



Journal Homepage: <https://edurekhapublisher.com/erijalss/>

Volume- 2 Issue -2 (March-April) 2026

ISSN: 3107-5169 (Online)

Frequency: Bimonthly



PAGES: 72-76

ARTICLE TITLE:

ISSN: 3107-5169

EDU REKHA INTERNATIONAL JOURNAL OF ARTS, LAW AND SOCIAL SCIENCE (ERIJALSS)

Law & social science, anthropology, business studies, communication studies, corporate governance, criminology, cross-cultural studies, demography, development studies, economics, education, ethics geography, history, industrial relations, information science, international relations, law, health, linguistics

JOIN US

+91 8638576262

edurekhapublisher.com

Mental Health Awareness and Stigma in Benue State, Nigeria: The Role of Cultural Perceptions

Koko Terkaa Benedict¹, Henry Luter Songu^{2*}, Ifere Mimi-Patricia Eugene³

¹APIN, Public Health Initiatives, Makurdi, Benue State, Nigeria.

² & ³ Department of Library and Information Science, University of Calabar, Calabar, Nigeria.

ARTICLE HISTORY

RECEIVED
25-03-2026

ACCEPTED
07-04-2026

PUBLISHED
11-04-2026

Corresponding author:

Henry Luter Songu

Department of Library and Information Science, University of Calabar, Calabar, Nigeria.



Abstract

Background: In many poor and middle-income countries, including Nigeria, mental health is still a very neglected area of public health. Significant obstacles to knowledge and treatment in Benue State are stigma and strongly entrenched cultural beliefs. This research investigated the degree of mental health awareness among locals and examined how cultural ideas contributed to the stigma related to mental disorders.

Methods: Thirty-three adults picked using a multi-stage sampling approach throughout urban and rural locations in Benue State were surveyed using a descriptive cross-sectional design. Data were gathered using a verified, organized questionnaire and examined using descriptive statistics (mean, standard deviation) as well as inferential techniques (Chi-square).

Results: The study indicated that inhabitants had a low general degree of knowledge about mental health (cluster mean = 2.02). A great majority of participants barely looked for related information and were not conversant with mental health ideas. Moreover, cultural attitudes were discovered to significantly add to stigma (cluster mean = 2.88), with views often tying mental disease to spiritual sources. Cultural beliefs clearly add to stigma, as proven by the Chi-square test ($X^2=76.35, p=.000$).

Conclusion: The study finds that stigma in Benue State is greatly driven by poor mental health awareness and strong cultural beliefs. To raise awareness, refute damaging cultural narratives, and lower the stigma around mental disease, culturally sensitive public health initiatives and educational efforts are much needed right now.

Keywords: Awareness, Cultural Beliefs, Mental Health, Nigeria, Stigma

Introduction

Despite being a vital component of complete well-being, mental health is often misunderstood and neglected, especially in resource-limited communities (Dudgeon et al., 2017). In Nigeria, and specifically in Benue State, mental health is frequently overshadowed by other pressing health concerns, leading to substantial gaps in awareness, access to services, and care (Anyebe et al., 2019). This situation is exacerbated by pervasive stigma and cultural perceptions that attribute mental illness to supernatural forces, such as witchcraft or ancestral curses, rather than biomedical causes (Labinjo et al., 2020; Gyamfi et al., 2024).

Stigma, defined as a deeply discrediting social attribute (Andersen et al., 2022), manifests as public discrimination, self-shame, and structural barriers that prevent help-seeking (Corrigan et al., 2014; Gärtner et al., 2022). This is compounded by cultural perceptions, the beliefs and values shaped by tradition, which dictate how communities interpret and respond to mental illness (Shiraev & Levy, 2020). In Benue State, these perceptions often lead to a preference for traditional healers over formal healthcare services, reinforcing treatment gaps and social isolation (Esan et al., 2019). While previous research has highlighted general links between culture, stigma, and mental health in Nigeria, focused studies quantifying awareness levels and the specific role of local cultural perceptions in Benue State remain scarce. This study addressed this gap through two primary objectives.

Objectives of the Study

1. To assess the level of awareness of mental health issues among residents of Benue State.
2. To explore the impact of cultural perceptions on the stigma associated with mental illness in Benue State.

Literature Review

The Global and Local Burden of Mental Health

Mental health is an integral component of overall well-being, influencing how individuals think, feel, and behave. Globally, mental disorders constitute a significant portion of the disease burden, with depression a leading cause of disability (Dudgeon et al., 2017). However, in low- and middle-income countries (LMICs) like Nigeria, mental health is severely neglected, overshadowed by communicable diseases and other public health priorities (Anyebe et al., 2019). This neglect creates critical gaps in policy, funding, and service integration, leading to a vast treatment gap where most individuals needing care do not receive it. In Nigeria, this is worsened by a critical shortage of mental health professionals and the concentration of services in urban centers, making them inaccessible to rural populations.

Cultural Perceptions and Aetiological Beliefs

Cultural norms significantly shape how people comprehend, interpret, and react to mental illness. These perceptions, defined as values and beliefs shaped by tradition (Shiraev & Levy, 2020), determine whether an illness is viewed through a spiritual, moral, or biomedical lens. Research reveals a strong tendency in many Nigerian communities, including Benue State, to link mental illness to supernatural causes. Labinjo et al. (2020) found that commonly believed causes include witchcraft, divine retribution, spirit possession, and ancestral curses, framing mental illness as a spiritual or moral flaw rather than a medical condition.

The "Igbe" cultural tradition of the Tiv people of Benue State is a relevant example. Gyamfi et al. (2024) demonstrated that this deeply ingrained ancestral practice is closely linked to the stigma and perceived causation of mental illness in the community. Such beliefs directly impact help-seeking behavior, leading individuals and families to prioritize traditional healers and spiritual remedies over biomedical care (Esan et al., 2019). This reliance is rooted in a cultural perspective that finds these explanations more logical and acceptable than Western psychiatric models.

The Multifaceted Nature of Stigma

Stigma is a major obstacle to mental health treatment. Corrigan et al. (2014) systematically explain how stigma operates through public stigma (negative attitudes and discrimination by others), self-stigma (internalization of negative ideas causing shame), and structural stigma (systemic policies that restrict opportunities for those with mental illness).

Public stigma is widespread in Nigeria. Studies show pervasive negative public perceptions, including avoidance and the attitude that individuals with mental illness are a public disturbance (Ezeh et al., 2020). This public stigma aggravates social isolation. Through self-stigma, individuals may come to believe they are unworthy of help or incapable of recovery, refusing to seek services even when available (Dubreucq et al., 2021). Among the serious consequences are delayed treatment-seeking, symptom worsening, and a diminished quality of life (Thornicroft et al., 2016).

The Interplay of Culture and Stigma

The link between cultural ideas and prejudice is particularly strong. When mental illness is viewed as a moral flaw or a supernatural event, it becomes associated with fear, blame, and embarrassment. Pescosolido and Martin (2015) term this the "stigma complex," a dynamic system where cultural beliefs fuel negative stereotypes, which in turn cause bias and discrimination. For example, the belief that witchcraft causes mental illness can stigmatize both the affected person and their family, who may be seen as under a spiritual curse (Labinjo et al., 2020).

This cultural stigma poses a formidable barrier to service use. According to Thornicroft et al. (2016), fear of community rejection and discrimination is a major barrier preventing people from seeking formal mental health care. In Benue State, where cultural beliefs are strong, the fear of being labeled as "bewitched" or bringing shame to one's family can overpower the perceived need for professional medical care.

Mental Health Awareness and Literacy

Mental health awareness, the effort to increase knowledge and recognition of mental health problems, is a cornerstone in fighting stigma and enhancing help-seeking (Jorm, 2012). Jorm conceptualizes this as "mental health literacy," which encompasses the knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention. More favorable attitudes toward seeking professional help and a reduced desire for social distance are linked to higher mental health literacy (Jorm & Oh, 2009).

However, awareness remains critically low in areas like Benue State. Public health campaigns have historically concentrated on infectious diseases, leaving mental health education a neglected frontier. While interventions like the Comprehensive Community Mental Health Program (CCMHP) in Benue have shown promise in training health

personnel and setting up clinics (Ryan et al., 2020), their impact on general public knowledge remains limited. This low awareness allows stigma and cultural misconceptions to thrive unchallenged in a vacuum of accurate information.

Gaps in the Literature

Although existing research offers insights into the broad relationships between culture, stigma, and mental health in Nigeria, few empirical studies specifically gauge the level of mental health awareness and precisely evaluate the contribution of local cultural perceptions to stigma within the distinctive socio-cultural context of Benue State. This study provides a quantitative examination of these factors, offering data-driven insights needed for developing targeted interventions for the people of Benue State.

Conceptual Framework

This study is conceptualized within a framework that posits the utilization of mental health services as the central outcome, directly influenced by the interrelated factors of stigma, cultural perceptions, and mental health awareness.

The framework proposes that these independent variables are dynamically interconnected. Cultural perceptions are a fundamental source of stigmatizing attitudes; attributing mental illness to supernatural causes directly fuels negative stereotypes and social rejection. Awareness acts as a potential mitigator of stigma, as accurate information can challenge harmful stereotypes and reduce misunderstanding. Each variable also has a direct effect on service utilization: high stigma discourages use, specific cultural perceptions divert individuals away from formal services, and low awareness results in individuals not knowing that services exist or how to access them. Effective intervention requires a simultaneous focus on all three domains.

Materials and Methods

Study Design and Area

This study employed a descriptive cross-sectional design in Benue State, North-Central Nigeria.

Study Population and Sampling

The target population was adults aged 18 and above. A sample size of 300 was determined using Cochran's formula. A multi-stage sampling technique was adopted, involving stratification into urban and rural settings and random selection of participants.

Data Collection Instrument and Validation

A structured questionnaire was used, containing sections on demographics, mental health awareness, and cultural perceptions of stigma. The instrument was validated by experts, and reliability was confirmed with a Cronbach's alpha coefficient exceeding 0.7.

Data Analysis

Data were analyzed using SPSS. Descriptive statistics summarized the data. A Chi-square test was employed to test the hypothesis, with significance set at $p < 0.05$.

Ethical Consideration

Ethical approval was obtained from the University of Calabar review board. Informed consent was secured from all participants.

Results

Demographic Characteristics of Respondents

The study surveyed 300 respondents. The majority (35.0%) were aged 35-44 years, and 68.0% were male. Most (59.0%) had a secondary school education, and 64.7% were from the Tiv ethnic group. A slight majority (54.7%) resided in urban areas, and 56.0% reported no prior experience with mental health services.

Level of Mental Health Awareness

The results in Table 1 show low mean scores for familiarity with mental health concepts (1.94), attendance at awareness programs (1.47), and information-seeking behavior (1.91). While the belief in the importance of mental health scored moderately (2.77), the overall cluster mean was 2.02, indicating a low level of mental health awareness.

Table 1: Calculation of Mean and Standard Deviation for Mental Health Awareness

S/No	Item	Mean (\bar{x})	Std. Dev.	Decision
1	How familiar are you with the concept of mental health?	1.94	1.06	Low
2	Have you ever attended any event or program on mental health awareness?	1.47	0.91	Low
3	Do you believe mental health is as important as physical health?	2.77	1.32	Moderate
4	How often do you seek information about mental health?	1.91	0.76	Low
Cluster Mean/Std.		2.02	1.01	Low

Contribution of Cultural Perceptions to Stigma

As shown in Table 2, respondents affirmed that cultural beliefs influence views on mental illness (mean=3.11), that stigmatization is frequent (mean=3.23), and that lack of awareness is a significant cause of stigma (mean=3.22). However, comfort in interacting with someone with a mental illness was low (mean=1.94). The cluster mean of 2.88 demonstrates that cultural perceptions contribute significantly to stigma.

Table 2: Contribution of Cultural Perceptions to Stigma

S/No	Item	Mean (\bar{x})	Std. Dev.	Decision
5	How much do cultural beliefs influence views on mental illness?	3.11	1.12	Very Much
6	How often are individuals with mental health issues stigmatized?	3.23	1.12	Very Often

7	How significant is lack of awareness as a cause of stigma?	3.22	0.94	Very Significant
8	How comfortable are you interacting with someone with mental illness?	1.94	1.16	Not Comfortable
Cluster Mean/Std.		2.88	1.09	Very Much

Hypothesis Testing

The null hypothesis (H_0) stated that cultural perceptions do not significantly contribute to the stigma associated with mental illness. The Chi-square test yielded a value of $\chi^2 = 76.35$ with 3 degrees of freedom and a p-value of .000. Since $p < 0.05$, the null hypothesis was rejected. This confirms a statistically significant relationship between cultural perceptions and mental health stigma in Benue State.

Discussion

This study provides compelling evidence of the intertwined challenges of low mental health awareness and stigma driven by cultural perceptions in Benue State, Nigeria. The findings indicate that general knowledge about mental health is limited, with residents exhibiting low familiarity with core concepts and infrequent engagement with awareness programs.

The significant role of cultural perceptions in perpetuating stigma, confirmed by the hypothesis test, resonates with previous studies in the region. Gyamfi et al. (2024) documented how the "Igbe" cultural practice among the Tiv people is perceived to cause mental illness, while Labinjo et al. (2020) found that Nigerians commonly attribute mental disorders to supernatural causes. Our findings corroborate this, showing that deep-seated cultural narratives directly fuel negative attitudes and social distancing.

The low level of awareness found in this study contrasts with intervention-based research, such as Chieshe and Kwaghgbah (2022), which reported improved awareness after targeted programs. This discrepancy underscores the current inadequacy of widespread mental health literacy initiatives in Benue State and highlights an area for urgent intervention.

Conclusion and Recommendations

This study demonstrates that cultural beliefs are a major driving force of stigma attached to mental illness and that awareness of mental health is low among Benue State residents. This combination forms a major obstacle to help-seeking and the efficient use of mental health services.

On the basis of these results, the following recommendations are made:

1. Develop Culturally Sensitive Public Education: Government and NGOs should create public education initiatives that combat specific local myths by incorporating culturally nuanced messages to maximize acceptance.
2. Promote Community Dialogue: Programs encouraging frank discussions about mental health within communities, involving traditional and religious leaders, can help normalize these topics and reduce stigma from within the social fabric.
3. Integrate Mental Health into Existing Structures: Mental health education should be included in school curricula and

community health outreach initiatives to establish an early foundation of knowledge within existing community infrastructure.

Conflict of Interest

The authors declare no conflict of interest.

References

1. Andersen, M. M., Varga, S., & Folker, A. P. 2022. On the definition of stigma. *Journal of Evaluation in Clinical Practice*, 28(5), 847-853.
2. Anyebe, E. E., Olisah, V. O., Garba, S. N., & Amedu, M. (2019). Current status of mental health services at the primary healthcare level in Northern Nigeria. *Administration and Policy in Mental Health and Mental Health Services Research*, 46, 620-628.
3. Chieshe, R. O., & Kwaghgbah, A. 2022. The impact of a mental health program on the attitudes and awareness of mental illness among secondary school students and teachers in Benue State. *Unpublished Manuscript*
4. Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70.
5. Dubreucq, J., Plasse, J., & Franck, N. 2021. Self-stigma in serious mental illness: A systematic review of frequency, correlates, and consequences. *Schizophrenia bulletin*, 47(5), 1261-1287.
6. Dudgeon, P., Bray, A., D'costa, B., & Walker, R. 2017. Decolonising psychology: Validating social and emotional wellbeing. *Australian Psychologist*, 52(4), 316-325.
7. Esan, O., Appiah-Poku, J., Othieno, C., Kola, L., Harris, B., Nortje, G., ... & Gureje, O. 2019. A survey of traditional and faith healers providing mental health care in three sub-Saharan African countries. *Social Psychiatry and Psychiatric Epidemiology*, 54, 395-403.
8. Ezeh, S. S., Mathias, B. A., & Ibekwe, C. C. 2020. Public Perception and Implications of Mental Illness in Enugu Urban, Enugu State, Nigeria. *International Journal of Social Sciences and Humanities Reviews*, 10(3), 27-40.
9. Gärtner, L., Asbrock, F., Euteneuer, F., Rief, W., & Salzmann, S. 2022. Self-stigma among people with mental health problems in terms of warmth and competence. *Frontiers in Psychology*, 13, 877491.
10. Gyamfi, S., Forchuk, C., Booth, R., & Luginaah, I. 2024. Enablers of Mental Illness Stigma: A Scoping Review of Individual Perceptions. *Mental Illness*, 2024(1), 8191281.
11. Jorm, A. F. 2012. Mental health literacy: empowering the community to take action for better mental health. *American psychologist*, 67(3), 231.
12. Jorm, A. F., & Oh, E. 2009. Desire for social distance from people with mental disorders. *Australian & New Zealand Journal of Psychiatry*, 43(3), 183-200.
13. Labinjo, T., Serrant, L., Ashmore, R., & Turner, J. 2020. Perceptions, attitudes and cultural understandings of mental health in Nigeria: A scoping review of published literature. *Mental health, religion & culture*, 23(7), 606-624.
14. Pescosolido, B. A., & Martin, J. K. 2015. The stigma complex. *Annual Review of Sociology*, 41(1), 87-116.

15. Ryan, G. K., Nwefoh, E., Aguocho, C., Ode, P. O., Okpoju, S. O., Ocheche, P., ... & Eaton, J. 2020. Partnership for the implementation of mental health policy in Nigeria: a case study of the Comprehensive Community Mental Health Programme in Benue State. *International Journal of Mental Health Systems*, 14, 1-13.
16. Shiraev, E. B., & Levy, D. A. 2020. *Cross-cultural psychology: Critical thinking and contemporary applications*. Routledge.
17. Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. 2016. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123-1132.