BioSocial Health J 2026;3(2):72-76
doi:10.34172/bshj.174
https://biosocialhealthjournal.com

BioSocial
Health Journal

Original Article

The Impact of Social Media on Mental Health Stigma: An Exploratory Survey Among Students in Bingham University, Karu

Nongo Francis Seeren[1*]

[1]Department of Community Medicine and Primary Health Care, Faculty of Clinical Sciences, Bingham University, Karu, Nasarawa State, Nigeria

*Corresponding Author: Nongo Francis Seeren, Email: Steinphranciz@gmail.com

Abstract

Introduction: Mental health stigma remains a major barrier to care-seeking globally, particularly among young adults. Social media has become a primary source of health information for this demographic, yet its association with mental health stigma, whether through awareness dissemination or reinforcement of negative stereotypes remains poorly understood in Nigerian university settings.

Methods: An exploratory, descriptive cross-sectional survey was conducted among 378 undergraduate students (aged 18-25) at Bingham University, Karu, using multi-stage random sampling across seven departments. A structured self-administered questionnaire was used. Of 378 questionnaires distributed, 369 were properly completed (response rate: 97.62%). Data were analyzed descriptively using SPSS version 25.0. Ethical approval was obtained from the Research Ethics Committee of Bingham University Teaching Hospital (Approval No.: NHREC/21/05/2005/01528).

Results: WhatsApp (93.0%), Instagram (78.9%), and Facebook (72.1%) were the most-used platforms. Social media was the leading reported source of mental health information (37.7%). Students reported that stigma prevents peers from seeking help (M = 4.18, SD = 0.96) and that people with mental health conditions are unfairly judged (M = 4.14, SD = 0.94). Increased awareness was reported (M = 4.12, SD = 0.90), while associations with misinformation (M = 4.03, SD = 0.99) and trivialization through humor and memes (M = 3.96, SD = 1.01) were also prominent. No significant gender difference was found in perceptions of social media's association with mental health views (chi-sq = 1.247, $P = 0.536$).

Conclusion: Social media is associated with a dual pattern, serving both as a primary platform for mental health awareness and as a channel correlated with harmful content and stigma reinforcement. Targeted digital campaigns, influencer partnerships, and digital literacy training are recommended.

Keywords: Social media, Mental health stigma, University students, Digital literacy, Nigeria, Uses and gratifications theory

Received: April 4, 2026, **Revised**: April 28, 2026, **Accepted**: May 13, 2026, **ePublished**: July 30, 2026

Introduction

Mental health has a significant impact on thoughts, feelings, interpersonal relationships, and the ability to handle life's challenges, particularly for academic achievement, stress management, and decision-making in young adulthood.[1] Mental health disorders now account for nearly 14% of the global burden of disease, affecting approximately 970 million people worldwide.[2] Among young people aged 10-19, one in seven is affected by mental disorders, representing 15% of the global disease burden in this age group.[3]

University students are an especially vulnerable group. An international study involving 72,288 first-year students from 18 countries found that six out of ten reported childhood adversity significantly associated with mental health problems.[4] Despite this burden, stigma remains the most enduring barrier to care-seeking, manifesting as discriminatory behaviors, unfavorable stereotypes, and self-stigmatization.[5,6] In Nigeria, these challenges are compounded by cultural norms, religious interpretations, and pervasive misinformation that frame mental illness as a spiritual ailment.[7,8]

Social media has emerged as the primary source of health information for young people, with patterns associated with both stigma reduction through awareness campaigns and stigma reinforcement through misinformation and trivialization.[9,10] Despite growing global interest, evidence on this association within Nigerian university settings remains limited.[11,12,13] This study therefore examined patterns associated with social media use and mental health stigma among undergraduate students at Bingham University, Karu. The Uses and Gratifications (U&G) theoretical framework guided this study, which proposes that individuals actively select and use media to satisfy specific needs like social connection, information-seeking, and entertainment rather than being passive recipients of media content.[14] This framework is particularly relevant for understanding how students engage with social media mental health content and why patterns of active awareness-seeking and selective exposure to trivializing content co-exist.

© 2026 The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Objectives

The study aimed to: (1) describe social media usage patterns; (2) assess self-reported mental health knowledge and information sources; (3) examine students' reported perceptions of social media's association with mental health stigma; and (4) identify preferred strategies for stigma reduction through social media.

Methods

Study Design and Setting

An exploratory, descriptive cross-sectional survey design was employed. The study was conducted at Bingham University, Karu, Nasarawa State, Nigeria which is a multi-faculty institution with approximately 7,000 students from diverse cultural and religious backgrounds, providing an appropriate setting to examine mental health stigma perceptions among a socially diverse student population.

Sample Size and Sampling

Sample size was determined using Taro Yamane's formula: $n = N / [1 + N(e)2]$, where $N = 7{,}000$ and $e = 0.05$, yielding $n = 378$. A three-stage multi-stage random sampling technique was employed. Stage 1: Seven (7) faculties were randomly selected from the university's 15 faculties by balloting. Stage 2: One department per selected faculty was randomly chosen by balloting (7 departments total). Stage 3: Students were proportionally distributed across departments (200-level: 45%; 300-level: 25%; 400-level: 20%) and individually selected using balloting and random number generation. This approach ensured representativeness and minimized selection bias. Inclusion criteria: students aged 18-25 years, enrolled at 200-level or above, with informed consent. Exclusion criteria: students below 18 years, postgraduate students, and those declining to consent.

Instrument, Validity, and Reliability

A self-developed structured questionnaire comprised four sections: (A) Demographic Information; (B) Social Media Usage Patterns; (C) Mental Health Perceptions and Stigma (5-point Likert scale, 1 = Strongly Disagree to 5 = Strongly Agree); and (D) Mental Health Knowledge and Information Sources. Content validity was confirmed by expert review from a Mass Communication lecturer and the research supervisor. Reliability was assessed through a pilot study with 20 students not in the main sample (Cronbach's Alpha = 0.82), confirming adequate internal consistency.

Data Collection and Analysis

Data were collected over two weeks via paper-based questionnaires and Google Forms, distributed with the assistance of class representatives. Of 378 questionnaires distributed, 369 were properly completed (97.62% response rate). Data were analyzed using SPSS version 25.0. Since this is an exploratory descriptive study, descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize all variables. One chi-square test of independence was conducted to examine whether gender was associated with perceptions of social media's role. Findings are reported as associations and student-reported perceptions, not as causal effects, consistent with the cross-sectional descriptive design.

Ethical Considerations

Ethical clearance was obtained from the Research Ethics Committee of Bingham University Teaching Hospital (Approval No.: NHREC/21/05/2005/01528). All participants provided written informed consent prior to data collection. Participation was voluntary; respondents were free to withdraw at any time without penalty. No personal identifiers were recorded; anonymous codes were used for all responses. Data were stored securely and accessible only to the researcher.

Results

Demographic Characteristics

A total of 369 questionnaires were properly completed (response rate: 97.62%). Table 1 presents the demographic profile of respondents. Males constituted 52.8% and females 46.6%. The majority were aged 18-21 years (60.4%), reflecting a predominantly digital-native cohort. Second-year students made up the largest group (44.2%), followed by third-year (35.2%) and fourth-year (20.6%). Participation was distributed across all seven departments, with Mass Communication (16.3%), Law (15.7%), and Community Medicine (15.5%) most represented.

Social Media Usage Patterns

Table 2 presents social media usage patterns among respondents. WhatsApp was the dominant platform (93.0%), followed by Instagram (78.9%), Facebook (72.1%), Twitter/X (58.0%), and YouTube (52.0%). The majority used social media multiple times daily (59.9%), with 32.0%

Table 1. Demographic Characteristics of Respondents (N = 369)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	195	52.8
	Female	172	46.6
	Prefer not to say	2	0.5
Age Range	18-21 years	223	60.4
	22-25 years	146	39.6
Year of Study	Second Year	163	44.2
	Third Year	130	35.2
	Fourth Year	76	20.6
Department	Estate Management	52	14.1
	Law	58	15.7
	Microbiology	43	11.7
	Anatomy	45	12.2
	Accounting	54	14.6
	Mass Communication	60	16.3
	Community Medicine	57	15.5

Source: Field Survey, 2025

Table 2. Social Media Usage Patterns among Respondents (N = 369)

Variable	Category	Frequency (n)	Percentage (%)
Platforms Used (Multiple Response)	WhatsApp	343	93.0
	Instagram	291	78.9
	Facebook	266	72.1
	Twitter (X)	214	58.0
	YouTube	192	52.0
	TikTok	177	48.0
	Snapchat	121	32.8
	Telegram	98	26.6
Frequency of Use	Multiple times daily	221	59.9
	Once daily	78	21.1
	A few times weekly	43	11.7
	Once weekly	14	3.8
	Rarely	13	3.5
Hours Spent Daily	Less than 1 hour	45	12.2
	1-2 hours	89	24.1
	3-4 hours	118	32.0
	5-6 hours	77	20.9
	More than 6 hours	40	10.8
Primary Reason for Use	Social connection	102	27.6
	Entertainment	96	26.0
	Education	71	19.2
	News and updates	67	18.2
	Other	33	9.0

Source: Field Survey, 2025. Platforms reflect multiple-response data; column totals exceed 100%.

spending 3-4 hours online per day. Primary motivations were social connection (27.6%), entertainment (26.0%), and education (19.2%).

Mental Health Knowledge and Information Sources

Table 3 presents self-reported mental health knowledge and information-seeking patterns. While 22.2% rated their knowledge as very good and 34.7% as good, 29.0% rated it fair and 14.1% poor. Social media was the leading reported source of mental health information (37.7%), ahead of school lectures/seminars (23.9%) and family/friends (20.6%). Only 29.3% reported participating in a mental health awareness campaign, yet 77.5% agreed or strongly agreed that mental health is as important as physical health.

Perceptions of Social Media's Association with Mental Health Stigma

Table 4 presents Likert-scale perceptions of social media's association with mental health stigma. The highest-rated items were 'Stigma is reported as a barrier preventing students from seeking help' (M = 4.18, SD = 0.96) and 'People with mental health conditions are often unfairly judged' (M = 4.14, SD = 0.94). Increased awareness was reported through social media (M = 4.12, SD = 0.90), while associations with misleading information (M = 4.03, SD = 0.99) and trivialization through humor and memes (M = 3.96, SD = 1.01) were also prominent. Comfort in

Table 3. Self-reported Mental Health Knowledge and Information Sources (N = 369)

Variable	Category	Frequency (n)	Percentage (%)
Self-rated Mental Health Knowledge	Very Good	82	22.2
	Good	128	34.7
	Fair	107	29.0
	Poor	52	14.1
Primary Source of Mental Health Information	Social media	139	37.7
	School lectures/seminars	88	23.9
	Family/friends	76	20.6
	Religious settings	41	11.1
	Other	25	6.8
Participated in Mental Health Awareness Campaigns	Yes	108	29.3
	No	261	70.7
Mental Health Equals Physical Health in Importance	Strongly Agree	162	43.9
	Agree	124	33.6
	Neutral	43	11.7
	Disagree	26	7.0
	Strongly Disagree	14	3.8

Source: Field Survey, 2025. Self-rated knowledge categories reflect respondents' own descriptions of their level of understanding.

discussing mental health openly (M = 3.70, SD = 1.06) and a positive association with social media (M = 3.70, SD = 1.07) both scored in the moderate-to-high range.

Preferred Strategies for Stigma Reduction

Table 5 shows that 46.9% sought mental health information on social media often or very often. A combined 59.0% perceived campaigns as somewhat or very effective. Preferred features for stigma reduction were influencer advocacy (29.5%), verified health pages (26.3%), infographics and videos (21.4%), and anonymous support groups (17.9%).

Gender Differences in Perceptions

Table 6 presents the chi-square analysis examining whether gender was associated with perceptions of social media's positive association with mental health views. No statistically significant association was found (chi-sq = 1.247, df = 2, $P = 0.536$). Both males (64.1%) and females (68.0%) similarly reported positive associations, indicating gender-neutral patterns in this sample.

Discussion

Platform Usage and the Active Media User

The overwhelming dominance of WhatsApp (93.0%), a private messaging platform, as the primary social media tool is consistent with U&G theory: students actively select platforms that best satisfy their needs for close social connection and community.[14] Unlike Twitter or Instagram, which are publicly broadcast environments, WhatsApp's closed-group architecture suggests that mental health discussions occur primarily in trusted peer spaces. This pattern has direct implications for intervention design,

Table 4. Perceptions of Social Media's Association with Mental Health Stigma — Likert Scale Analysis (N = 369)

Statement	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mean	SD
I feel comfortable discussing mental health issues openly.	6.0	10.6	14.6	45.0	23.8	3.70	1.06
People with mental health conditions are often unfairly judged.	2.4	4.9	8.7	44.2	39.8	4.14	0.94
Social media is associated with positive views of mental health.	4.9	11.1	17.9	41.2	24.9	3.70	1.07
Social media is associated with misleading mental health information.	3.0	7.0	10.3	43.1	36.6	4.03	0.99
Humor and memes on social media trivialize mental illness.	3.5	8.1	10.0	45.5	32.8	3.96	1.01
Increased mental health awareness is reported through social media.	2.2	4.6	9.5	46.1	37.7	4.12	0.90
Stigma is reported as a barrier preventing students from seeking help.	2.4	5.4	9.2	40.4	42.5	4.18	0.96

Source: Field Survey, 2025. SD = Strongly Disagree; D = Disagree; U = Undecided; A = Agree; SA = Strongly Agree.

Table 5. Role of Social Media in Addressing Mental Health Stigma (N = 369)

Variable	Category	Frequency (n)	Percentage (%)
Frequency of Seeking Mental Health Info on Social Media	Very often	78	21.1
	Often	95	25.8
	Sometimes	110	29.8
	Rarely	58	15.7
	Never	28	7.6
Perceived Effectiveness of Social Media Campaigns	Very effective	102	27.6
	Somewhat effective	116	31.4
	Cannot say	57	15.5
	Not effective	60	16.3
	Very ineffective	34	9.2
Preferred Features for Stigma Reduction	Influencer advocacy	109	29.5
	Verified health pages	97	26.3
	Infographics or videos	79	21.4
	Anonymous support groups	66	17.9
	Other	18	4.9

Source: Field Survey, 2025

peer-to-peer and group-based digital campaigns are likely to be more effective than public broadcast approaches in this population.[12]

Dual Role: Awareness and Stigma Reinforcement

The co-existence of high awareness recognition (M = 4.12, SD = 0.90) and prominent associations with trivialization (M = 3.96, SD = 1.01) and misinformation (M = 4.03, SD = 0.99) is not contradictory when interpreted through U&G theory. Students simultaneously pursue gratifications from different types of content. Information-seeking drives engagement with awareness material, while entertainment-seeking exposes them to humor and memes that trivialize mental illness. The finding that students critically evaluate this content (recognizing both its benefits and harms) indicates active rather than passive media consumption, consistent with U&G's foundational proposition.[10,14]

Knowledge-Action Gap and Information Sources

Despite social media being the leading mental health information source (37.7%), 43.1% reported fair or poor self-rated knowledge, and only 29.3% had participated in awareness campaigns. This knowledge-action gap reflects broader patterns in Nigerian public health research and

Table 6. Gender and Social Media's Reported Association with Mental Health Views (N = 369)

Response Category	Male n (%)	Female n (%)	Total	Statistical Result
Strongly Disagree/ Disagree	32 (16.4%)	27 (15.7%)	59	chi-sq = 1.247
Neutral	38 (19.5%)	28 (16.3%)	66	df = 2
Agree/Strongly Agree	125 (64.1%)	117 (68.0%)	242	$P = 0.536$ (NS)
Total	195 (52.8%)	174 (47.2%)	369	alpha = 0.05

Source: Field Survey, 2025. NS = Not Significant (chi-sq = 1.247, df = 2, $P = 0.536$, alpha = 0.05).

suggests that mere exposure to social media mental health content is insufficient for knowledge acquisition.[15,16] U&G theory explains this as a function of gratification mismatch: students may encounter mental health content incidentally while pursuing entertainment or social gratification, without the active information-seeking orientation needed for knowledge consolidation.[14]

Gender Neutrality and Intervention Implications

The absence of significant gender differences (chi-sq = 1.247, $P = 0.536$) contrasts with earlier Nigerian literature reporting gender disparities in mental health literacy. This may reflect a generational shift in digital engagement patterns, where platform-level normalization of mental health discussions is eroding traditional gendered barriers to emotional disclosure.[11,12] From a U&G perspective, when the same platforms satisfy both male and female users' social and information needs equally, gender-differentiated effects become attenuated.[14] This finding simplifies intervention design, supporting the use of universal rather than gender-stratified digital mental health campaigns.

Conclusion

This exploratory cross-sectional study found that social media is associated with a dual pattern among Bingham University students: it is the leading reported source of mental health information and is correlated with increased stigma awareness, while simultaneously being associated with misinformation and trivialization of mental health conditions. Interpreted through the Uses and Gratifications framework, students are active, critical media users who selectively engage with content to satisfy multiple simultaneous needs. No significant gender differences

were observed. These findings highlight the need for structured, credible, and culturally sensitive digital mental health interventions in Nigerian university settings. Given this study's exploratory and descriptive design, causal conclusions cannot be drawn; longitudinal and hypothesis-testing research is recommended to establish directionality of effects.

Recommendations

1. The university should design targeted mental health campaigns through WhatsApp, Instagram, and TikTok using verified, culturally relevant, student-centered content developed with digital media professionals.[17]
2. Student mental health ambassadors and peer advocates should be trained to share accurate mental health information through their platforms, leveraging peer-to-peer trust within closed digital communities.[18]
3. Digital literacy training workshops should be institutionalized to equip students with skills to critically evaluate online mental health content and identify misinformation before sharing.
4. Social media-based mental health promotion should be integrated into official student welfare and counseling service policies, including anonymous digital outreach and mental health check-ins.
5. Future research should employ longitudinal or experimental designs to establish causal pathways between social media use and mental health stigma outcomes.

Competing Interests

The author declares no competing interests.

Ethical Approval

Ethical clearance was obtained from the Research Ethics Committee of Bingham University Teaching Hospital, Nigeria. Approval No.: NHREC/21/05/2005/01528. All participants provided written informed consent. Participation was entirely voluntary. No personal identifiers were collected or stored.

Funding

This research received no external funding. All research activities were self-funded by the author.

References

1. World Health Organization (WHO). Mental Health: Strengthening Our Response. Geneva: WHO; 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
2. SingleCare. Mental Health Statistics 2025. SingleCare; 2024. Available from: https://www.singlecare.com/blog/news/mental-health-statistics/.
3. World Health Organization (WHO). Mental Health of Adolescents. Geneva: WHO; 2024. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health.
4. Mason A, Rapsey C, Sampson N, Lee S, Albor Y, Al-Hadi AN, et al. Prevalence, age-of-onset, and course of mental disorders among 72,288 first-year university students from 18 countries in the World Mental Health International College Student (WMH-ICS) initiative. J Psychiatr Res 2025;183:225-36. doi:10.1016/j.jpsychires.2025.02.016
5. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry 2002;1(1):16-20.
6. Livingston JD, Boyd JE. Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. Soc Sci Med 2010;71(12):2150-61. doi:10.1016/j.socscimed.2010.09.030
7. World Health Organization (WHO). World Mental Health Report: Transforming Mental Health for All. Geneva: WHO; 2022.
8. Fadele KP, Igwe SC, Toluwalogo NO, Udokang EI, Ogaya JB, Lucero-Prisno DE 3rd. Mental health challenges in Nigeria: bridging the gap between demand and resources. Glob Ment Health (Camb) 2024;11: e29. doi:10.1017/gmh.2024.19
9. Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ. The future of mental health care: peer-to-peer support and social media. Epidemiol Psychiatr Sci 2016;25(2):113-22. doi:10.1017/s2045796015001067
10. Agyapong-Opoku N, Agyapong-Opoku F, Greenshaw AJ. Effects of social media use on youth and adolescent mental health: a scoping review of reviews. Behav Sci (Basel) 2025;15(5):574. doi:10.3390/bs15050574
11. Asibong U, Okafor CJ, Asibong I, Ayi E, Omoronyia O, Owoidoho U. Psychological distress and social media usage: a survey among undergraduates of a university in Calabar, Nigeria. Niger Postgrad Med J 2020;27(2):115-21. doi:10.4103/npmj.npmj_169_19
12. Kituyi GM, Kyeyune R. Social media and the mental health of university students in sub-Saharan Africa. BMC Public Health 2024;24(1):3201. doi:10.1186/s12889-024-20707-2
13. Ezeaka NB, Umuze NA, Chukwuma AF, Obiesili AC. Exploring the relationship between social media usage and mental wellbeing of young adults in Nigeria. Int J Res Innov Soc Sci 2025;9(3):4202-10. doi:10.47772/ijriss.2025.90300335
14. Awopetu RG, Olabimitan BA, Kolawole SO, Newton RT, Odok AA, Awopetu AV. The systematic review of social media addiction and mental health of Nigerian university students: the good, the bad and the ugly. Eur J Theor Appl Sci 2024;2(1):767-88. doi:10.59324/ejtas.2024.2(1).69
15. Pederson AB, Burnett-Zeigler I, Fokuo JK, Wisner KL, Zumpf K, Oshodi Y. Mental health stigma among university health care students in Nigeria: a cross-sectional observational study. Pan Afr Med J 2020;37:5. doi:10.11604/pamj.2020.37.5.24898
16. Gureje O, Lasebikan VO, Ephraim-Oluwanuga O, Olley BO, Kola L. Community study of knowledge of and attitude to mental illness in Nigeria. Br J Psychiatry 2005;186:436-41. doi:10.1192/bjp.186.5.436
17. Gbenga AP, Aimiomode A, Nwosu CL, Seluman I. Social media as a veritable tool for mental health support in Nigeria. Int J Res Sci Innov 2023;10(8):178-87. doi:10.51244/IJRSI.2023.10723
18. Owolabi BO, Lawrence OU, Falade AJ, Ikeokwu KO, Aderounmu AE, Kelechi SC. The role of media influencers in using their platforms to sensitize Nigerian students on mental health. Int J Res Innov Soc Sci 2024;8(8):3883-92. doi: https://dx.doi.org/10.47772/ijriss.2024.8080290