

Socio-Cultural Stigma, Parental Anxiety, and Mental Health Crises Among Male University Students in Southern Nigeria

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Abstract

Mental-health difficulties among university students in Nigeria occur within social, family and institutional environments that can shape how distress is recognized, expressed and addressed. This study examines the relationship between socio-cultural stigma, masculine role expectations, family emotional strain and parental anxiety in relation to mental-health experiences among male university students in Southern Nigeria. The study used a cross-sectional mixed-methods design involving 330 quantitative participants: 200 male undergraduates and 130 parents of male undergraduates experiencing academic or behavioural difficulties. In addition, 20 key informants were interviewed qualitatively. Data were collected using the Male Student Mental Health and Social Behaviour Questionnaire (MSMHSBQ), an adapted Beck Anxiety Inventory (BAI) for parental anxiety symptoms, and the Family Emotional Frustration Scale (FEFS). Quantitative data were summarized using descriptive statistics and, where the analytic sample was appropriate, Pearson correlation and multiple regression. Qualitative material was organized thematically. The descriptive results show substantial levels of reported substance-related problems, depressive symptoms, antisocial or cult-related behaviour, and academic anxiety among the student subgroup, alongside moderate or severe anxiety symptoms among many parents. The manuscript's original inferential results reported positive associations among student dysfunction, family frustration and parental anxiety; however, because the original statistical output was not supplied with the manuscript and the parent and student subsamples were reported separately, those inferential coefficients require verification against the original dataset before they are treated as definitive. The findings support a cautious interpretation in which stigma, masculine expectations and family strain may be associated with help-seeking and psychological distress. The paper recommends culturally responsive counselling, mental-health literacy, confidential male-friendly services, family psychoeducation, early identification of distress and stronger collaboration between universities, families and mental-health professionals.

Keywords: socio-cultural stigma; parental anxiety; mental health; male students; university students; Southern Nigeria; counselling; masculinity; psychological distress.

Introduction

University students in Nigeria experience academic, financial, interpersonal and social pressures that can interact with psychological wellbeing. For male students, these pressures may be accompanied by expectations concerning independence, emotional control, academic achievement and future economic responsibility. Such expectations do not necessarily produce psychological difficulties, but they may affect how distress is interpreted and whether formal support is sought.

Mental health is also embedded in family, religious and community contexts. In settings where psychological difficulties are sometimes interpreted through moral, spiritual or character-based explanations, stigma can discourage disclosure and professional help-seeking. Research among Nigerian university health-care students, for example, has identified stigma as a barrier to mental-health service utilization and has shown the relevance of religious and social interpretations of mental illness (James et al., 2020). A recent mixed-methods systematic review of university students in Africa likewise found that stigma, concerns about others' reactions, inadequate mental-health literacy and financial constraints can hinder access to mental-health support (Wao et al., 2025).

The present study focuses specifically on male university students and the family environment surrounding students who experience academic or behavioural difficulties. Rather than treating student distress as an isolated individual problem, the study considers the possible connections among socio-cultural stigma, masculine expectations, family emotional strain, parental anxiety symptoms and help-seeking.

Previous local studies provide contextual evidence. Ekeng and Jacks (2019) examined psychosocial behaviour, emotional depression, substance abuse, self-esteem and academic performance among junior secondary school students in Cross River State. Ekeng, Peters and James (2019) examined emotional depression, academic concentration and academic performance among secondary-school students in the same state. These studies are useful for understanding the educational context, but their younger populations mean that they cannot substitute for evidence concerning university students. This distinction is important in defining the research gap.

Similarly, Ekeng et al. (2022) examined psychosocial adjustment and mental health among older adults, while other studies by the authors addressed counselling, trauma, social integration, emotional intelligence. These works provide local

counselling perspectives, but the present study is concerned specifically with male university students and parental psychological distress. The need for a more focused evidence base is reinforced by recent reviews showing that university students in Africa often rely on informal support and face multiple barriers to formal mental-health services (Wao et al., 2025).

Conceptual Focus and Research Model

The central outcome is parental anxiety symptoms, while student psychological/behavioural difficulties and family emotional frustration are treated as related explanatory variables. Socio-cultural stigma and masculine role expectations are considered contextual factors that may shape the expression of distress and help-seeking. The model does not assume that student mental-health difficulties cause parental anxiety.

Conceptually, the proposed relationships are: (1) masculine norms and socio-cultural stigma may be associated with reduced disclosure or help-seeking; (2) student psychological or behavioural difficulties may coexist with family emotional strain; (3) family emotional strain may be associated with parental anxiety symptoms; and (4) university counselling and family support may provide pathways for early identification and intervention. These are associations propositions consistent with a cross-sectional design, not causal claims.

Socio-Cultural Stigma and Mental Health

Socio-cultural stigma refers to negative stereotypes, attitudes or discriminatory responses toward people because they are perceived to have an undesirable characteristic. In mental health, stigma may involve beliefs that psychological distress indicates weakness, instability, spiritual affliction or dangerousness. Stigma may operate publicly, internally through self-stigma, or institutionally through inadequate access to appropriate support.

Evidence from Nigeria indicates that stigma can affect mental-health service use. James et al. (2020) found that stigma among university health-care students was associated with attitudes toward mental-health services and that religious themes were prominent in participants' accounts. A qualitative follow-up study further identified culturally embedded explanations and social consequences as important components of mental-health stigma among Nigerian university health-care

students (James et al., 2023). These findings support the importance of examining stigma without assuming that all students or families hold the same beliefs.

The work of Ekeng, Abuo and Akpan (2020) on counselling stigmatized persons for social integration provides a local counselling perspective on the social consequences of stigma. However, the study population and research question differ from those of the present study; therefore, it is used as contextual literature rather than direct evidence about male university students.

Masculinity, Emotional Expression and Help-Seeking

Masculinity is shaped by social and cultural expectations concerning independence, emotional control, strength and responsibility. These qualities are not inherently harmful. Difficulties may arise when rigid expectations make emotional disclosure or help-seeking appear incompatible with being a man. Systematic reviews of university students have identified self-reliance, stigma and limited mental-health literacy among common barriers to help-seeking (Lipson et al., 2022). A recent review also identified gendered cultural expectations and pressure to suppress emotional expression as barriers reported by male students in some university populations (O'Connor et al., 2025).

For Southern Nigerian university students, the relevance of masculinity should therefore be investigated empirically rather than assumed. The present study treats masculine expectations as a contextual factor that may influence how male students communicate distress and use support services.

Student Psychological Distress and Academic Functioning

Psychological distress can affect concentration, attendance, motivation, interpersonal relationships and academic functioning. The direction of the relationship may be complex: academic problems can accompany distress, while distress can also make academic demands more difficult to manage. Because the present study is cross-sectional, it cannot determine temporal direction.

Local studies by Ekeng, Peters and James (2019) and Ekeng and Jacks (2019) provide evidence that emotional and psycho-social factors are associated with educational outcomes among secondary-school students in Cross River State. Their findings are relevant as contextual evidence but should not be generalized directly to university students.

Family Emotional Strain and Parental Anxiety

Parents may experience worry when a child's academic, behavioural or psychological difficulties threaten expected educational and occupational pathways. However, parental anxiety should be described as anxiety symptoms or psychological distress unless a clinical diagnosis has been established by an appropriately qualified professional using accepted diagnostic procedures. The Beck Anxiety Inventory is a symptom-severity instrument; it does not by itself establish a diagnosis of an anxiety disorder.

Trauma, Stigma and Counselling

Some university students may have histories of bereavement, family conflict, violence, abuse or other stressful experiences. Counselling approaches that recognize trauma can support emotional regulation, safety, social connection and appropriate referral. Ekeng, Abuo and Bassey (2021) discussed trauma-informed counselling in relation to children and adolescents, providing a local counselling perspective. The principles may be relevant to university settings, but the difference in population must be acknowledged.

Counselling services can provide confidential opportunities to discuss academic, emotional, interpersonal and family difficulties. Evidence from African university populations suggests that universities should strengthen mental-health literacy, peer support, accessible services and family psycho-education (Wao et al., 2025).

Statement of the Problem

Male university students may experience psychological distress within a social environment that places value on emotional control, self-reliance, academic success and future economic responsibility. Stigma and concerns about being judged may make some students reluctant to disclose distress or seek professional assistance. At the same time, parents may experience substantial worry when their children's academic or behavioural difficulties create uncertainty about educational progress and future prospects.

The central problem addressed by this study is therefore not that male student mental illness necessarily causes parental anxiety, but that student psychological or behavioural difficulties, family emotional strain and parental anxiety symptoms may occur together within a socio-cultural environment that can influence help-seeking. The empirical question is the nature and strength of these relationships in the study population.

Research Objectives

- To describe reported psychological and behavioural difficulties among male undergraduates in the participating Southern Nigerian universities.
- To assess levels of anxiety symptoms among parents of male undergraduates experiencing academic or behavioural difficulties.
- To examine the association between student psychological/behavioural difficulties, family emotional frustration and parental anxiety symptoms, subject to verification of the appropriate analytic sample.
- To explore how stigma, masculine expectations and family experiences influence perceptions of mental-health difficulties and help-seeking.
- To propose counselling and family-support strategies that are consistent with the evidence generated by the study.

Research Questions

- What psychological and behavioural difficulties are reported among the male undergraduates included in the study?
- What levels of anxiety symptoms are reported by parents of male undergraduates experiencing academic or behavioural difficulties?
- What associations exist among student psychological/behavioural difficulties, family emotional frustration and parental anxiety symptoms?
- How do stigma, masculine expectations and family experiences shape mental-health disclosure and help-seeking?

Theoretical Framework

Family Systems Theory

Family Systems Theory views the family as an emotionally interdependent system in which the experiences of one member may affect other members (Bowen, 1978). This framework is useful for examining how a student's difficulties may be experienced by parents and how family responses may, in turn, shape the student's social environment. The theory does not establish causation in the present cross-sectional study.

Gender Role Strain Theory

Gender Role Strain Theory proposes that socially prescribed gender expectations can create strain when individuals experience difficulty meeting those expectations (Pleck, 1981). The framework is relevant to examining expectations of self-reliance, emotional control and achievement among male students. Again, the theory provides a framework for interpretation rather than proof of causal effects.

Empirical Review

Recent evidence supports the importance of stigma and help-seeking in university mental health. A systematic review of barriers and facilitators found that self-reliance, stigma and poor mental-health literacy were among the most common barriers, while mental-health literacy and social encouragement could facilitate help-seeking (Lipson et al., 2022).

In Nigeria, James et al. (2020) found important stigma-related attitudes among university health-care students, while James et al. (2023) provided qualitative evidence that cultural beliefs and social consequences shape mental-health stigma. A 2025 systematic review of university students in Africa found that informal support was often more available or used than formal services and identified stigma, financial constraints and inadequate mental-health literacy as barriers to service access (Wao et al., 2025).

A 2025 systematic review of mental-health literacy among Nigerian undergraduates further synthesized evidence on mental-health literacy, stigma and help-seeking, highlighting the fragmented nature of the Nigerian evidence base (Ogunjobi et al., 2025). Together, these studies support the need for context-sensitive university mental-health interventions.

The research gap is therefore more specific than in the manuscript: relatively limited evidence directly combines male university students, masculine expectations, stigma, family emotional strain and parental anxiety symptoms within Southern Nigerian university settings. The present study seeks to contribute contextual evidence while avoiding clinical or causal claims that exceed its design.

Methodology

Research Design and Study Area

A cross-sectional mixed-methods design was used in three federal universities in Southern Nigeria: the University of Calabar (UNICAL), the University of Port

Harcourt (UNIPORT), and the University of Uyo (UNIUYO). The quantitative component describes relationships among measured variables at one point in time, while the qualitative component was intended to provide contextual explanations of participants' experiences.

Population and Sample

The quantitative sample comprises 330 participants: 200 male undergraduates and 130 parents of male undergraduates experiencing academic or behavioural difficulties. The qualitative component comprises 20 key informants. Thus, the total number of quantitative respondents is 330, not 350.

Instruments

Three instruments were reported. (1) The Male Student Mental Health and Social Behaviour Questionnaire (MSMHSBQ) was reported with an internal-consistency coefficient of $\alpha = .87$. (2) The Beck Anxiety Inventory (BAI) was adapted for assessment of parental anxiety symptoms and was reported with $\alpha = .89$. The BAI should be described as a measure of anxiety symptom severity rather than as a diagnostic instrument. Details of the adaptation and validation must be supplied from the actual study protocol. (3) The Family Emotional Frustration Scale (FEFS) was reported with $\alpha = .84$; its item structure, scoring and validation should likewise be documented.

The reported Cronbach alpha values are retained as values stated in the manuscript.

Data Collection and Analysis

Quantitative data were reported as analyzed with IBM SPSS using descriptive statistics, Pearson product-moment correlation and multiple regression. Qualitative data were intended to be analyzed thematically.

A critical statistical issue remains: The regression statistic $F(2,127)$ implies an analysis with 130 cases and two predictors, whereas the overall quantitative sample contains 330 respondents. This is compatible with a parent-level analysis of 130 cases. Therefore, the reported regression coefficients below are presented as reported values pending verification, not as independently recalculated results.

The same caution applies to the original three-variable correlation matrix. A correlation involving parental anxiety requires observations in which student/family variables and parental anxiety are appropriately paired.

Results

Participant Composition

Participant group	n	% of quantitative sample
Male undergraduates	200	60.6
Parents	130	39.4
Total quantitative sample	330	100.0

Student Subgroup: Reported Primary Difficulties

Reported category	n	% of students	Comment
Severe substance abuse/addiction	78	39.0	Reported category; not a clinical diagnosis
Clinical depression & suicidal ideation	54	27.0	Diagnostic wording revised; requires confirmation of assessment basis
Antisocial behaviour/cultism	42	21.0	Behavioural category
Severe academic anxiety/psychosis	26	13.0	Diagnostic wording requires verification

The Manuscript wording treats these as reported/assessed categories unless a qualified diagnostic assessment was actually conducted. The term “suicidal idealization” has been corrected to “suicidal ideation.”

Parent Subgroup: Reported Anxiety-Symptom Categories

Category	n	% of parents
Severe anxiety symptoms (BAI > 30)	52	40.0

Moderate anxiety symptoms (BAI 16–29)	58	44.6
Low/normal anxiety symptoms (BAI 0–15)	20	15.4

These categories describe BAI symptom scores and should not be interpreted as confirmed clinical anxiety disorders.

Correlation Results: Verification Required

The manuscript reported the following Pearson correlations: student dysfunction with family emotional frustration, $r = .614$; student dysfunction with parental anxiety, $r = .582$; and family emotional frustration with parental anxiety, $r = .645$. The manuscript also stated $p < .001$ for the principal associations. However, because the reported subgroup totals were 200 male students and 130 parents and the manuscript did not document matched student-parent observations, the appropriate analytic sample cannot be established from the manuscript alone.

Regression Results: Verification Required

The manuscript reported a multiple regression model with $R = .712$, $R^2 = .507$, adjusted $R^2 = .502$, standard error of the estimate = 0.368, $F(2,127) = 102.411$, $p < .001$. The reported coefficients were: constant $B = 0.512$, $SE = 0.142$, $t = 3.605$, $p < .001$; student dysfunction $B = 0.384$, $SE = 0.058$, $\beta = .362$, $t = 6.620$, $p < .001$; and family frustration $B = 0.462$, $SE = 0.061$, $\beta = .438$, $t = 7.573$, $p < .001$. These values are internally consistent with an analysis of approximately 130 cases.

Discussion

The revised findings indicate that the study population included substantial reported psychological and behavioural difficulties among male undergraduates and notable anxiety symptoms among parents of students experiencing academic or behavioural difficulties. These descriptive findings support attention to mental-health literacy and accessible counselling but do not establish that one condition caused another.

The association between masculine expectations and help-seeking is consistent with broader literature showing that self-reliance, stigma and limited mental-health literacy can impede help-seeking among university students (Lipson et al., 2022). Nigerian evidence similarly indicates that stigma and culturally shaped interpretations can affect attitudes toward mental-health care (James et al., 2020; James et al., 2023).

The family dimension is also important. Parents may be a major source of informal support, and recent African evidence indicates that parents and lecturers are commonly identified as sources of mental-health support while stigma, financial constraints and limited mental-health literacy can restrict access to formal services (Wao et al., 2025). Family psycho-education should therefore aim to help parents recognize distress, communicate supportively and facilitate appropriate professional care.

Limitations

- The cross-sectional design prevents causal inference and does not establish temporal direction.
- The quantitative sample is heterogeneous because it includes both students and parents; analyses must therefore use clearly defined analytic units.
- The manuscript version supplied for review did not include the original SPSS output or raw dataset, so the reported correlation and regression statistics could not be independently verified in this revision.
- The qualitative component requires fuller reporting of sampling, coding, theme development and representative quotations.
- The use of adapted instruments requires clearer documentation of validity, scoring and psychometric properties in the study population.
- The findings from three universities should not automatically be generalized to all universities or all male students in Southern Nigeria.

Conclusion

Mental-health experiences among male university students in Southern Nigeria should be understood within social, family and institutional contexts. The present study identifies a relevant intersection of masculine expectations, stigma, student psychological and behavioural difficulties, family emotional strain and parental anxiety symptoms. The evidence supports the importance of confidential counselling, mental-health literacy, family psycho-education and early identification of distress.

However, the study design does not permit the conclusion that student mental-health difficulties directly cause or sustain parental anxiety. The appropriate conclusion is that the measured and reported difficulties may be associated within a shared family

and socio-cultural environment. Final interpretation of the inferential findings should await verification of the original SPSS output and analytic sample.

Recommendations

- Universities should strengthen confidential, accessible and culturally responsive counselling services for male students, including clear referral pathways for students who require specialized mental-health care.
- Counselling centres should incorporate mental-health literacy programmes that normalize help-seeking and address stigma without portraying all male students as reluctant to seek support.
- Family psycho education should help parents distinguish psychological distress from moral failure and understand how to encourage professional help-seeking.
- Universities should consider peer-support and faculty-referral systems that allow early identification of students experiencing distress while protecting confidentiality.
- Substance-use concerns should be addressed through evidence-based assessment, counselling, rehabilitation and referral rather than assumptions that behavioural problems necessarily represent psychiatric disorders.
- Future studies should use longitudinal or dyadic student-parent designs to determine temporal relationships and should recruit sufficiently large, clearly matched samples.
- Future research should use validated measures of masculine norms, stigma, help-seeking, family strain and anxiety symptoms and report their psychometric properties in Nigerian student populations.

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