



Psychosocial and Personality Predictors of Mental Well-being among Undergraduates in Ekiti State, Nigeria

Olabimpe Ajoke Olatunji*

[1]- School of Health Care Sciences, Sefako Makgatho Health Sciences University, Pretoria, South Africa

[2]- Federal University, Oye Ekiti, Ekiti State, Nigeria

ORCID: <https://orcid.org/0000-0002-7279-4853>

[*Corresponding author]

Olanrewaju Oladimeji

School of Health Care Sciences, Sefako Makgatho Health Sciences University, Pretoria, South Africa

Omojola Moyosore Cornelia

Federal University, Oye Ekiti, Ekiti State, Nigeria

Abstract

Mental well-being among undergraduates is a growing concern and it is attributed to so many factors across the world. Understanding the factors that contribute to mental well-being among Nigerians can help in devising effective interventions. The study employed a descriptive research design to obtain information from 369 undergraduates of selected higher institutions in Ekiti State, Nigeria. The predictive roles of some psychosocial factors (religiosity, ethnicity), and a personality factor (self-esteem) were tested on mental well-being. Findings showed that ethnicity ($\beta = .441$, $t = 9.698$, $p < .001$), religiosity ($\beta = .124$, $t = 2.571$, $p = .011$), and self-esteem ($\beta = .441$, $t = 9.698$, $p < .001$) independently and jointly predicted mental well-being ($F(64.79)$, $p = .001$). Based on these findings, it was concluded that religiosity, ethnicity, and self-esteem are significant determinants of mental well-being and that these variables should be incorporated when devising effective interventions for well-being among Nigerian university students.

Keywords

Religion, Ethnic ties, Self-worth, Mental Health, Emerging Adults, Students

INTRODUCTION

In today's rapidly changing and increasingly interconnected world, mental well-being has become a critical area of study, given its profound impact on individuals' overall quality of life and functioning. Exploring the determinants of mental well-being is very crucial in devising the appropriate strategies and policies aimed at advancing positive mental health outcomes. Mental well-being is an integral part of individual's overall health which involves thriving in various areas of life such as in relationships, at work or play (Peterson, 2021). It is generally an individual's response to the ups and downs of life. Mental wellbeing is all encompassing in its definition as it involves a variety of cognitive, emotional and social dimensions. It is a state that involves the complete psychological, emotional, optimal functioning and feelings of fulfillment in life (WHO, 2004). Mental wellbeing is also the experience of health, happiness and prosperity which includes having good mental health, high life satisfaction, a sense of meaning or purpose and the ability to manage stress (Davis, 2013). Wellbeing is an important aspect of human development that involves various areas of life such as academics, social relationships, health, productivity and more. According to the World Health Organization (WHO, 2022), 450 million persons are diagnosed with mental illness while 25% of the world's population might likely be diagnosed with a mental issue in the course of their lives.

Several factors contribute to the mental wellbeing challenges experienced by Nigerians, and some include poverty, stress, unemployment, and income inequality, and all these have mental health consequences (WHO, 2017). Nigeria has faced economic instability, with a great percentage of the population falling below the average poverty level. Economic hardship and limited access to basic resources and opportunities worsen the stress levels and add to the

development of mental health issues. About 60 million Nigerians out of the total 200 million population suffer from mental illness while there is a growing trend of youth having mental health issues driven by the economic stress and high unemployment rates faced by these young population (Obindo, 2022). Moreover, mental health and well-being has been neglected in this part of this world and previous research has highlighted the influence of religiosity (Villani, Sorgente, Iannello and Antonietti, 2019), ethnicity (Garcia, Villagran, Ahumada, Inzunza, Schuffeneger and Garabito, 2021) and self-esteem (Du, King and Chi, 2017) on mental well-being suggesting that these variables play significant roles in shaping individuals' psychological functioning most especially in this part of the world (Olatunji, Idemudia and Olawa, 2020).

Religiosity is a general term used scientifically to define the beliefs and behaviors of individuals in relationship to their spiritual experiences and commitments (Christiano, 2001). It is an intense feeling or belief of religion. It is the level of commitment one has towards a particular religion. It has long been recognized as an important aspect of individuals' lives, shaping their beliefs, values, and behaviors (Koenig, 2018). Numerous studies have shown a positive association between religiosity and mental well-being (Koenig, King, & Carson, 2012; Smith & McCullough, 2003). Religious practices, such as prayer, meditation, and involvement in religious communities, have been found to enhance individuals' sense of purpose, social support, and coping resources, thereby positively impacting their mental well-being (Ellison, Boardman, Williams, & Jackson, 2001; Pargament, Smith, Koenig, & Perez, 1998). Religion often provides a framework for individuals to find meaning and purpose in life, as well as a source of social support and coping mechanisms during challenging times (Koenig, McCullough, & Larson, 2001). Religion, deeply ingrained in Nigerian society is divided almost evenly between Christianity and Islam, with a smaller percentage practicing indigenous religion. Religious beliefs and practices often provide individuals with a sense of meaning, hope, and social support. However, religious teachings and practices can also contribute to guilt, shame, or conflicts, particularly when mental health issues are perceived as a lack of faith or spiritual weakness (Ajuwon & Akintayo, 2014; Homan & Boyatzis, 2010). Exploring the role of religiosity in mental well-being is crucial for understanding how religious beliefs and practices can either promote or hinder mental health outcomes.

Ethnicity, as a social identity, was recognized as a significant determinant of mental well-being. Ethnicity is the sense of belongingness to a group that share similar language, belief, history and others (Zagefka, 2009). Individuals from different ethnic backgrounds may experience unique stressors, discrimination, and cultural pressures, which can influence their mental health outcomes (Gee & Ford, 2011; Williams & Mohammed, 2013). Ethnic identity, social support within ethnic communities, and cultural values have been identified as important factors that contribute to mental wellbeing among diverse ethnic groups (Berry, Phinney, Sam, & Vedder, 2006; Kim, Omizo, & Park, 2011). Ethnicity and cultural diversity in Nigeria also play a role in shaping mental well-being. Each ethnic group has its cultural practices, beliefs, and social norms that influence individuals' experiences and perceptions of mental health. Moreover, ethnic disparities in socioeconomic status, discrimination, and access to healthcare services can further impact mental health outcomes among different ethnic groups. Ethnicity and cultural diversity in Nigeria also play a role in shaping mental well-being. Each ethnic group has its cultural practices, beliefs, and social norms that influence individuals' experiences and perceptions of mental health. Some ethnic groups may have specific cultural explanations and traditional healing practices for mental health issues, which can affect help-seeking behaviors and treatment preferences (Olugbile, Zechariah & Isichei, 2007). Moreover, ethnic disparities in socioeconomic status, discrimination, and access to healthcare services can further impact mental health outcomes among different ethnic groups. For Nigerian undergraduates, who come from diverse ethnic backgrounds in a multicultural society, the influence of ethnicity on mental well-being is particularly relevant to explore. Self-esteem is as an individual's opinion and belief about themselves and overall evaluation of their self-worth (Adler & Stewart, 2004). Self-esteem has consistently emerged as a predictor of mental well-being. High self-esteem is associated with greater psychological resilience, positive affect, and life satisfaction, while low self-esteem is linked to increased vulnerability to mental health problems (Baumeister, Campbell, Krueger, & Vohs, 2003; Orth, Robins, & Roberts, 2008). Self-esteem may interact with religiosity and ethnicity, as individuals' self-perceptions and social identities can be influenced by religious and cultural factors, ultimately affecting their mental well-being (Hewitt & Flett, 1991; Worthington, 2003).

The pervasive stigma and cultural beliefs surrounding mental health pose significant barriers to seeking help and receiving appropriate care among Nigerian youths. Mental illness is often stigmatized, leading to discrimination, social exclusion, and limited access to mental health services (Gureje et al., 2015).

Understanding and addressing these cultural factors is crucial to ensure adequate support and intervention for Nigerian youths. Moreover, the transition from adolescence to adulthood, along with the accompanying responsibilities and challenges, can contribute to mental health problems. The mental well-being of undergraduates is a critical area of study in Nigeria, given the unique challenges and stressors faced by this population during their transition into adulthood. Undergraduate students often experience significant academic pressures, social adjustments, financial constraints and personal development milestones (Olatunji and Idemudia, 2019), all of which can impact their mental health and well-being.

JUSTIFICATION OF STUDY

Cultural and religious beliefs contribute significantly to shaping the mental well-being of Nigerian undergraduates. Nigeria is a culturally diverse country, with various ethnic groups and religious traditions. Cultural norms, values, and

expectations influence students' perceptions of mental health, help-seeking behaviors, and coping strategies (Homan and Boyatzis, 2010). The same way, Religious experiences and practices often give a source of support, comfort, and purpose to undergraduates, but can also contribute to challenges when mental health issues are stigmatized or misunderstood (Ajuwon and Akintayo, 2014). Understanding the interaction between culture, religion, and mental well-being is essential for developing culturally sensitive interventions that promote positive mental health outcomes. Self-esteem may interact with religiosity and ethnicity as adolescence emerge into adulthood. Also, self-perceptions and social identities can be influenced by religious and cultural factors, ultimately affecting their mental well-being (Hewitt and Flett, 1991; Worthington, 2003).

STATEMENT OF PROBLEM

While previous research has explored the individual impact of religiosity, self-esteem, and ethnicity on mental well-being of secondary school students and on adults with identified mental disorder such as depression, anxiety and suicidal ideation and more, there is a research gap in understanding their combined effects, particularly from a global and domestic (Nigerian) perspective and also among undergraduates (late adolescents). To address this gap, it is crucial to investigate the independent and interactive predictive roles of religiosity, ethnicity, and self-esteem on mental well-being, considering the unique cultural context of Nigeria and the broader global landscape. According to the Pew Research Center (Pew Research Center, 2018), Nigeria has the largest Christian population in Africa and the sixth-largest Muslim population in the world. Moreover, 98% of Nigerians say religion is very important in their lives, compared to a global median of 53%. Nigeria is also home to various ethnic groups, each with its unique cultural practices, beliefs, and values (Adewale and Adepoju, 2018; Olusakin and Awoyemi, 2019). The extent to which the two psychosocial factors of religiosity and ethnicity coupled with self-esteem as a personality factor predict mental wellbeing among undergraduates in Nigeria is this part of the world is the problem the current study aims to unravel.

AIMS AND OBJECTIVES

Exploring the predictive roles of religiosity, ethnicity, and self-esteem on mental well-being in the Nigerian context and among emerging adults (mean age of 22 years old) provided valuable insights into the cultural nuances and the extent to which these factors contributed to mental health outcomes within this specific setting and developmental age. Thus, the objectives of the current study was to examine the extent to which religiosity, ethnicity and self-esteem predict the mental well-being of Nigerian undergraduates. The findings contributed to a comprehensive understanding of the role of religiosity, ethnicity, and self-esteem in shaping individuals' mental health, and inform interventions and practices aimed at promoting mental health and well-being in diverse cultural settings.

Theoretical framework of the study

Psychodynamic theory by Freud (2012) explains the focus of this research. The central point of this theory is that our mental life is largely unconscious. The author highlighted the repressed conflicts (unconscious mind) as accountable for the various disturbances, conflicts and disruptions in individual's personality and behaviour. Actions are believed to be motivated by emotions and thoughts which are shaped a lot by psycho-social factors such as socialization pattern from childhood, culture, belief system, religion and some personality traits of such individual. Freud asserted that majority of the internal conflicts in individuals develop from sexual aggression and aggression-related experiences, together with certain unresolved unconscious conflicts which developed from the childhood years. Such conflicts result to factors leading to developmental disruption, mental illness, particularly anxiety disorders and also tension. This theory is often labeled "will to pleasure" theory which was developed so as to unlock and resolve the unconscious conflicts that often develop during childhood.

METHODS

This study utilized a descriptive survey design. 369 (male = 171 (46.3%); female = 198 (53.7%)) undergraduates from various ethnic and religious background were sampled from the population of study. The age ranged between 16 to 38. The three major ethnic groups in Nigeria were represented in the following percentages: Yoruba ethnic group = 241 participants (65.3%), Igbo ethnic group = 87 participants (23.6%), Hausa ethnic group participants = 28 (7.6%) and ethnic groups = 13 (3.5%). According to religious affiliation, Christians = 280 (75.8%) while Muslim = 89 (24.1%). According to academic level, 21 (5.7%) participants were from 100 level, 128 (34.7%) participants from 200 level, 97 (26.3%) participants from 300 level, 89 (24.1%) from 400 level, and 34 (9.2%) participants were from 500 level.

Research Instruments

The research instrument used to assess the participants' information for the purpose of the study has five sections A - E. **Section A** was composed of demographic information about the respondents such as; sex, age, religious affiliation, ethnicity, level of study, and name of higher institution.

Section B: Religiosity Scale

The religiosity scale is a 20-item self-reported scale, developed by Stephen Joseph and Deborah Diduca (2006) to assess the dimensions of religiosity such as preoccupation (items 1-5), conviction (items 6-10), emotional involvement (items 11-16), and guidance (items 17-20). Items of this scale are scored on a 5-point Likert scale where 1= strongly disagree, 2=

disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree, and one of the items on the scale is reverse scored. Samples of items of the scale are “I feel happy when I think of God or Allah” and “ I will always believe in God or Allah”. The author reported the reliability of the scale with Cronbach’s alpha of .95 for the scale. The scale was altered to accommodate people who were Muslims because the setting of the study included Muslims.

Section C: Multi-Group Ethnic Identity Scale

The multi-group ethnic identity scale by Phinney (1992). The 20-item questionnaire measures the following subscales: affirmation and belonging (items 6,11,14,18, and 20), ethnic identity achievement (items 1,3,5,8,10,12, and 13), ethnic behaviors (items 2 and 16). Items were scored on a 4-point Likert scale with 4= strongly agree, 3= somewhat agree, 2= somewhat disagree, and 1= strongly disagree, and items 8 and 10 were reverse scored. Samples of items on the scale include “I have spent time trying to find out more about my own ethnic group such as its history, traditions and customs” and “I am active in organisations or social groups that include mostly members of my own ethnic group”. A higher score on this scale indicates a strong level of ethnic identity, while a low score indicates a weak level of ethnic identity. The reliability assessed by Cronbach’s alpha for the study was .90

Section D: Self-Esteem Scale

The scale was developed by Rosenberg (1965) and it is a uni-dimensional widely used self-report instrument for evaluating both positive and negative feelings about self. It has five (5) negatively worded items (2, 5, 6, 8 and 9). The scale is measured using a 4-point Likert scale format from 1=strongly disagree, 2= disagree, 3= agree, 4= strongly agree. Samples of items on the scale include “ On the whole, I am satisfied with myself” and “At times, I think I am not good at all”. A higher score indicates a higher self-esteem while a lower score indicates a lower self-esteem.

Section E: Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

The Warwick-Edinburgh Mental Well-Being Scale were developed in 2007 to measure mental wellbeing in general population. It was funded by the NHS Health in Scotland. The development of this measure was led by Professor Sarah Stewart - Brown and supported by Professor Stephen Platt from the University of Edinburgh. It has been used both locally (Sydney-Agbor, Ebeh and Onyeonu, 2018). The authors reported a test re-test reliability (at one week) of .83, Split-half reliability of .61. It is a 14-item scale of mental well-being covering subjective well-being and psychological functioning. The scale is measured using a 5-point Likert scale where 1= none of the time, 2= rarely, 3= some of the time, 4= often, 5= all of the time. Samples of items of the scale are “ I have been feeling optimistic about the future” and “ I have been feeling useful”.

ETHICAL CONSIDERATIONS AND PROCEDURE

The ethical standards of social research were strictly followed. Ethical approval was obtained from the Social Science Ethical Board of the Federal University, Oye Ekiti, Nigeria. Participants were assured of their confidentiality and no exposure of their identity which helped with honest responses.

STATISTICAL ANALYSIS

Data derived from administration of the research instruments were analyzed using the IBM Statistical Package for Social Sciences (SPSS) version 24.0. The only hypothesis for the study was tested using t -test (to show the difference between high and low levels of the predictor variables) multiple regression analysis (to use the independent variables to predict the dependent variable).

RESULTS

Table 1 Descriptive statistics, Means (*M*), standard deviation (*SD*) of the study variables

	<i>α</i>	Minimum	Maximum	Mean	Std. Deviation
Age		16.00	38.00	22.0569	3.07947
Mental. Wellness	.925	14.00	70.00	53.1951	11.12771
Religiosity	.906	20.00	144.00	85.4878	15.94558
Ethnicity	.735	26.00	85.00	58.4824	8.62853
Self. Esteem	.630	11.00	74.00	31.5962	6.29933

Table 1 presents the descriptive statistics, including means (*M*) and standard deviations (*SD*), for the study variables. The participants' ages ranged from a minimum of 16.00 to a maximum of 38.00 years, with a mean age of 22.0569 years (*SD* = 3.07947). This suggests that the participants' ages were fairly spread out, with a moderate level of variability around the mean. The Mental Wellness scores ranged from 14.00 to 70.00, with a mean score of 53.1951 (*SD* = 11.12771). The participants' mental well-being exhibited a considerable range, and the distribution was somewhat dispersed around the mean. Religiosity scores varied between 20.00 and 144.00, with a mean score of 85.4878 (*SD* = 15.94558). This indicates a notable diversity in participants' levels of religiosity, with a moderate amount of variability around the mean. The Ethnicity scores ranged from 26.00 to 85.00, with a mean score of 58.4824 (*SD* = 8.62853). The distribution of ethnicity demonstrates some variability, with the participants' responses being relatively spread out around the mean. Self-Esteem

scores ranged from 11.00 to 74.00, with a mean score of 31.5962 (SD = 6.29933). The participants' self-esteem levels exhibited a noticeable variation, and the dispersion around the mean suggests diversity in self-esteem scores. These descriptive statistics provide insights into the central tendency and variability of the study variables. The means represent typical values for each variable, while the standard deviations indicate the extent to which data points deviate from the mean. The range of scores within each variable demonstrates the spread of responses across different categories. Overall, the statistics offer a comprehensive overview of the characteristics and distribution of the variables under investigation.

Table 2 t-test summary table showing difference between respondents' mental wellbeing based on low and high religiosity among undergraduate students

	Religiosity						t	df	Cohen d
	Low			High					
	M	SD	n	M	SD	n			
Mental wellbeing	47.29	10.852	116	55.90	10.18	253	7.21**	367	10.39

** $p < .01$

Table 2 presents a summary of the t-test analysis, which investigated the disparities in mental well-being scores among undergraduate students based on their categorization into low and high religiosity groups. The t-test statistic was calculated as 7.21 (df = 367), indicating a significant difference between the two groups. For those with low religiosity, the mean mental well-being score was 47.29, with a standard deviation of 10.852, and a sample size (n) of 116. On the other hand, participants with high religiosity had a mean mental well-being score of 55.90, accompanied by a standard deviation of 10.18, and a larger sample size of 253. The results of the t-test revealed a substantial and statistically significant disparity in mental well-being scores between respondents with low and high religiosity ($t = 7.21, p < .01$). The Cohen's d effect size for this comparison was 10.39, further underlining the meaningfulness of the observed distinction. The finding indicated that individuals with higher levels of religiosity tend to report significantly greater levels of positive mental well-being among the undergraduate student population.

Table 3 t-test summary table showing difference between respondents mental wellbeing based on low and high ethnicity (ethnicities) among undergraduate students

	Ethnicity						t	df	Cohen d
	Weak			Strong					
	M	SD	n	M	SD	n			
Mental wellbeing	47.38	10.29	165	57.90	9.44	204	10.21**	367	9.83

** $p < .01$

The results in table 3 demonstrated that group with low ethnic ties reported an average mental well-being score of 47.38 (SD = 10.29) based on a sample size of 165 participants. In contrast, the group with high ethnic ties reported an average mental well-being score of 57.90 (SD = 9.44) with a larger sample size of 204 participants. The t-test yielded a significant difference between the two groups, $t(367) = 10.21, p < .01$. The obtained Cohen's d was 9.83, indicating a substantial effect size in favor of individuals with strong ethnic ties in terms of mental well-being. The t-test outcomes reveal a considerable disparity in mental well-being scores between individuals with weak and strong levels of ethnic ties, highlighting the meaningful impact of ethnic ties on mental well-being among undergraduate students.

Table 4 t-test summary table showing difference between respondents mental wellbeing based on low and high self-esteem among undergraduate students

	Self Esteem						t	df	Cohen d
	Low			High					
	M	SD	n	M	SD	n			
Mental wellbeing	49.52	12.16	144	56.14	9.26	205	5.94**	367	10.64

** $p < .01$

For participants with low self-esteem (M = 49.52, SD = 12.16, n = 144), their mental well-being mean score was compared to those with high self-esteem (M = 56.14, SD = 9.26, n = 205). The t-test yielded a significant difference between the two groups ($t = 5.94, df = 367, p < .01$), indicating that individuals with high self-esteem reported significantly higher levels of mental well-being. The effect size, as represented by Cohen's d, was 10.64, further emphasizing the substantial difference in mental well-being scores between the low and high self-esteem groups. Indicating that individuals with high self-esteem indeed exhibit significantly more positive mental well-being. The statistical significance and effect size underscore the practical significance of this finding.

The hypothesis for the study stated that there will be a combined and independent predictor of self-esteem, ethnicity, and religiosity on mental well-being. This was tested using the multiple regression analysis and the result presented in Table 2.

Table 5 Summary of multiple regression analysis showing the influence of self-esteem, ethnicity, and religiosity as predictors of mental wellbeing among undergraduate students

Predictors	β	t-value	Sig.	R	R ²	F	Sig.
				.589	.347	64.79	.001
Religiosity	.124	2.571	.011				
Ethnicity	.441	9.698	<.001				
Self-.Esteem	.222	4.917	<.001				

Dependent variable: Mental Well-being, ** $p < .01$, * $p < .05$

The multiple regression analysis summarized in Table 5 examined the predictive associations of self-esteem, ethnicity, and religiosity with mental well-being among undergraduate students. The overall model's strength is represented by an R value of .589, indicating a substantial relationship between the predictor variables and the dependent variable. Approximately 34.7% of the variance in mental well-being scores can be accounted for by the combined effects of these predictors, as reflected in an R-squared (R^2) value of .347. The model's overall combined influence with statistical significance is underscored by a high F-value of 64.79, with a corresponding p-value of .001, further supporting the notion that the predictor variables jointly contribute to the prediction of mental well-being. The regression coefficients (β) for the individual predictors provide insight into their specific contributions. Religiosity exhibited a statistically significant positive influence ($\beta = .124$, $t = 2.571$, $p = .011$) on mental well-being. Ethnicity also displayed a noteworthy impact ($\beta = .441$, $t = 9.698$, $p < .001$), suggesting a substantial association between ethnic background and mental well-being. Self-esteem emerged as another significant predictor ($\beta = .222$, $t = 4.917$, $p < .001$), indicating its significant role in influencing mental well-being. The results thus provide empirical evidence for the combined and separate impacts of self-esteem, ethnicity, and religiosity on mental well-being among undergraduate students. The hypothesis is thus support.

DISCUSSION OF FINDINGS

This study investigated the strength of the roles of some psychosocial factors (religiosity and ethnicity) and a personality factor (self-esteem) on mental wellbeing among undergraduates in Nigeria. Findings from the study indicated that religiosity and self-esteem are strong predictors of mental wellbeing because the results are statistically positively significant while ethnicity also displayed a significant predictive impact on mental wellbeing. These findings were consistent with past findings that have established that religion is associated with positive outcomes such as well-being and happiness. Such studies among others include Goncaive, Lucchetti, Menezes, Vallada, 2015; Xing, Guo, Bai, Qian and Chen, 2018. However, many of these studies were carried out among clinically diagnosed patients and more among adult age groups unlike the present study whose participants are undergraduates of an average age of 22 years. Besides, some of these studies proposed that the relationship between religion and mental health might likely be bi-directional while the mechanisms of this relationship remain unclear.

Some researchers proposed several possible mechanisms for this association. For example, Ellison, Boardman, Williams and Jackson (2001) suggested that religious participation may lead to greater social integration and support, which in turn could lead to better well-being. Additionally, a belief in a higher power may help people to cope with stress and provide a sense of meaning and purpose in life. Furthermore, religious people may be more likely to live healthier lifestyles. In a more recent research, Kim-Prieto (2014) listed four ways that religion may contribute to well-being and a life well lived. First, religious participation can provide social support and social capital. Second, religious beliefs can provide meaning and purpose in life. Third, religion can help people to master negative emotions and cope with difficult circumstances. Finally, religious practices such as prayer can be a source of comfort and strength in difficult times.

Over the past few decades, numerous studies have been conducted on self-esteem, including its development, relationship to mental health, and place in the broader concept of self. Harter, 1988 has examined self-esteem in light of the theories of Cooley and James, which are considered to be two of the most significant early theoretical perspectives on self-esteem. These two theorists have different approaches to understanding self-esteem and the concept of self. Harter's research also has provided support for James' theory, as other contemporary researchers have also found similar results (Carlen, Suomenen and Augustine, 2023; Nguyen, Wright, Dedding, Pharm and Bunders, 2019). Harter's studies have also shown a clear connection between self-esteem and social support, as predicted by Cooley's theory. Adolescents with the lowest levels of social support have the lowest self-esteem, while those with the most support have the highest self-esteem (Harter, 1988; Olatunji, Idemudia and Olawa. 2020). However, the longitudinal study of the association between self esteem and mental wellbeing as conducted by Carlen et. al. (2023) found that self esteem appeared relatively stable from ages 12-13 through 17 years, thus concluding good self esteem in early adolescence which to the authors could be predictive of later mental well-being. The study by Nguyen et. al. (2019) even though found a correlation between self esteem and some identified mental health disorders such as anxiety, depression and suicidal ideation among secondary school students (early adolescents). But the current study in its findings was able to establish that the self esteem of older individuals aside secondary students could predict their mental health as a whole.

Research suggests that having strong ethnic ties can positively impact mental wellbeing by providing social support, a sense of belonging, and cultural identity reinforcement and can serve as a protective factor against stress and enhance adaptation (Berry, 2016; McIntyre, Worseley, Corcoran, Harrison-Woods, and Bentall, 2018). These ethnic ties

can buffer against stress and promote resilience (Hwang, 2006). While many of the past studies reported significant association between ethnicity and mental health some others did not but attribute the non-significance to probably the small number of participants from the ethnic minority groups of the study area under consideration.

The result of the current study is logical as the three variables have been identified to have a major influence on mental well-being. Hence, the three variables jointly interacted to determine mental wellbeing among undergraduates (late adolescents since the mean age is 22 years)

CONCLUSION

Based on the findings from this study, all the predictors identified for the purpose of this study namely, religiosity, ethnicity, and self-esteem independently and jointly determined mental well-being of undergraduates in Ekiti State, Nigeria. Religiosity specifically was found to have a statistically significant positive influence on mental well-being among undergraduates, this implies that undergraduates who are not religious or have low levels of religiosity will have low levels of mental well-being compared to those who have high levels of religiosity. Self-esteem also emerged as another significant predictor of mental well-being among undergraduates. It was also revealed that ethnic ties have a meaningful impact on mental well-being among undergraduates.

IMPLICATIONS OF STUDY

The implications of the present study is that as adolescents move into adulthood in this part of the world, the tendencies for religion affiliations increases, and so is their ethnic ties, this then promotes their personality and in strengthening their self esteem positively. This helps them to cope well with life and develop more positive attitude as more life challenges unfold. Conversely, in a situation where an emerging adult fails to develop any religious affiliation or a strong ethnic tie, it could be detrimental to their personality development leading to a low self-esteem and thereby could lead to mental distress or poor mental health when they have to face more challenging situations. This findings add to the body of knowledge as regards psychosocial and personality factors that determine mental well-being especially as individuals transition into adulthood. Also, the result of this study will be useful for the enlightenment of undergraduates on the matter of their mental health.

RECOMMENDATIONS

With the findings of this study in scope, the following recommendations were made:

Individuals, most especially undergraduates should try to form a healthy relationship with God or Allah and religious leaders and institutions should try to encourage undergraduates and show them the importance of religiosity based on guidance, conviction and emotional involvement with a superior being on their mental well-being. This is important because some undergraduates abandon their relationship with God or Allah when they face challenges and undergo stress in school. A lot of youths, especially older undergraduates even as they develop into adulthood, have poor knowledge about their state of origin and their ethnic background because of westernization. Therefore, they should be encouraged to participate in the cultural practices of their ethnic group, read about the history, cultures, and traditions of their ethnic group, and take pride in their cultural practices and achievements because it can significantly improve their mental well-being, this is especially true of a country like Nigeria where emotional and physical stressors are enormous.

Since the study was able to establish self-esteem as a strong predictor of mental well-being (Olatunji, Idemudia and Olawa, 2021), factors such as failures, disappointments, low self-worth and many others which can lead to low self-esteem especially among undergraduates must be discouraged among emerging adults therefore, students who are suffering from low self-esteem should be encouraged to visit the institutions' counselling unit and seek professional help in order to deal with their problems and responsibilities more effectively and efficiently.

LIMITATIONS OF STUDY

A few limitations of this study have been identified which the researcher assumes can affect the study. The sample was limited to mostly undergraduates in Ekiti state, and due to the geographical location, the ethnic affiliation was skewed. There were 65.3% of sample being Yoruba, 23.6% Igbo, 7.6% Hausa, and 3.5% of the sample were from other ethnic group.

Another limitation is that the study adopted a descriptive survey design which can be less persuasive to determining causality in research. That is, the study only reveals contributing factors to mental well-being and not factors that actually caused it. In addition, only few contributing factors were selected for the study. Hence, it is logical to say that there are other extraneous variables that influenced the results that were not considered for the current study.

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