigma: The mental illness stigma framework and critical review of measures. *Stigma and Health*, 3(4), 348. <https://psycnet.apa.org/journals/sah/3/4/348/>
- French, K. A., Dumani, S., Allen, T. D., & Shockley, K. M. (2018). A meta-analysis of work–family conflict and social support. *Psychological Bulletin*, 144(3), 284. <https://psycnet.apa.org/record/2017-56125-001>
- Ghebreyesus, T. A. (2020). Addressing mental health needs: An integral part of COVID-19 response. *World Psychiatry*, 19(2), 129. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7214944/>
- Held, M. L., First, J. M., & Huslage, M. (2022). Effects of COVID-19, Discrimination, and Social Support on Latinx Adult Mental Health. *Journal of Immigrant and Minority Health*, 24(6), 1446–1458. <https://doi.org/10.1007/s10903-022-01382-0>
- Jones, N., Greenberg, N., Phillips, A., Simms, A., & Wessely, S. (2019). Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender. *Psychiatry*, 1–16. <https://doi.org/10.1080/00332747.2019.1626200>
- Kivimäki, M., Batty, G. D., Pentti, J., Shipley, M. J., Sipilä, P. N., Nyberg, S. T., Suominen, S. B., Oksanen, T., Stenholm, S., & Virtanen, M. (2020). Association between socioeconomic status and the development of mental and physical health conditions in adulthood: A multi-cohort study. *The Lancet Public Health*, 5(3), e140–e149. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30248-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30248-8/fulltext)
- Koelen, M. A., & Van den Ban, A. W. (2023). *Health education and health promotion*. BRILL. [https://books.google.com/books?hl=en&lr=&id=4s77EAAAQBAJ&oi=fnd&pg=PA4&dq=Health+education+&ots=3dDma4dL7r&sig=LdPG5ebKQA6GkJpiFbbMJvB\\_w8](https://books.google.com/books?hl=en&lr=&id=4s77EAAAQBAJ&oi=fnd&pg=PA4&dq=Health+education+&ots=3dDma4dL7r&sig=LdPG5ebKQA6GkJpiFbbMJvB_w8)

Kyaw, B. M., Saxena, N., Posadzki, P., Vseteckova, J., Nikolaou, C. K., George, P. P., Divakar, U., Masiello, I., Kononowicz, A. A., & Zary, N. (2019). Virtual reality for health professions education: Systematic review and meta-analysis by the digital health education collaboration. *Journal of Medical Internet Research*, 21(1), e12959. <https://www.jmir.org/2019/1/e12959/span>

Major, B., Dovidio, J. F., Link, B. G., & Calabrese, S. K. (2018). Stigma and its implications for health: Introduction and overview. *The Oxford Handbook of Stigma, Discrimination, and Health*, 3–28. [https://books.google.com/books?hl=en&lr=&id=aOw9DwAAQBAJ&oi=fnd&pg=PA3&dq=stigma&ots=dLNR6Y\\_cNz&sig=aAol-QQulgoYQWzRel-Ys6vNOH8](https://books.google.com/books?hl=en&lr=&id=aOw9DwAAQBAJ&oi=fnd&pg=PA3&dq=stigma&ots=dLNR6Y_cNz&sig=aAol-QQulgoYQWzRel-Ys6vNOH8)

Maragh-Bass, A. C., Gamble, T., El-Sadr, W. M., Hanscom, B., & Tolley, E. E. (2021). Examining stigma, social support, and gender differences in unsuppressed HIV viral load among participants in HPTN 065. *Journal of Behavioral Medicine*, 44(2), 159–171. <https://doi.org/10.1007/s10865-020-00186-7>

McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2022). *Planning, implementing and evaluating health promotion programs*. Jones & Bartlett Learning. [https://books.google.com/books?hl=en&lr=&id=2Bh1EAAAQBAJ&oi=fnd&pg=PP1&dq=Health+education+&ots=U3pqXvN\\_by&sig=149\\_7SBTaocBhY\\_YfPHH1BG5FVY](https://books.google.com/books?hl=en&lr=&id=2Bh1EAAAQBAJ&oi=fnd&pg=PP1&dq=Health+education+&ots=U3pqXvN_by&sig=149_7SBTaocBhY_YfPHH1BG5FVY)

Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., Mitchell, E. M. H., Nelson, L. R. E., Sapag, J. C., Siraprapasiri, T., Turan, J., & Wouters, E. (2019). Stigma in health facilities: Why it matters and how we can change it. *BMC Medicine*, 17(1), 25. <https://doi.org/10.1186/s12916-019-1256-2>

Oakley, A. (2018). *Social support and motherhood (reissue): The natural history of a research project*. Policy Press. <https://books.google.com/books?hl=en&lr=&id=N9NyDwAAQBAJ&oi=fnd&pg=PR5&dq=Social+support+&ots=MaGHGbVIYn&sig=F0MxZ3Cms9zxBAqjAVXkEDRBp2s>

Pan, K.-Y., Kok, A. A., Eikelenboom, M., Horsfall, M., Jörg, F., Luteijn, R. A., Rhebergen, D., van Oppen, P., Giltay, E. J., & Penninx, B. W. (2021). The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: A longitudinal study of three Dutch case-control cohorts. *The Lancet Psychiatry*, 8(2), 121–129. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30491-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30491-0/fulltext)

Park, S. Y. (2018). Social Support Mosaic: Understanding Mental Health Management Practice on College Campus. *Proceedings of the 2018 Designing Interactive Systems Conference*, 121–133. <https://doi.org/10.1145/3196709.3196787>

Puga, T. B., Mazumder, R., Ruan, T., Thiel, G. E., Scigliano, N., & Treffer, K. (2023). The Necessary De-Stigmatization of Mental Health Promotion for Sports Injury Prevention and Performance. *The Journal of Medical Research*, 9(4), 76–79. [https://scholar.archive.org/work/xqkrsiilrvbs7fvq72mcve4poq/access/wayback/https://www.medicinearticle.com/JMR\\_20234\\_01.pdf](https://scholar.archive.org/work/xqkrsiilrvbs7fvq72mcve4poq/access/wayback/https://www.medicinearticle.com/JMR_20234_01.pdf)

Puhl, R. M., Himmelstein, M. S., & Pearl, R. L. (2020). Weight stigma as a psychosocial contributor to obesity. *American Psychologist*, 75(2), 274. <https://psycnet.apa.org/record/2020-09435-012>

Saltzman, L. Y., Hansel, T. C., & Bordnick, P. S. (2020). Loneliness, isolation, and social support factors in post-COVID-19 mental health. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S55–S57. <https://doi.org/10.1037/tra0000703>

Sharma, M. (2021). *Theoretical foundations of health education and health promotion*. Jones & Bartlett Learning. [https://books.google.com/books?hl=en&lr=&id=xoAxEAAAQBAJ&oi=fnd&pg=PP1&dq=Health+education+&ots=UTjX\\_8KC4E&sig=jFk6Fvhsbnf\\_CixWZdLH6nyYA24](https://books.google.com/books?hl=en&lr=&id=xoAxEAAAQBAJ&oi=fnd&pg=PP1&dq=Health+education+&ots=UTjX_8KC4E&sig=jFk6Fvhsbnf_CixWZdLH6nyYA24)

Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Pescosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Medicine*, 17(1), 7. <https://doi.org/10.1186/s12916-018-1246-9>

Tyler, I. (2018). Resituating Erving Goffman: From Stigma Power to Black Power. *The Sociological Review*, 66(4), 744–765. <https://doi.org/10.1177/0038026118777450>

Tyler, I., & Slater, T. (2018). Rethinking the sociology of stigma. *The Sociological Review*, 66(4), 721–743. <https://doi.org/10.1177/0038026118777425>

Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry*, 18(1), 156. <https://doi.org/10.1186/s12888-018-1736-5>

Whitney, D. G., & Peterson, M. D. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *JAMA Pediatrics*, 173(4), 389–391. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2724377>

Zhang, R., Wang, M. S., Toubiana, M., & Greenwood, R. (2021). Stigma Beyond Levels: Advancing Research on Stigmatization. *Academy of Management Annals*, 15(1), 188–222. <https://doi.org/10.5465/annals.2019.0031>