SOCIAL MEDIA AWARENESS ON HEALTH COMMUNICATION CAMPAIGNS AGAINST MENTAL HEALTH STIGMATIZATION AMONG BENIN CITY RESIDENTS

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Abstract
Mental health refers to an individual's emotional, psychological, and social well-being, while stigmatization involves unfavourable attitudes, discrimination, and social exclusion directed at persons struggling mental health issues. This study examined social media awareness on health communication campaigns against mental health stigmatization among Benin City residents. The study specifically sought to determine the level of knowledge Benin residents possess regarding mental health and stigmatization. Anchored on the Agenda-Setting Theory and African Ubuntu Philosophy. It describes the role of communal support in shaping communication for public consciousness, promoting care, empathy, and social acceptance. According to City Population (2026), Benin City is estimated at 2,120,460 residents, and the Krejcie and Morgan sampling formula was used to arrive at a sample size of 384 respondents. A quantitative research design was adopted, and data were collected using structured questionnaires and analysed using descriptive statistics. Chi-square was used to ensure the significance of the findings. Findings revealed that 79.7% agreed that they hold adequate knowledge of mental health disorders and their effects, represented in a mean score of 4.0. With significance statistically showing a distribution for knowledge of mental health, $\chi^2(4) = 266.29$, $p < .001$. The study concluded that social media and health communication campaigns have significantly enhanced public knowledge of mental health issues in Benin City despite persistent cultural misconceptions and stigma. The study recommended social-media campaigns should provide clear information about mental-health conditions, challenge discriminatory attitudes and encourage respectful public discussion.

Keywords: Benin City, health communication campaigns, mental health, social media awareness, stigmatization.

Introduction

The rapid mental health issues in Nigeria influenced by different factors like social, economic, and even environmental elements can be curbed using effective treatment and care support that goes beyond the hospital environment. Addressing these challenges in recent time in Nigeria calls for a collaborative strategy that combines both stakeholders and local resources to help provide support ranging from housing, welfare packages, education incentives, transport, among others (World Health Organization, 2022).

Looking at the growing concern of mental health issues in Nigeria for instance, it is imperative to critically look at the factors capable of affecting public engagement and perceptions in mental health initiatives. This is the thrust of this study in militating the factors influencing the choices of medical students who tends to specialise in handling mental health related issues and their medical education and training. Understanding these implications provides the essence and salient need of a psychiatry in the medical field, hence motivating prospective medical students to venture into this area (Bakare, Yakubu, Abubakar, Attahiru, Abdulsalam, Ahmad, Eneojo, Bello, Lawal, & Yunusa, 2024; Abayomi, Adelufosin, & Olajide, 2013).

Public awareness on the knowledge between mental health and media campaign against stigmatization in Benin City would prompt the formation of direct interventions for reducing stigma and the improvement of mental health initiatives to help promote public care and support in this area (Ukwuaniamaka, Anthony, Seluman, & Gbenga, 2024; Ogbonna, Azubuike, Enyam, Odo, & Nwadiche 2024). Though the World Health Organisation recently presented an estimates of 970 million people that is 13% of people living across the globe suffering various mental health issues each year (World Health Organization, 2022). Yet, the overall welfare for people struggling with mental health issues has received growing concerns, while the stigmatization has shielded people from seeking help both among professionals and within their immediate communities (Ogbonna et al.,

2024).

Yet, the lack of substantial information and research in this particular area in Nigeria and in Benin City has provide a wide gap this study aims to properly address, by examining the residents knowledge through social media campaign against mental health stigma among people suffering mental health issues in Benin City. The study seeks to explore different strategies media campaign has been effective in influencing attitudes and perceptions of people with mental health issues, hence enabling health care workers, media professionals, and policymakers to formulate effective initiatives for stigma reduction and proper mental health advocacy in Benin City.

The study aims to understand the gap of mental health awareness and the effectiveness of media campaign against stigma with people living with mental health issues. This study also seeks to understand media strategies that has helped in bridging this gap of stereotype and creating proper health communication campaigns to increase awareness and knowledge of mental health.

Statement of the Problem

The cases of depression, anxiety and stress-related disorders, with other psychological conditions have increased in Nigeria in recent years resulting from economic hardship, insecurity, unemployment, and social pressure. Notwithstanding, the growing concerns of mental health issues has left many Nigerians speculating and attributing these challenges with spiritual attacks and witchcraft rather than mere medical conditions that requires professional attention and help. This misconceptions helped promote stigmatisation among people struggling mental health issues.

According to Aluh, Agu, Igbokwe, and Anunwa (2025), negative social attitudes towards mental illness discourage victims from speaking out and seeking both professional and community help, hence reducing proper

public understanding of mental health issues. This has led to the advent of proper health comnunication campaigns to provide avenue for creating awareness, shaping misconceptions, and curbing stigma relating to mental illness. Public perception and awareness though remain inconsistent, residents are often informed about depression, anxiety, and emotional trauma, while many still prefer the traditional belief of attributing such issues to spiritual interpretations. Many Nigerians struggling with mental health issues avoid places like the hospital and other professional counselling centres because of fear of being labelled "mad, insane or even socially rejected" (Ogbonna et al., 2024; Oguntoye et al., 2026).

In many communities in in Nigeria, people suffering mental health challenges are still closet due to fear of being mocked, or discriminated against, hence worsening their psychological condition. This scenario suggest ways health communication campaigns exist, though their efficiency in changing public perceptions and attitudes may still be limited. It is against this backdrops that this study seeks to examine the awareness of Benin City residents in relation to mental health and health communication campaigns against stigmatization in Nigeria.

Objectives of the study

This general objective of the study is to examine the social media awareness on health communication campaigns against mental health stigmatization among Benin City residents. The followings, therefore, are the main objectives of this study:

1. To understand the level of knowledge Benin City residents have on mental health and stigmatization
2. To examine social media campaign against mental health stigmatization in recent times
3. To investigate the factors promoting mental health stigma among Benin residents

Research Questions

1. What level of knowledge do Benin City residents have on mental health and stigmatization?
2. How have social media campaign against mental health stigmatization in recent years?
3. What are the main factors promoting mental health stigma among Benin City residents?

Review of Related Literature

Mental Health

Mental health is the state of emotional and psychological well being of any individual in the society. This state on mind eschews illness and disorder. Individuals with sound mental mind often navigate daily troubles, perform academic and professional pursuits, and contribute positively to their communities. People with mental health wellness have the ability to engage in relationships with others within and outside their communities, take daily informed decisions, communicate and associate with members of the publics, and have the propensity to contribute to the development of their immediate environment (World Health Organization, 2023).

Mental health issues or mental illness often include anxiety disorder, depression, and schizophrenia among other psychological disorders. Drug use disorder, pediatric difficulties, adolescent eating disorders and Alzheimer's disease. Prolonged mental health issues especially without care and support often have negative influence on the social, professional, academic, relationship with others, and personal life of the individual which can most time prompt suicide intentions or tendencies (World Health Organization, 2023; Terungwa, 2015).

Understanding the term mental illness and the treatment for people struggling with it in Nigeria are alarmingly inadequate (Omolayo, Mokuolu, Balogun, Omole, & Olawa 2013). This presents the undiluted fact that mental well-being of people has greater positive influence in their lives,

organizations, and the nation at large. Factors like demographics ranging from age, gender, and ethnicity are elements capable for influencing mental health either in a beneficial or detrimental way. Effective influences often mitigates the risk of mental illness by promoting and sustaining optimal mental health (World Health Organization, 2023).

Mental illnesses surpasses a broad spectrum of psychological and emotional disorders. They often use terms like substance dependence, psychiatric diseases, learning disabilities, neurological impairments, learning disabilities, eschewing from intellectual disability Omolayo et al. (2013).

Stigmatization

Stigma often results from harsh, uncultured, and unfavourable attitudes and beliefs associated with certain elements, social group, events and cognitive dissonance (Gaiha et al., 2020; Rogers, 2017). Stigma is the maligning or marginalising of people based on their current state of mental illness, perceived differences that promotes prejudice (Raduns, 2018). People may face stigma related cases based on their sexual orientation, race, gender, physical appearance, most saliently mental health issues (Santoniccolo et al., 2023b; Sheikhan et al., 2023). There are different studies that have examined the interaction between global media representation and stigma around mental health (Eichenberg et al., 2023; Stewart, 2006). Public stigma is the negative attitudes and perceptions held by society towards individuals or groups of people often seen as divergent from social expected norms (Kaushik et al. (2016); Parcesepe & Cabassa (2013). Public stigma associated with mental health may also be in form of skewed perceptions of those with mental diseases (Elkington et al., 2012).

Societal unfavourable treatment and attitudes towards them, marginalization, and mockery can often results to self-stigma (Sheikhan et al., 2023). Studies like Antebi and Whitley, (2022); Vivian, Adelabu, Bernice, and Emokiniovo (2024), have shown that media's influence on the stigma surrounding mental illness. Comparative analyses with global studies

have provided a more contextual understanding of the circumstances in some parts of Nigeria. Stigma may deter people from seeking professional mental health care and support due to fears, discrimination or prejudice by isolating themselves from persons they could have request support and help from. The media needs to provide authentic and positive representations of them.

Mental Health Awareness Campaigns

One of the primary advantages of social media is its ability to rapidly and cost-effectively reach huge audiences with ease. As a result, a more sophisticated use of social media has emerged in recent years, including outreach, trend analysis, and awareness-raising to enhance mental health (Kaplan & Haenlein, 2010; Olowu, 2023).

Previous study by Guld, (2020), in Nigeria reveals that individuals often see these specialists for mental health therapy and believe that supernatural forces contribute to mental illness. But media campaigns in recent years have helped utilize unique messages to address different socio-economic and cultural barriers of this kind. Just like the #HereForYou campaign launched by Intagram in 2017, to promote public and mental health, influential personalities like Dr. Gemba Chinonso Fidelis popularly known as 'Aproko Doctor' on Instagram emerged in 2017, speaking on improving the mental, social and public health and wellbeing of individuals particularly the youths in Nigeria.

These campaigns have highlight why Nigeria ranks fifth in newly displaced individuals due to conflict (Internally Displacement Monitoring Centre, 2020), third in terms of terrorism (Institute for Economics & Peace, 2019), as the most impoverished nation globally (Adebayo, 2018), and is home to one in five out-of-school children (approximately 10.5 million aged 5 to 14) (UNICEF, 2019).

Factors Leading to Nigerian Mental Health Problems

A mental health epidemic is now raging throughout Nigeria. Due to the unequal distribution of the mental health workforce, mostly located in urban areas, combined with the failure of the main healthcare system to sufficiently handle mental health issues, Ugochukwu et al. (2020) claim that

patients needing psychiatric treatment are often assigned to family members. Statistics show that about eighty percent of Nigerians suffering from major mental health issues lack access to treatment facilities. This largely arises from the stigma and negative society ideas surrounding mental health concerns as well as the lack of mental health professionals, facilities, and resources in the country (Demyttenaer et al., 2004).

Customizing therapy to fit the demands of the Nigerian local population calls for an awareness of the many socioeconomic and cultural factors that could influence outcomes related to mental health (Carter et al., 2021; Naslund & Deng, 2021).

Insufficient Instructional Facilities

According to Bzdok and Meyer- Lindenberg (2018), the Nigerian medical school system struggles to include modern teaching strategies such mannequins and simulations, consequently psychiatry is largely taught via imagination, thereby restricting knowledge and practical experience. Lack of information, knowledge and awareness of this magnitude in pharmacy curricula makes pharmacists unable to provide proper mental health services, hence stressing the urgent need for enough professionals in the field and proper mental health training (Bamgboye et al., 2021).

Also, e-learning is greatly relied on by Nigerian institutions to improve conventional prospects and approaches such as lecture notes and recorded audiotapes, hence provide the urgent need for more contemporary learning materials (Oriji et al., 2023). The Nigerian medical educational system has to be completely equip with new curriculum and facilities if it is to solve these challenges and close the gaps in mental knowledge (Bakare et al., 2026).

Insufficient Research Experience

Restricted access to such data means that research results from industrialized countries might help Nigeria improve its mental health care. While some discoveries have improved healthcare, others go underused

since they have little bearing on the problems and demands of the country. Most Nigerian medical schools require that first supervised research projects be completed by final year students before they may graduate (Adejumo et al., 2021; Kingpriest et al., 2025).

Most of these undergraduates see projects as mere graduation requirements, not as a basic component of medical school, this has results to lack of essential abilities. With short duration covering the span of their project research, saddled with other rigorous academic activities, they cannot develop good research skills, and this has hindered effective growth in the medical development in Nigeria and ultimately produces doctors with insufficient research skills (Osoba et al., 2021).

Lack of Medical Insurance

Notwithstanding improvements in health insurance, relevant statistics shows that Nigeria's overall health coverage is insufficient and unfair, showing great socioeconomic inequalities between rich and poor people as well as between rural and urban populations (Chukwudozie 2015). Given Nigeria's underdeveloped and unfair healthcare system as well as a scarcity of mental health experts in relation to other low-income African nations, improving mental health treatment in the country presents difficult challenges. By means of the task-sharing approach, which has shown success in Nigeria, mental health services may be included into primary care therefore improving access to mental health treatment facilities (Abdulmalik et al., 2019).

Empirical Review

Ukwuaniamaka et al. (2024) studies examined investigated students perceptions of the effectiveness of mass media campaigns on mental health awareness in Nigeria. This study focused on the students of Auchi Polytechnic as the study area. Hence, the researchers were mainly concerned about the growing stigma surrounding mental health problems, and investigated how media campaigns have been able to serve as an instruments for increasing the awareness and curbing the problem. Though, both studies

examine media campaign as a tool for enhancing the awareness of mental health issues. However, its focus was on mass media generally, rather than social media specifically.

Consequently, the present study focuses on social media as a tool for mental health awareness and stigma while examining the residents of Benin City. The findings cannot adequately explain how the broad spectrum of Benin City population sees, understand, and responds to social media health campaigns. Hence, the current study fills both population and geographical gap, while using social media context instead of the general mass media, therefore providing evidence on the role of digital platforms in addressing mental health stigma.

A study conducted by Odukoya et al. (2024) provided a comparative randomized controlled trial for internet users in Nigeria and Kenya to determine how e-intervention could curb stigma among people with intellectual disabilities. Respondents were chosen online with assigned experimental or control condition. The findings provided a positive change in the attitudes of participants exposed to the intervention and their willingness to interact with people with intellectual disabilities.

This study provide the current research with empirical evidence that digitally delivered educational interventions can influence stigma-related attitudes among internet users in Nigeria. Hence, while the study mainly focused on intellectual disability stigma, the present study examined mental health stigma generally. The previous study examined the effect of a controlled e-intervention rather than resident's awareness and health communication campaigns on social media. Yet, the previous study generally included Nigeria and Kenya without a particular focus like the present study on Benin City residents.

A study by Potts and Henderson (2021) examined the Time to Change Global anti-stigma social marketing campaigns in Accra, Ghana, and Nairobi, Kenya. The researchers used pre- and post-campaign data to examine changes associated with mental health knowledge, attitudes and

desired social marketing campaigns in Accra and Nairobi. The campaigns used social and traditional media, including Facebook, Instagram, Twitter (X) and Radio. The campaign achieved a significant reduction in social distance in Ghanna, while it recorded great improvement in mental health related knowledge in Kenya. The study therefore provide empirical evidence from African urban populations that anti-stigma communication campaigns can influence important stigma outcomes. It shows the use of social media as part of a broad communication strategy for challenging negative attitudes towards people experiencing mental health issues. Hence, the study is related to the present study on social media awareness and health communication campaigns.

Nonetheless, Potts and Henderson (2024) studied Ghana and Kenya and not Nigeria. Also, the study was structured on social marketing campaign through pre-post design, while the present study examined the awareness of health communication and social media campaigns among residents in Benin City specifically.

A study from Nwagbara and Dennis (2025) examined the role of X (Twitter) in shaping mental health related conversations in Nigeria. Sharing semi-structured interviews with 15 Nigeria X users and thematic analysis, the researchers investigated how tweets influence mental health discussions and cultural taboos. Findings from the study shows that cultural stigma reinforces spiritual explanation to mental illness and fear of negative reactions limit those suffering mental health from speaking out. Their findings shows that X creates opportunities for greater discussion of mental health especially among youth.

The study provide a close relation to the present study on the aspect of shaping mental health conversations in Nigeria but focused only on 15 X users thereby providing a qualitative evidence rather than a population and geographical based quantitative insight and participation. Also, it mainly focused on online conversations instead of systematically examining

awareness of health communication campaigns among residents in Nigeria generally and Benin City specifically, hence the gap this presents study filled.

However, Anake, Chimuanya, and Ogbulogo (2025) investigated mental health awareness discourse on two Instagram platforms namely: Mentally Aware Nigeria Initiative (MANI) and She Writes Woman. Using both descriptive quantitative and qualitative analysis, the findings presented major themes relating to diagnosis, prevention/treatment, and therapy/recovery by demonstrating that Instagram platform provides a space through which mental health awareness advocates for the spread of information among wider audience. There is a very close relation between both studies because they both provide information on how mental health awareness messages are communicated using social media in Nigeria. The study advocate that Instagram can be used as a strong communication channel for mental health communication. Yet, the present study fills the audience effect gap by drawing attention on Benin City residents, hence showing social media awareness, perceptions, and the potential implications of the exposure to mental health anti-stigma campaigns.

Theoretical Framework

This study is anchored on two theories; the Agenda-setting Theory of the media and the African Ubuntun Philosophy. The concept was first proposed by Maxwell McCombs and Donald L. Shaw in 1972/1973. Agenda Setting Theory posits that although the media, particularly news outlets, effectively informs the public about what issues to consider, they are not always adept at dictating how to interpret such issues. The Agenda Setting Theory elucidates how the news media aids the public in evaluating the significance of many societal issues, as noted by Zhu and Blood (1997), referenced by Michael and Oshioma (2012).

This enables media actions to influence individuals' perceptions of what is significant, appropriate, or desirable. Individuals' perceptions are influenced when certain aspects of reality are emphasized while others are overlooked. The fundamental foundation of the theory is that although media

may not instruct individuals on how to think, it may serve as a catalyst for discourse. The media ultimately influences the public's perceptions and apprehensions. Freimuth's (2014) research on agenda-setting theory indicates that a substantial segment of the public acquires health-related information via the media. The media supplies policymakers and formulators with a significant volume of information.

Using the Agenda-setting theory, media outlet in Nigeria can use agenda-setting to bring mental health issues to the forefront in cases where mental health may not be prioritized in public discourse. Nigeria media outlets can consistently cover mental health topics in news programs, talk shows, and social media platforms to make mental health a national conversation. Also, if Nigerian media could adopt the use of influential Nigerian celebrities/personalities who could potentially speak about mental health challenges, by so doing, the media can use its agenda-setting power to de-stigmatized mental health issues in Nigeria.

The African Ubuntu Philosophy (Theory)

Ubuntu is a Southern African Philosophy that emphasizes community care, togetherness and mutual support for one another (Gade, 2011 in Martins, 2024). This theory is rooted in the concept of traditional cultures of South Africa communities and it gained international attention and philosophical articulation during the 20th century, particularly through the work of several African leaders, scholars, and philosophers who were prominent African Nationalist and foremost leaders of their respective countries. These were persons like Julius Neyerere who made a philosophical concept of 'Ujamaa', meaning “family hood” which is closely aligned with Ubuntu. This concept were also popularized by Desmond Tutu and Nelson Mandela during the post-apartheid era in South Africa in the 1990s.

The application of this theory and philosophical concept waters down on the Ubuntun-inspired stories that emphasizes care and empathy for those within our African communities especially those who are suffering from mental health related issues and encourage support for one another. By extension, isolation should not be encouraged as mental health affect not just the individual but the community in which they belong. Media can create a shared sense of responsibility by leveraging its broad reach and influence to shape public perceptions, drive conversations, and inspire action. This can be done through Radio and TV programs like talk shows, debates, and interviews featuring mental health professionals, caregivers, and individuals living with mental illnesses. These programs can encourage community members to take active roles in supporting individuals with mental health. This can be done for local solutions, involving churches, and schools.

Methodology

This study adopted a quantitative research design to examine how social media campaign on health communication have been used in reducing stigma and promoting treatment of mental health issues. Primary data were collected using a structured questionnaire containing closed-ended items designed to capture respondents' perceptions, attitudes, and experiences regarding mental health stigma and treatment-seeking behaviour.

The population comprised residents of Benin City, estimated at 2,120,460 (World Population Review, 2026). A sample size of 384 respondents was determined using Krejcie and Morgan's (1970) sample size formula. Stratified random sampling was employed to ensure adequate representation across age, gender, and socio-economic groups. The response rate of 384 (100%) was achievable due to the adoption of the spot filling of the questionnaire, hence making it difficult to loss a copy.

The instrument validity was established using face and content validity. Hence, experts in the field of communication and social sciences were used. A pilot test was conducted amongst 20 respondents outside the

study population to confirm the instrument's clarity and internal consistency, yielding a reliability coefficient exceeding the accepted threshold of 0.70. The method of data was descriptive statistics, and their significance to the study were further tested using Chi-square test of independence essentially examining a relationship between categorical variables.

Ethical Considerations: Informed consent was duly obtained from all respondent prior their involvement in the study. Participants were assured of complete confidentiality, with the assurance that their personal information collected was unidentifiable. Hence, their participation was entirely voluntary, and they were given the right to withdraw at any point without consequence. This means that the researchers worked in strict compliance with the established ethical standards governing social science research.

Data Presentation

Table 1:

Demographic Characteristics of Respondents (N = 384)

Demographic Variables	Categories	Frequencies	Percentages
Sex	Male	191	49.74%
	Female	193	50.26%
	Total	**384**	**100.0%**
Marital Status	Single	198	51.56%
	Married	164	42.72%
	Divorced/Windowed	22	5.72%
	Total	**384**	**100.0%**
Age Bracket	18-25	66	17.18%
	26-35	164	42.70%
	36-45	118	30.72%
	46 and above	36	9.4%
	Total	**384**	**100.0%**

Source: Field Survey, 2026.

Table one shows the demographic traits of the 384 respondents. Showing the sex distribution with a relatively balanced representation, with females constituting 193 (50.26%) and males 191 (49.74%), also indicating that the findings reflect perspectives from both sexes. For the marital status, single respondents formed the majority showing 198 (51.56%), married

respondents 164 (42.72%), while divorced/widowed respondents showed 22 (5.70%). This indicate that single people formed majority of respondents in this study. Regarding age range, respondents between the ages of 18-25 represent 17.18%, also 26-35 years accounts for 42.70% from the population, and those within 36-45 years constitute 30.72%, while 46 and above represents 9.4%. Hence, indicating that majority of the respondents are within the ages of 26-35 years old. This therefore implies that the study largely constitute young and middle-ages adults who are likely to actively encounter social media campaign on mental health.

Psychographic Data

Psychographic Data

Table 2: What level of knowledge do Benin residents have on mental health and stigmatization?

Variables	SA	A	UN	SD	D	Total	Mean	Remark
I have adequate knowledge about mental health disorders and their effects on individuals.	166 43.2%	140 36.5%	11 2.9%	48 12.5%	19 4.9%	384 100%	4.0	Accepted
I believe that mental health challenges should not be a source of discrimination in society.	156 40.6%	186 48.4%	8 2.1%	20 5.2%	14 3.6%	384 100%	4.2	Accepted

Source: Field Survey, 2026

Table 2: Chi-square test of respondents' knowledge of mental health and attitudes towards stigmatisation

Variables	χ^2	df	p-value	Decision
Adequate knowledge about mental health disorders	266.29	4	< .001	Significant
Mental health challenges should not be a source of discrimination	391.94	4	< .001	Significant

Based on the analysis presented on both table 2 above, respondents holds a substantial knowledge of mental health and demonstrated positive attitudes towards individuals living with mental health challenges. Showing 79.7% agreed that they hold adequate knowledge of mental health disorders and their effects, represented in a mean score of 4.0. In the same vein, 89.0% agreed that mental health challenges should not hold ground for discrimination, showing a mean score of 4.2.

Hence, the inferential results revealed statistically significant response distribution for both variables: knowledge of mental health, $\chi^2(4) = 266.29$, $p < .001$, and attitudes towards discrimination, $\chi^2(4) = 391.94$, $p < .001$. Thus, statistical evidence on responses significantly favoured agreement rather than being evenly distributed.

Table 3: How have social media campaigns against mental health stigmatization in recent times?

Social media campaigns have increased my awareness of mental health stigmatization in recent times.	173 45.1%	148 38.5%	9 2.3%	28 7.3%	26 6.8%	384 100%	4.1	Accepted
Messages on social media have encouraged people to speak openly about mental health issues.	128 33.3%	139 36.2%	21 5.5%	52 13.5%	44 11.5%	384 100%	3.7	Accepted

Source: Field Survey, 2026

Table 3: Chi-square test of perceived contribution of social media campaigns

Variables	χ^2	df	p-value	Decision
Social media campaigns have increased awareness of mental health stigmatization	310.97	4	< .001	Significant
Social media messages encourage open discussion of mental health	147.07	4	< .001	Significant

Table 3 indicates that respondents positively perceived social media campaigns as channels for mental-health awareness and anti-stigma communication. Specifically, 83.6% agreed that social-media campaigns had increased their awareness of mental-health stigmatization, with a mean score of 4.1. Similarly, 69.5% agreed that social-media messages encouraged people to discuss mental-health issues openly, with a mean score of 3.7.

The inferential results showed statistically significant response distributions for both statements: increased awareness, $\chi^2(4) = 310.97$, $p < .001$, and open discussion, $\chi^2(4) = 147.07$, $p < .001$. This therefore presents a response with agreement significantly favoured, supporting the role social media plays in mental-health communication.

Table 4: What are the main factors promoting mental health stigma among Benin residents?

Variables	SA	A	UN	SD	D	Total	Mean	Remark
Cultural beliefs and misconceptions contribute greatly to mental health stigma among Benin residents.	199 51.8%	139 36.2%	7 1.8%	21 5.5%	18 4.7%	384 100%	4.3	Accepted
Lack of proper education and awareness promotes negative attitudes towards people with mental health conditions.	164 42.7%	93 24.2%	19 4.9%	72 18.8%	36 9.4%	384 100%	3.7	Accepted

Source: Field Survey, 2026

Table 4: Chi-square test of factors promoting mental health stigmatization

Variables	χ^2	df	p-value	Decision
Cultural beliefs and misconceptions contribute to mental health stigma	393.81	4	<.001	Significant
Lack of proper education and awareness promotes negative attitudes	167.90	4	<.001	Significant

Based on the analysis presented on both table 5, it indicates that cultural beliefs and misconceptions were the most strongly considered contributors to mental-health stigma, showing 88.0% of respondents agreeing and/or strongly agreeing with a mean score of 4.3. In the same vein, 66.9% agreed that inadequate education and awareness promote negative attitudes towards people with mental-health conditions, resulting to a mean score of 3.7.

This inferential results in Table 5 revealed a significant response distribution for both factors: culture and misconceptions, $\chi^2(4) = 393.81$, $p < .001$, and inadequate education and awareness, $\chi^2(4) = 167.90$, $p < .001$. Both findings reinforce the noticeable influence of cultural misconceptions and inadequate mental-health education as perceived sources of stigma.

Discussion of Findings

Research Question One: What level of knowledge do Benin City residents have on mental health and stigmatization?

From the findings on Table 2, responses demonstrate that Benin City

residents holds a high level of knowledge about mental health and exhibit favourable attitudes towards people experiencing mental health challenges. Showing a 79.7% agreement that respondents has sufficient knowledge and another 89.0% agreement that mental health challenges should not constitute any base for discrimination since mental health awareness has gained significant acceptance among the respondents. The statistically significant χ^2 results further indicate that these positive response patterns were substantially different from an equal distribution across the five response categories.

This finding is consistent with recent evidence demonstrating the potential of communication and educational interventions to improve mental-health knowledge and reduce stigma. Ogbonna et al. (2024), demonstrate continuing importance in addressing stigma in Nigeria as a barrier to equitable healthcare. More so, the findings should not be seen as evidence that stigma has been curb or eliminated. Anti-stigma interventions always produce modest effects that may decline over time (Song et al. 2023).

Thus, although the present findings reveal encouraging knowledge and attitudes, sustained communication and community-level interventions remain necessary to translate awareness into enduring behavioural change.

Research Question Two: How have social media campaign against mental health stigmatization in recent years?

Following the findings on Table 4, shows that social media campaigns are perceived as important mechanisms for increasing awareness of mental-health stigma and encouraging more open discussion of mental-health issues among Benin City residents. The strongest result was recorded for increased awareness, where 83.6% of respondents agreed or strongly agreed that social-media campaigns had increased their awareness of mental-health stigmatisation. The corresponding mean of 4.1 and statistically significant χ^2 result indicate a pronounced concentration of responses towards agreement. Although the proportion agreeing that social-

media messages encourage open discussion was lower at 69.5%, the mean of 3.7 and significant χ^2 result still indicate a positive assessment.

In line with the study of Odukoya et al. (2024), engaging Nigeria and Kenyan internet users showed the potential of an e-intervention to properly address disability-related stigma. The findings also aligns with Ukwuaniamaka et al. (2024), were Nigerian students showed high awareness, favourable attitudes and perceptions towards media's campaigns for mental-health. Also, expanding the research interest, Tudehope et al. (2024) demonstrates social media representations of mental health, not excluding stigma associated with it, based on systematic review has highlights methodological diversity in this concept.

However, the findings should be interpreted with caution. Social media is not inherently anti-stigmatising; it can also reproduce stereotypes, misinformation and negative representations. The lower agreement concerning open discussion compared with awareness suggests that information exposure may be easier to achieve than attitudinal or behavioural transformation. Thus, the present study supports social media as an important awareness channel but indicates that sustained, credible and interactive communication is needed to convert awareness into meaningful stigma reduction.

Research Question Three: What are the main factors promoting mental health stigma among Benin City residents?

The findings from Tables 5 and 6 demonstrate that cultural beliefs, misconceptions, inadequate education and insufficient awareness remain important perceived drivers of mental-health stigma among Benin City residents. Cultural beliefs and misconceptions emerged as the strongest factor, with 88.0% of respondents agreeing or strongly agreeing with the statement and a mean score of 4.3. This was followed by lack of proper education and awareness, which attracted 66.9% agreement and a mean of 3.7. The statistically significant χ^2 results provide additional evidence that

respondents' views were substantially concentrated around agreement rather than evenly distributed across the response categories.

The finding is consistent with recent Nigerian scholarship emphasising the persistence of stigma as a barrier to mental-health and healthcare equity. Ogbonna et al. (2024) specifically identify stigma as an important issue requiring attention within Nigeria's healthcare system and argue for approaches capable of addressing its social dimensions. The finding also corresponds with Odukoya et al. (2024), whose Nigerian component of an e-intervention study demonstrates the relevance of culturally appropriate digital approaches to addressing stigma. Hence, anti-stigma communication should not simply increase the volume of mental-health information. It should specifically challenge culturally embedded misconceptions, provide accurate explanations of mental-health conditions and promote narratives that humanise people living with such conditions.

Conclusion

The study examine Benin City residents demonstrate a relatively high level of knowledge about mental health and generally favourable attitudes towards people experiencing mental health challenges. The strong agreement that mental health conditions should not constitute a basis for discrimination indicates an encouraging movement towards greater acceptance and reduced prejudice. Findings from this study shows that social media health communication campaigns are seen as important tool for creating greater awareness against mental health stigma and encouraging more open conversations about mental health. This will be a great avenue to promote anti-stigma advocacy and public health communication.

Nonetheless, the findings also shows that increased awareness does not actually end stigma. Cultural beliefs and misconceptions still reinforce unfavourable attitudes most especially areas that still lack proper education and awareness. These perceptions is significantly prominence among most residents within the study area of this research.

Furthermore, effective mental-health campaigns within Benin City is expected to go beyond general awareness creation towards a sustained, evidence-based and culturally sensitive interventions capable of promoting social media communication with community engagement, mental-health education and credible professional information. Such an integrated approach is more likely to translate awareness into lasting attitudinal and behavioural change.

Recommendations

1. In order to increase the awareness level of mental health anti-stigma campaign, government health agencies, mental-health professionals and communication organisations should sustain and expand evidence-based social-media campaigns that provide clear information about mental-health conditions, challenge discriminatory attitudes and encourage respectful public discussion. Campaigns should use culturally relevant messages and trusted health professionals to improve credibility.
2. Based on the inadequate outcome of social media campaign in recent years, mental-health anti-stigma programmes should directly address cultural beliefs and misconceptions through community-based communication. Traditional rulers, religious leaders, community leaders, healthcare workers and other trusted opinion leaders should be incorporated into campaigns so that culturally embedded misconceptions can be discussed and corrected rather than addressed exclusively through online communication.
3. Following the underlining factors promoting mental health stigma in Benin City, users should increase the use of social media platforms as a better means in promoting awareness campaigns for behavioural change. Through engaging social media contents, victims' stories, and interactive sessions with mental-health experts there will be greater awareness and acceptance, and most saliently create an enabling environment for help-

seeking and support for people struggling mental health issues.

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