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INFLUENCE OF GENDER AND AGE-RANGE ON MENTAL HEALTH ILLITERACY AMONG MARRIED PRIMARY SCHOOL TEACHERS IN NSUKKA EDUCATION ZONE, ENUGU STATE

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Abstract
This study examined the influence of gender and age-range on mental health illiteracy among primary school teachers in Nsukka Education Zone, Enugu State. The researchers employed an ex-post facto research design. The study aimed to address two key research questions and test two corresponding hypotheses. The target population consisted of 2,412 primary school teachers in the Nsukka Education Zone, with a total sample of 120 teachers selected using a stratified random sampling technique. Data were collected using a Mental Health Illiteracy Scale (MHIS)**,** which was adapted for the study. The instrument was face-validated by three experts, and the internal consistency was established using Cronbach's Alpha statistics with a reliability coefficient of .87, indicating strong reliability. The data were analyzed using mean**,** standard deviation, t-test and analysis of variance (ANOVA). The results revealed that gender and age-range had a significant influence on mental health illiteracy among the teachers. Female teachers exhibited higher mental health illiteracy compared to their male counterparts, while teachers in the older age range (41-50) showed higher illiteracy scores than younger teachers. It is recommended that mental health education programs be tailored to address the specific needs of teachers based on their gender and age, to improve their mental health literacy.

Keywords: Mental health illiteracy, gender, age-range, primary school teachers.

Introduction

Mental health illiteracy seems to be obvious among educators, especially married primary school teachers who juggle both professional and familial responsibilities, such situation appears to lead to neglect of personal mental health needs and hinder their capacity to support students effectively. Despite the growing importance of mental health in educational settings, mental health illiteracy persists, which sems to often influence by socio-demographic factors such as gender and age. In the Nsukka Education Zone of Enugu State, there is a noticeable gap in research exploring how these factors contribute to mental health illiteracy among married primary school teachers. Addressing this gap is essential for developing targeted awareness programs and policy interventions. Mental health illiteracy (MHI) which is defined as inadequate "knowledge and beliefs about mental disorders which hinders their recognition, management, or prevention" (Jorm et al., 1997), remains a critical public health challenge in Nigeria, particularly among educators responsible for supporting adolescents. In Nigeria, over 20% of children and adolescents experience mental health issues, yet fewer than 5% receive adequate care due to systemic gaps in awareness, stigma, and resource allocation (Ugo et al., 2018; Edet, 2025).

A study in south-eastern Nigeria revealed that only 16.3% of teachers correctly identified clinical depression in case vignettes, while merely 13.5% recommended professional psychiatric care, often preferring counsellors or religious leaders instead (Ugo et

al., 2018). This reflects broader national trends. For instance, in Lagos State, teachers demonstrated moderate literacy in recognizing externalizing disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) (73% accuracy) but struggled significantly with internalizing conditions like anxiety and depression (only 35% accuracy) (Edet, 2025). The roots of MHI among Nigerian teachers are multifaceted. Cultural stigma surrounding mental illness, combined with limited exposure to mental health education in teacher training programs, reinforces misconceptions and hinders effective responses (Bella-Awusah et al., 2022). Systemic challenges such as overcrowded classrooms (with student-teacher ratios as high as 1:70), underfunding, and a lack of school-based mental health professionals, further exacerbate this issue by overwhelming educators and depriving schools of support systems (Edet, 2025). The problem of MHI extends beyond teachers to adolescents, who are similarly affected by limited awareness and understanding of mental health conditions. In Nigeria, fewer than 5% of adolescents can accurately identify symptoms of depression, and only 1.5% considers professional help a viable treatment option (Bella-Awusah et al., 2022). This widespread lack of awareness among both students and teachers perpetuates stigma and limits timely access to appropriate care. Cultural beliefs attributing mental illness to supernatural causes such as witchcraft, curses, or divine punishment remain deeply rooted, with nearly 40% of Nigerians endorsing such explanations (Gureje et al., 2005). These narratives further discourage help-seeking behaviour and contribute to the persistence of MHI. Overcrowded classrooms and chronically underfunded educational systems further limit the feasibility of implementing mental health interventions, leaving teachers inadequately prepared to recognize or respond to students' psychological distress (Bella-Awusah et al., 2022). However, shifts in attitudes toward mental health were less substantial, indicating that stigma remains resistant to short-term change and requires sustained, culturally tailored interventions.

In Nsukka Education Zone, no large-scale, documented mental health literacy interventions targeting teachers have been implemented. In the absence of structured programs, educators often rely on personal beliefs and informal practices, which may inadvertently reinforce stigma rather than promote mental health awareness. Addressing these systemic and cultural obstacles demands a multi-faceted strategy that integrates mental health education into teacher training curricula, expanding access to professional mental health services, and fostering community-wide campaigns to reduce stigma and misinformation. Globally, mental health literacy programs for teachers are increasingly recognized as effective tools for mitigating the rise of mental health disorders among adolescents. Given their frontline role, teachers are uniquely positioned to identify and respond to early signs of psychological distress. However, their capacity to do so is often hindered by insufficient training, structural limitations, and prevailing cultural attitudes. In the Nigerian context, numerous studies underscore the need for targeted, evidence-based interventions to improve MHL among educators (Aluh et al., 2018). Globally, mental health first aid (MHFA) programs have been effective in improving MHL among educators. These programs train teachers to recognize signs of mental distress, offer initial support, and guide students toward appropriate services (Yamaguchi et al., 2019). While MHFA has been successfully implemented in high-income countries like Australia, Canada, and the UK, its replication in resource-constrained settings such as Nigeria necessitates contextual adaptation to ensure cultural relevance and feasibility

The influence of gender and age on mental health illiteracy among secondary school teachers in Nsukka Education Zone remains underexplored. However, insights from regional

and national studies offer preliminary perspectives. While empirical data on gender differences in MHI among teachers is limited, research on adolescents in Nigeria indicates that females are more likely than males to recognize mental health symptoms and to engage in proactive help-seeking behaviours (Ugo et al., 2018). Extrapolating from this, it is plausible that female teachers may possess slightly lower MHI levels, particularly regarding emotional awareness and student support. Nonetheless, socio-cultural dynamics may mediate these differences. In many Nigerian communities, educational authority is often male-dominated, potentially constraining female teachers' capacity to act on their mental health knowledge. A study conducted in Ebonyi State suggested that gender may not directly predict MHI levels (Omeje et al., 2024). However, the same study noted that female teachers often face greater stress due to balancing professional responsibilities with domestic expectations and factors that could influence their engagement with mental health interventions. This is consistent with findings by Steel et al. (2014), who reported that although mental health challenges are prevalent across genders, women may experience heightened psychological stress due to socio-cultural roles and caregiving burdens. Ugboaja and Uzoka (2011) defined gender as the roles, responsibilities, expectations, and duties associated with being male or female within a given societal framework. Gender also encompasses socially acquired behaviours that align with culturally sanctioned norms. In a similar vein, Isiaku, Onu, and Nweke (2019) conceptualize gender as a socially constructed system for expressing masculinity or femininity. Operationally, in this study, gender is understood as a social characteristic that may influence levels of mental health illiteracy among married primary school teachers.

In addition to gender, age range may play a significant role in shaping mental health awareness and behaviour. As a demographic variable, age has been associated with differences in psychological knowledge, help-seeking attitudes, and emotional regulation. Vist (2016) reported that younger individuals, particularly those in the 13–15 age bracket, are more prone to risky behaviours such as alcohol use, which may signal underlying gaps in self-efficacy and mental health awareness. Similarly, Ryan, Claessens, and Marcowitz (2015) emphasized the influence of age on cognitive and emotional development in both familial and professional domains. Among teachers, age may shape not only their recognition of mental health challenges in students but also their own willingness to seek professional support when needed. Though direct research on age-related differences in mental health illiteracy among Nigerian educators remains limited, related findings offer valuable insights. Older teachers may benefit from accumulated experience, which could enhance their ability to detect psychological distress in students and implement appropriate interventions. However, their views may be shaped by longstanding cultural beliefs that associate mental illness with supernatural forces or moral failings, thereby reducing their receptiveness to contemporary mental health paradigms (Bella-Awusah et al., 2022). In contrast, younger teachers may be more open to modern understandings of mental health due to increased exposure to global education standards and progressive pedagogical methods (Bella-Awusah et al., 2022). However, their psychological well-being may be compromised by occupational stress associated with adapting to professional responsibilities. A recent study in Ebonyi State found that younger teachers reported slightly lower levels of psychological well-being compared to their older colleagues, possibly due to the pressures of adjusting to teaching roles and managing classroom demands (Omeje et al., 2024). These findings suggest that while younger educators may exhibit higher openness to mental health literacy initiatives,

they may require tailored support systems to effectively manage stress and improve emotional resilience.

Research by Hadjimina and Furnham (2017) revealed that women generally possess higher mental health literacy than men, a finding echoed by Lee et al. (2020), who noted that females tend to have more positive attitudes and deeper understanding of mental health, enhancing their coping strategies. Similarly, Furnham, Annis, and Cleridou (2014) found that young females (ages 16–25) demonstrated greater awareness of mental health issues than their male counterparts, reinforcing the influence of gender on literacy levels. Age has also been shown to affect mental health literacy; Farrer et al. (2008) and Mackenzie et al. (2006) observed that older individuals typically exhibit higher mental health literacy due to increased life experience and exposure to mental health concerns. Cotton et al. (2006) emphasized the combined effect of age and gender, indicating that young males tend to have the lowest levels of mental health literacy. These findings suggest that both gender and age are crucial variables in understanding and addressing mental health illiteracy, underscoring the need for targeted interventions that consider these demographic factors. MHI among senior secondary school teachers in Nsukka Education Zone, Enugu State, significantly impedes early identification and support for students facing psychological challenges. Despite their pivotal role in adolescent mental health, many teachers lack the knowledge and skills needed to recognize and address mental health issues, a gap worsened by inadequate training, cultural stigma, and limited support services. Studies reveal that 80–90% of Nigerian teachers have poor mental health literacy, with gender and age influencing their understanding and attitudes. However, cultural norms and generational beliefs often limit the effectiveness of any existing awareness. With few context-specific interventions currently available, this study aims to explore how gender and age range affect mental health illiteracy among teachers in Nsukka, with the goal of informing tailored, culturally appropriate strategies to improve teacher literacy and student mental health outcomes.

Research Objectives

This study aimed to investigate the influence of gender and age on mental health illiteracy among married primary school teachers in Nsukka Education Zone, Enugu State, Nigeria. Specifically, the study sought to:

1. ascertain the influence of gender on mental health illiteracy among married primary school teachers.
2. determine the influence of age-range on mental health illiteracy among married primary school teachers.

Research Questions

The study addressed the following questions:

1. What is the influence of gender on mental health illiteracy among married primary school teachers in Nsukka Education Zone?
2. What is the influence of age-range on mental health illiteracy among married primary school teachers in Nsukka Education Zone?

Research Hypotheses

The following null hypotheses were tested at a 0.05 level of significance:

$H0_1$: There is no significant influence of gender on mental health illiteracy among married primary school teachers.

$H0_2$: There is no significant influence of age-range on mental health illiteracy among married primary school teachers.

Method

The study adopted an ex post facto research design, which is a quasi-experimental method used to establish cause-and-effect relationships between variables without manipulating the independent variables (Nworgu, 2015). This design was appropriate for exploring the influence of gender and age-range on mental health illiteracy among married primary school teachers in Nsukka Education Zone, as these variables are pre-existing traits that cannot be altered or controlled. The ex post facto approach allowed the researchers to examine teachers in their natural settings, thereby ensuring ecological validity while investigating how gender and age-range independently affect mental health literacy levels. The population for this study comprised married primary school teachers in Nsukka Education Zone, Enugu State, Nigeria. This zone includes two Local Government Areas (LGAs): Nsukka and Igbo-Etiti. According to records from the Primary School Management Board (PSMB, 2021), there were a total of 2,412 married primary school teachers in the zone, consisting of 1,104 males (46%) and 1,308 females (54%). To arrive at the sample size of 120 participants, a multi-stage sampling procedure was adopted. In the first stage, simple random sampling was used to select a manageable sample size of 120 teachers from the total population. In the second stage, proportionate stratified random sampling was employed to ensure balanced representation across gender and age groups. The entire population was first stratified by gender (male and female), and then by age range (20–29 years, 30–39 years, and 40 years and above). From each stratum, participants were randomly selected in proportion to their actual distribution in the population. This approach ensured that the final sample accurately reflected the demographic composition of the target population in terms of both gender and age. The researchers engaged three trained assistants from the University of Nigeria to help administer the instruments over a two-week period across both urban and rural schools within Nsukka Education Zone. Prior to data collection, participants were briefed on the purpose of the study and assured of confidentiality. Consent was obtained from each participant before they completed the questionnaire. To ensure ethical compliance, measures were taken to prevent duplication or tampering during data collection. The instruments were retrieved immediately after completion to minimize errors or unethical practices.

The study utilized an adapted version of the Mental Health Illiteracy Scale (MHIS) adapted from O'Connor and Casey (2015)'s Mental Health Literacy Scale (MHI). The MHIS is a validated tool designed to assess knowledge and beliefs about mental disorders. The instrument included items structured on a four-point Likert scale, ranging from Strongly Agree (4 points) to Strongly Disagree (1 point). Items measured participants' ability to recognize symptoms of mental illness, knowledge of available treatments, and attitudes toward seeking professional help. Gender and age-range were included as demographic variables in the instrument. The instrument underwent face validation by three experts at the University of Nigeria: two from the Department of Educational Foundations (Guidance and Counseling Unit) and one from the Department of Science Education (Measurement and Evaluation Unit). Reliability testing using Cronbach's Alpha yielded a coefficient value of 0.87, indicating high internal consistency and suitability for the study. Descriptive statistics were used to summarize demographic data and assess overall levels of mental health literacy among married primary school teachers in Nsukka Education Zone. Mean scores and standard deviations were computed for all variables, including gender, age-range, and mental health literacy levels. To test the influence of gender and age-range on mental health illiteracy, the researchers employed t-test and Analysis of Variance (ANOVA) respectively

using SPSS version 27 software. Hypotheses were tested at a significance level of $p < 0.05$, with null hypotheses rejected if p-values fell below this threshold.

Results

The results of the data analysis are presented under this subsection following the investigation's objectives and guiding hypotheses.

Research Question 1: What is the influence of gender on mental health illiteracy among married primary school teachers?

Table 1: Gender and Mental Health Literacy Scale

Gender	N	Mean	Std. Deviation
Male	53	59.77	6.305
Female	67	62.15	5.147
Total	120	61.10	5.785

The analysis aimed to determine the influence of gender on mental health illiteracy among married primary school teachers in Nsukka Education Zone. Descriptive statistics presented in Table 1 indicate that female teachers (M = 62.15, SD = 5.15, n = 67) scored higher on the Mental Health Literacy Scale than their male counterparts (M = 59.77, SD = 6.31, n = 53). The overall mean score for all participants was 61.10 (SD = 5.79, N = 120). Given that higher scores on the scale reflect greater mental health literacy (i.e., lower mental health illiteracy), the result suggests that female married primary school teachers exhibit a higher level of mental health literacy compared to male teachers. This implies that gender may be a contributing factor in understanding differences in mental health awareness among educators in the zone.

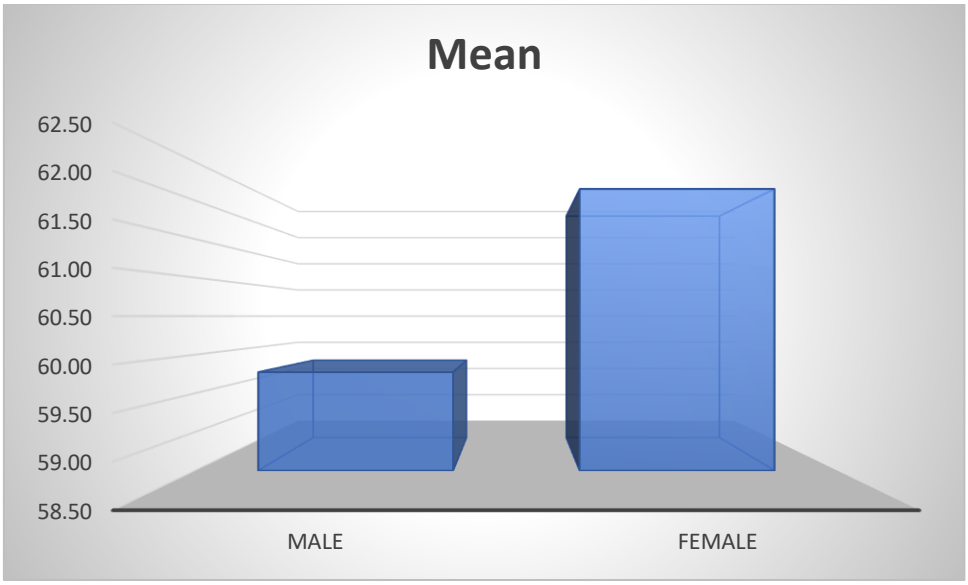
Hypothesis 1: there is no significant influence of gender on in-school adolescents' academic self-efficacy.

Table 2: Independent Samples t-test of the influence of gender on mental health literacy of married primary school teachers

Gender	N	Mean	SD	t	Df	P	Mean Diff	95% CI (Lower, Upper)
Male	53	59.77	6.31					
Female	67	62.15	5.15	-2.27	118	.025	-2.38	[-4.45, -0.31]

An independent samples t-test was conducted to determine whether there was a statistically significant difference in mental health illiteracy scores between male and female married primary school teachers. The results revealed a statistically significant difference in mental health illiteracy scores between male (M = 59.77, SD = 6.31) and female teachers (M = 62.15, SD = 5.15), t(118) = -2.27, p = .025. The mean difference was -2.38 (95% CI [-4.45, -0.31]), suggesting that female teachers demonstrated significantly higher mental health illiteracy than their male counterparts. This finding indicates that gender has a statistically significant influence on mental health illiteracy among married primary school teachers in Nsukka Education Zone, with females being more mentally health illiterate than males.

Figure 1:



Moreover, the bar chart in Figure 1 shows the distribution of married primary school teachers' mental health illiteracy across gender. Specifically, it indicates that female teachers exhibit a higher level of mental health illiteracy than their male counterparts in Nsukka Education Zone, Enugu State.

Research Question 2: What is the influence of age-range on mental health illiteracy?

Table 3: Descriptives and ANOVA table on the influence of Age-range on Mental Health Illiteracy

Age-range	N	Mean	Std. Deviation	Df	F	Sig.	Eta Squared	Decision
20-30	18	55.33	5.402	2,117	13.188	.000	.184	Significant
31-40	66	61.73	5.554					
41-50	36	62.83	4.626					
Total	120	61.10	5.785					

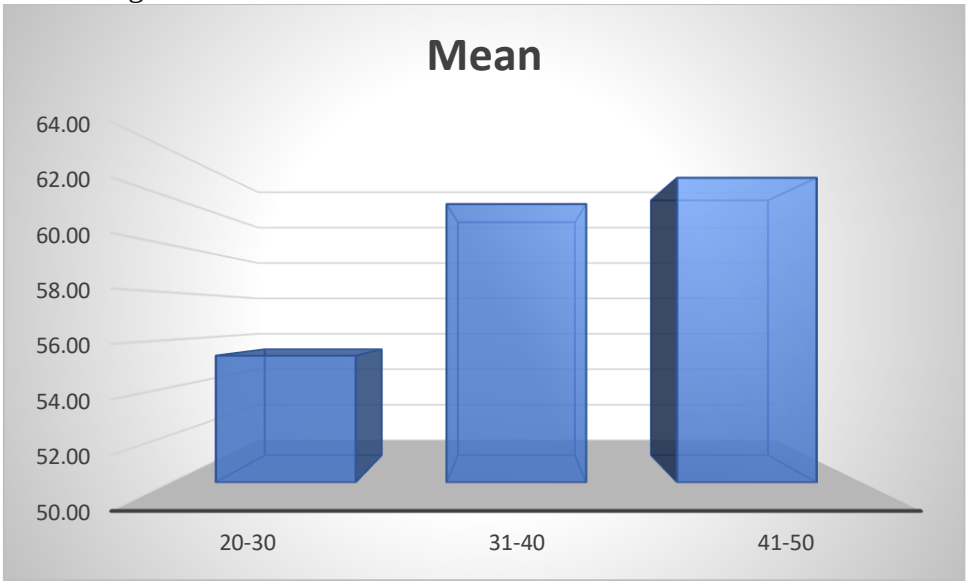
$\alpha = 0.05$

The descriptive statistics in Table 3 show the distribution of mental health illiteracy scores across different age ranges among married primary school teachers. Teachers in the 41-50 age range (M = 62.83, SD = 4.63) had the highest mean scores on the Mental Health Illiteracy Scale, followed by those in the 31-40 age range (M = 61.73, SD = 5.55), and the 20-30 age range (M = 55.33, SD = 5.40). The overall mean score for all participants was 61.10 (SD = 5.79). This suggests that older teachers (ages 41-50) exhibit higher levels of mental health illiteracy compared to younger teachers in the Nsukka Education Zone. Further statistical analysis (such as ANOVA or post hoc tests) would help determine if these differences are statistically significant.

Hypothesis 2: the influence of age-range on mental health illiteracy among married primary school teachers is not significant.

A one-way Analysis of Variance (ANOVA) was conducted to examine whether age range has a significant influence on mental health illiteracy among married primary school teachers. The results indicated a statistically significant effect of age range on mental health illiteracy,

F(2, 117) = 13.19, p < .001, with an effect size (η^2) of .184. This suggests that approximately 18.4% of the variance in mental health illiteracy scores can be explained by differences in age range. Therefore, the null hypothesis stating that age range does not significantly influence mental health illiteracy is rejected. This finding implies that age range has a significant influence on the mental health illiteracy of married primary school teachers in Nsukka Education Zone. Figure 2



In light of the foregoing, the bar chart in Figure 2 illustrates the distribution of married primary school teachers' mental health illiteracy across different age ranges. Specifically, it shows that teachers in the older age ranges exhibit higher levels of mental health illiteracy, followed by those in younger age ranges in Nsukka Education Zone, Enugu State.

Discussion

This study examined the influence of gender and age-range on mental health illiteracy among primary school teachers in the Nsukka Education Zone. The findings revealed that gender and age-range significantly impact the level of mental health literacy among the teachers. These results are discussed in the context of previous research on gender and age-related differences in mental health literacy. The findings of the study revealed that female married primary school teachers demonstrated higher mental health illiteracy scores than their male counterparts, indicating lower levels of awareness and understanding of mental health issues among women. This result addresses the first research question on whether gender influences mental health illiteracy. Further analysis reveals that there is a significant influence of gender on mental health illiteracy among married primary school teachers. This outcome is consistent with the findings of Lee et al. (2020), who reported that gender plays a significant role in mental health literacy, often with females demonstrating lower awareness and knowledge. A likely explanation for this finding may lie in traditional gender roles, which often cast women as caregivers focused on the well-being of others rather than themselves, potentially neglecting personal mental health education. Additionally, Hadjimina and Furnham (2017) suggested that women's heightened exposure to emotional stress and caregiving responsibilities may alter their perceptions of mental illness, leading to misconceptions or limited understanding of specific disorders like anxiety. Furnham et al. (2014) also identified lower literacy levels in females, especially younger women, possibly due to the social stigma surrounding help-seeking behavior, which can discourage open

engagement with mental health resources. These combined social and psychological factors may have contributed to the elevated mental health illiteracy scores observed among female teachers in this study.

Findings from the study also showed that older married primary school teachers (ages 41–50) exhibited significantly higher mental health illiteracy than their younger colleagues (ages 20–30). This result answers the second research question concerning the role of age range. Further analysis reveals that age range significantly influences mental health illiteracy among married primary school teachers. This outcome aligns with earlier findings by Farrer et al. (2008), who reported that older individuals tend to have more difficulty recognizing symptoms of mental health conditions and navigating support systems. One probable reason is that older teachers may not have received adequate mental health education during their formative or training years, leaving long-standing gaps in their knowledge. Furthermore, Mackenzie et al. (2006) noted that older adults are generally less likely to seek professional help for mental health issues due to entrenched cultural beliefs and skepticism about psychological services. Conversely, younger teachers may have had greater exposure to mental health awareness through modern curricula, social media, and public campaigns, resulting in better knowledge and reduced stigma. Cotton et al. (2006) further emphasized that younger individuals often show greater openness to mental health literacy efforts. These generational differences in exposure, attitude, and cultural orientation likely explain the lower illiteracy scores recorded among younger teachers compared to their older counterparts.

Implications for Mental Health Education

The findings of this study suggest that mental health education for teachers should be tailored to address gender-specific and age-related needs. For female teachers, interventions should focus on increasing mental health awareness and reducing the stigma surrounding mental health issues, especially given the societal pressures many women face. Age-specific programs should also be implemented to address the unique needs of older teachers, encouraging them to engage with contemporary mental health resources and offering specialized training to enhance their literacy on mental health topics. Limitations and Future Directions While this study provides valuable insights into the gender and age-related influences on mental health literacy among primary school teachers, it is important to acknowledge its limitations. The study was conducted in a single educational zone, which limits the generalizability of the findings. Future studies should explore how other variables such as socioeconomic status and cultural factors influence mental health literacy. Additionally, longitudinal research could provide more insights into how mental health literacy evolves over time and how targeted interventions could improve literacy rates.

Conclusion

The findings of this study demonstrate that both age and gender significantly influence the academic self-efficacy of in-school adolescents. Specifically, the results indicated that students' academic self-efficacy varied across different age groups and gender, highlighting the importance of considering these factors in educational practices. Given the crucial role of academic self-efficacy in student achievement and motivation, it is essential for school stakeholders including teachers, parents, principals, policy makers, and proprietors to recognize the impact of gender and age differences when developing programs aimed at enhancing students' academic self-efficacy. By tailoring educational strategies to the unique needs of adolescents based on these factors, schools can provide more supportive and effective environments that foster the development of students' confidence in their academic abilities, ultimately contributing to improved educational outcomes.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Schools should design activities and learning support that meet the specific needs of both boys and girls to help build their confidence in learning.
2. Teachers and school leaders should use teaching methods that suit the age and understanding level of students, so they can learn better and feel more confident.
3. Teachers should receive training to help them understand how age and gender affect students' confidence in learning and how to support each student effectively.
4. Parents should be encouraged to support their children's learning at home and help build their confidence, especially by understanding the unique needs of their child's age and gender.
5. School leaders and government officials should make policies that support students' self-belief and confidence, considering both age and gender differences.

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