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integrity, leadership and equity...

DEPRESSION SURVEY REPORT 2022

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2022 Research by boys to MEN Foundation

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I'm Dying On The Inside

You see a smile on the outside,
But that's all you can see.
What if tears run down my face on the inside?

You hear a laugh on the outside,
But that's all you can hear.
What if I'm crying out for help on the inside?

You can tell I'm happy on the outside,
But what if you can't tell I'm dying on the inside?

Ashley

I. INTRODUCTION

Depression is one of the most significant health disorders because of the severity of its impact on a person and the tendency of society to ignore or fail to recognize its symptoms. Sadness comes into everyone's life at some point, but depression has a lot more depth and staying power. Individuals have attempted to define this feeling as they experience it, and there is a general agreement that depression is more than a transitory feeling of sadness or dejection. It can make one feel constantly burdened and drains the joy from once-pleasurable pursuits. As people have a better understanding of how they feel, some procedures have been established to assist them in expressing these feelings and receiving the treatment they require for relief; ongoing episodes of depression come with symptoms that may last for days or longer.

Studies have been undertaken over the years to analyse depression on the basis of various demographic factors such as gender, socioeconomic class, age, and even geographic location. In Africa, there is a dearth of research data on mental health issues. This scarcity reflects the paucity of mental health facilities on the continent, as well as the reality that many Africans and their Governments have disregarded the problem as they do not consider it to be an illness. In the World Health Organisation's 2014 Mental Health Atlas Survey, 24 percent of countries said that they did not have or had not implemented separate mental health policies; in Africa, this figure was almost double at 46 percent!

Africa as a continent has 1.4 mental health workers per 100,000 people, compared to a global average of 9.0 per 100,000 people, and it scores poorly in terms of mental health hospital beds and outpatient facility coverage. Unsurprisingly therefore, the percentage of Africans receiving treatment for mental health issues like depression is exceedingly low.

Nigeria, home to the world's largest black population, with its failure to acknowledge the importance of mental health, contributes significantly to the poor statistics on the uptake of Depression Aid in Africa. According to statistics, over seven million individuals in Nigeria are currently suffering from depression. This number would be higher if more people spoke out. The stigma attached to depression engenders feelings of shame and discrimination or 'otherness', making it difficult for people to speak honestly about their depression. Combined with the paucity of treatment facilities and specialists, this has resulted in severe mental health consequences and even suicide.

The daily hardships that an average Nigerian continues to experience, such as financial pressures stemming from the country's high poverty rate, insecurity, and poor infrastructure, all costs of poor governance, contribute in no small measure to the increasing number of people with depression. The prognosis is that as Nigeria's population grows, the strain on everyone, particularly young people who are already struggling to make ends meet in a highly competitive labor market, will only be exacerbated.

II. EXECUTIVE SUMMARY

boys to MEN Foundation undertook this study on Depression to seek local answers and understanding about the incidence of depression in Nigeria - its prevalence, causes, is there a gender predilection, what about young people? The results of this research have provided insights that will hopefully contribute to the body of knowledge about depression in Nigeria, and support measures for its identification, treatment and management.

This is not an academic or medical research. It is a social study undertaken to better understand depression within our social contexts, in our various communities. We all have roles to play in helping to recognise depression in those around us, supporting those who are depressed, helping them seek help, and generally making sure depression is put on the front burner. To encourage more people to admit to depression and seek help, the stigma attached to it must be removed.

We would like to believe that filling these questionnaires provided a measure of relief (or even therapy) to respondents who admitted to being depressed … we were able to provide a platform for them to express themselves anonymously.

Surveys can sometimes be limited by the diversity and size of the sample but there are always insights to be gained from them. The most significant result from this survey is that 84% of the sample size have suffered from depression…men, women and children.

The study first sought to establish that respondents understood what depression is. Their responses cover a broad range of definitions and understanding of what depression is and they mirror the definitions/descriptions of mental health professionals. Depression appears to be well understood by the respondents - a mental health disorder, a state of persistent sadness, despair of the mind characterised by dark thoughts, low moods, suicidal tendencies, loss of interest, wanting to be alone, mental and emotional breakdown, a state where nothing else matters and anxiety, self loathing and insecurity heightens.

The behaviours identified also correspond to those described by professionals as symptoms of depression - withdrawal and self isolation, mood swings and self harm, anti social behaviour, aggression, bad sleep patterns, low self esteem/drive and suicidal tendencies.

Does the research support a gender predilection to depression, the notion that females suffer depression more than men, or is it that females might be more responsive to such surveys? Could this be the reason why surveys about depression appear to find that more females are depressed? Could it also simply be that females are more willing to admit to depression? Depression after all is not compatible with society's definition of masculinity. The findings in this study do not support any such notion. 60% of the respondents are female and 40% are male. The simplest inference is that women were more willing to participate in the study and to admit to depression, not that more females suffer from depression.

Whilst family and friends have been identified to be the most common coping mechanism and support for depression, they are also recognised as being most responsible for depression. 52% of the respondents attributed their depression to family issues. Parents as primary family carers may themselves be a major cause of depression in their children. High expectations, financial dependence, emotional, mental and even physical abuse are all factors in family dynamics.

This report establishes through responses to several questions, that family is considered both the major cause as well as the primary support system ... *The paradox of cause and solution*.

Parental acceptance is fundamental for the healthy development of an individual. Unresolved issues from one's growing up years tend to follow one into adulthood.

School interactions also receive mention as a trigger for depression. 25% ascribed their depression as being school related. Peer pressure, performance stress, comparisons with other students, and even social anxiety are all factors.

Schools and churches as community meeting points, have the potential for providing strong support systems. They are not recognised as doing so. For such a religious country, prayer is mentioned by only a few respondents. The religious communities to which people belong do not seem to play a large enough role in their well being. Churches or mosques were not recognised by respondents as being go-to places for mental, psychological or emotional support. The lives of many Nigerians are intrinsically tied to their religion and places of worship, but these may also be considered places of the greatest possible shaming and stigma because they are often competitive social spaces that determine social relevance. They fuel our human need for social approbation and validation, to which we often become dependent. Social disgrace and public rejection in these places can trigger depression.

95.4% of the respondents agree there is a high incidence of depression among young people in Nigeria. Young people suffer high levels of academic, social and financial pressure and anxiety in an increasingly VUCA (Volatile, Uncertain, Complex and Ambiguous) world. We must acknowledge depression as a major concern especially among the young, who represent the future. To safeguard that future, we have to pay attention to issues that negatively impact on them.

A number of suggestions were advanced by respondents on how depression can be managed. Therapy & Counselling, and Love emerged as the key suggestions. This reemphasises the importance of professional diagnoses and treatment, supported by strong community support underpinned by love and understanding … the key role we all as members of society should play (in our different contexts), in creating wholeness among all of us through understanding and acceptance. Only societal acceptance will eventually erase the stigma and shame attached to depression as a mental illness.

As a seeming contradiction to this finding, the study also confirms what we already know, that therapy is not the preferred method for coping with depression, although 43.4% acknowledge it to be an illness. Respondents offered a variety of reasons for this - *stigma, difficulty in admitting they need help, embarrassment, fear of vulnerability and being labelled weak, and not being taken seriously; it is also sometimes seen as a cover to excuse 'unwholesome' behaviour*. This seeming contradiction merely establishes that recognising benefits and taking advantage of them are two different things when there are other conflicting factors.

In addition, there appears to be limited awareness about where to get help, which is why many turn to family and friends or even rely on themselves. 67.7% of the respondents said there are no support systems in Nigeria. Some of them did however acknowledge psychiatrists, therapists and counsellors and named a few mental health care centres. To state the obvious, one cannot get help if one does not know where to get help.

The imperative of creating greater awareness and publicity around mental health issues is evident. Several suggestions have been made by respondents on how this can be done … *sincere dialogue, health awareness and mental health programmes, outreaches in schools and churches, billboards and Nollywood.* Respondents recognise the importance of public engagement to successfully remove the shame and stigma attached to depression. We acknowledge the increasing awareness about depression in Nigeria, fuelled by celebrities who have publicly discussed their struggles with it, as well as the tragic increase in the number of suicides of young Nigerians, well publicised on social media.

Funding has been mentioned as a reason for the paucity of mental health facilities. To attract funding in Nigeria, depression must be recognised as a mental illness and applications for funding support made locally and internationally. Government involvement will ensure that policies are written which will drive budgetary allocations and help attract the support of the international aid community. In our introduction to this survey report, we identified the low uptake of Depression Aid in Africa because it is stigmatised and not considered a mental illness. Government, the private sector, and non-governmental organisations (NGOs) all have a role to play in providing mental health care.

We also explored the relationship between openly expressed grief and depression. 55.6% of the respondents who answered this question thought that openly expressing grief **does not** stop people from getting depressed. We found a gender correlation in the other 44.4% who felt that openly expressing grief **helps** with the healing process. 64% of the males felt it had a positive mental effect (versus 36% females). This is one of the interesting findings in this study, the suggestion that more males think that expressing grief provides a measure of relief from grief and therefore from depression. We posit this may be because talking and crying are not considered masculine traits, and because men do not typically indulge in them (a social taboo), it has a greater impact when they do so. For females it is a natural form of expression and might even be considered unnatural (or masculine) when they don't, so the effect of talking and crying may be somewhat diluted. This is a welcome finding, and will hopefully encourage more males to speak up, because the rigidity in self-expression that comes from strict masculinity brings with it higher risks of physical and mental health breakdowns.

This study confirms that the incidence of depression in Nigeria has assumed worrying proportions. It has also provided insights, some new, and others which confirm what is already known. Conscious and deliberate efforts must be made to increase awareness about depression as an illness, and to provide the necessary support structure at all levels, to make available comprehensive mental health care to all Nigerians.

Importantly for boys to MEN Foundation as a male focused organisation, the study also highlights our mental and psychological frailties, irrespective of gender. Challenges and pain are a fact of life for everyone, male and female alike. Depression afflicts both males and females. The difference is in how society prescribes we should express ourselves. It defines masculinities and femininities that rob us of our common humanity and in its expectations of us, can become causes of depression. We hope that the treatment for depression will help to erase bogus gender related social constructs that define behaviour, and allow Thomas Page McBee's assertion to come true … We must '*create a culture where boys are not raised to see masculinity and humanity as mutually exclusive*.' Mental health and humanity are gender neutral.

III. RESEARCH METHODOLOGY AND REPORT FORMAT

The intended sample size for this survey was one hundred but we got one extra, so one hundred and one people participated.

Questionnaires were developed and distributed online via our social network. We asked 42 questions which in this report have been condensed into 28 using sub lists. All questionnaires were completed online, answers evaluated and categorised to enable a statistical analysis. The survey incorporated age and gender distribution questions.

Similar questions were framed differently and asked in different contexts, with questions appearing to have been repeated, but this was intentional. We wanted to track the consistency of responses, cross reference answers, and so enable reasonable self validation of survey responses. Different answers for similar questions might have meant questions were not understood or may have led us to question the authenticity or genuineness of the responses given. Based on the results, we have no reason to doubt the veracity of the responses.

We requested both quantitative (simple yes/no answers) as well as qualitative answers, which required respondents to think, and articulate their thoughts and feelings in writing. These allowed respondents to speak their personal truths, and had the advantage of being anonymous. We were able to gain valuable individual insights which when aggregated, established the commonality (or otherwise) of feelings and opinions, giving a further statistical basis for analysis.

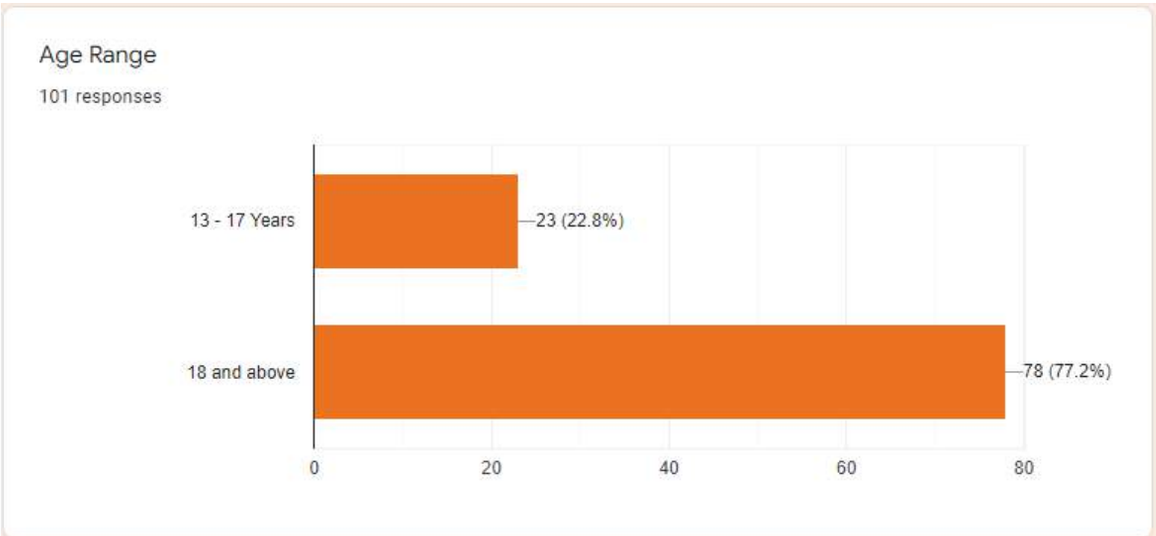
We have used pie charts to present pictorial representations, to better appreciate the range of responses/results and the aggregation of common responses. We have addressed each question and presented answers in terms of the actual numbers of respondents who provided answers (rather than the total sample size) for greater accuracy, as well as in percentages to enable comparative analysis. In some cases we carried out age or gender analysis to investigate possible relevance. Some respondents did not answer all the questions.

This report generally flows with the progression of the questions asked in the survey, for convenience. Cross references are made with related or intentionally reframed, similar questions. We have made inferences from the responses given. In our opinion respondents were honest and genuine in their responses and suggestions, and we are positive about the overall accuracy of our findings.

The Table of Contents lays out the format and flow of the report, the Executive Summary highlights the key findings, while detailed results are provided in the Findings and Analyses section of the report. The Conclusion simply signifies the end of the analysis. In this report, we make no definitive assumptions and conclusions. We simply provide insights and understandings gained, as well as indications for positive change in the recognition and support given to those who suffer from depression as a mental illness.

IV. FINDINGS AND ANALYSES

1. Overall Age Range Analysis

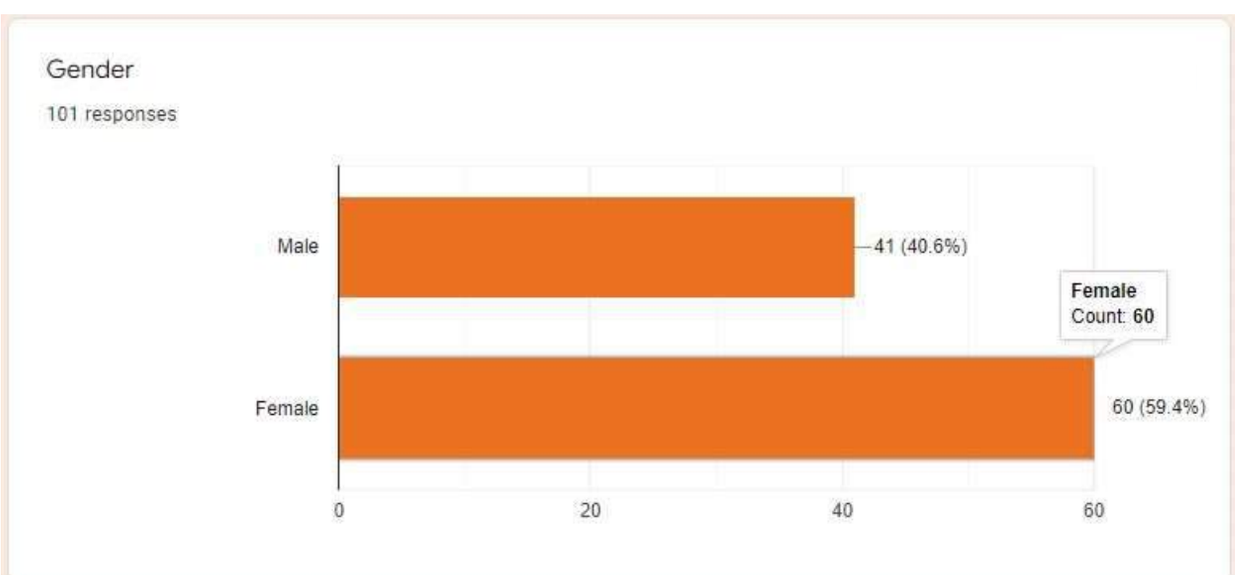


The age range for the survey was from teenagers (13 – 17 years) to adults (18 years and above). 23 (22.8%) respondents were aged 13-17 years, while 78 (77.2%) were aged 18 and above. The results were thus principally from those aged 18 and above.

One might be tempted to ask, why would anyone under the age of 18 years voluntarily participate in a survey on depression? Is 20 -25% significant? Does this proportion of our children potentially suffer from depression?

Our results confirm the already known facts that children too suffer from depression.

2. Overall Gender Analysis



41 (40.6%) respondents were male, while 60 (59.4%) were female. Of the 60 female respondents, 13 females (21.7%) were aged 13 to 17 years, while from the 41 male respondents, 10 males (24.4%) were in the same age range.

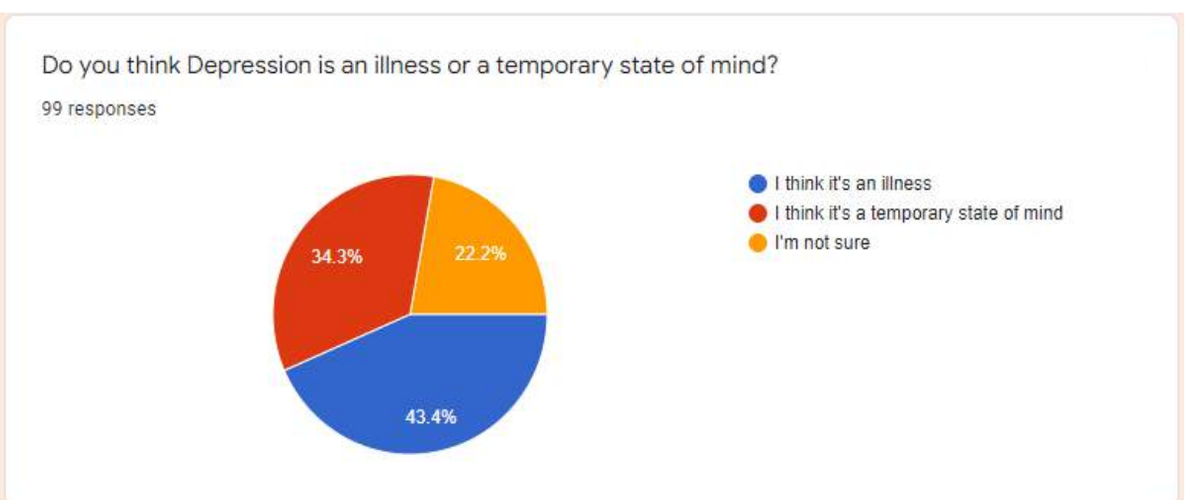
More females (both children and adults) seemed amenable to completing the survey. Could this be the reason why surveys on depression appear to find that more females are depressed? Could it also simply be that women are more willing to admit to depression? Depression is not compatible with society's definition of masculinity.

3. What do you understand by Depression?

These responses provide a broad definition and understanding of what depression is. The descriptions mirror the definitions/descriptions of mental health professional. Respondents understood Depression to be '*a mental health disorder, a state of persistent sadness, despair of the mind characterized by dark thoughts, low moods, suicidal tendencies, loss of interest, wanting to be alone, mental and emotional breakdown. A state where nothing else matters and anxiety, self-loathing and insecurity heightens.*'

91 respondents answered this question and they include those aged 13 – 17 years. When analysed by age distribution, we found that all those aged 13 -17 (except 3) answered the question whilst 7 adults did not answer the question. Respondents attempted to define this feeling (depression) as they experience it. Definitions of depression are clearly subjective, based on the experiences of individuals who suffer from it.

4a. Do you think Depression is an illness or a temporary state of mind?



43 (43.4%) out of 99 respondents said they think depression is an illness, 33 (34.3%) said they think it is a temporary state of mind, while 23 (22.2%) were not sure. Less than 50% of respondents consider depression to be an illness and yet psychiatrists and psychologists identify depression to be an illness to be taken seriously.

Suicide is on the increase, but if 34.3% think depression is a temporary state of mind, this might explain why people don't take it seriously (a case of 'It will pass, just get on with it my friend!')

Perhaps it can indeed be both an illness and a temporary state of mind for those who recover. Not everyone recovers from depression. For them it is permanent, a way of life, and they need therapy and medication.

On the positive side, at least a higher proportion of respondents consider depression to be an illness. As mental health awareness increases, this proportion can only go up and mental health will increasingly be given the attention it deserves.

4b. Why do you think so?

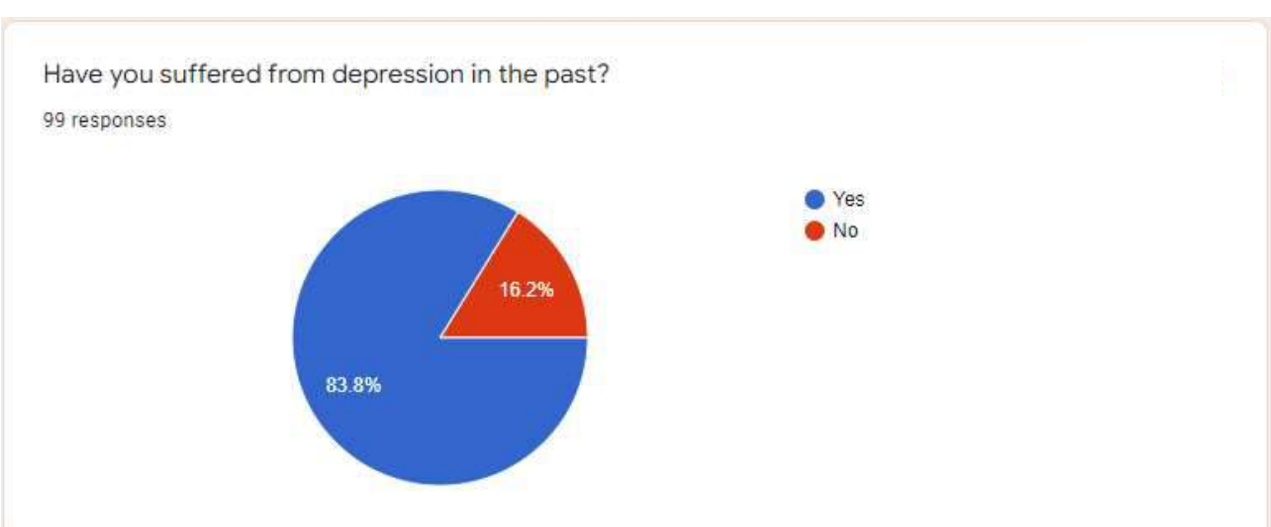
33 (33%) respondents think depression is an illness because it has medical remedies, hormones and enzymes might be affected and need correctional treatment, can be diagnosed, and is a psychological response to past or ongoing events.

38 (38%) respondents think it is a temporary state of mind because with the right people helping, and if the situation causing the depression is reversed, the person recovers. 9 (9%) respondents mentioned that it is a bit of both an illness and a state of mind because it affects mental and physical health, thus affecting one's way of life. 2 (2%) respondents did not know why. 1 (1%) respondent said there was no need for a reason and 1 (1%) said it is relative.

The overall response to this question identifies that there are remedies for depression. Whether it is identified as a temporary state of mind or a mental illness, it can be managed or cured,. The responses also show that respondents have a good appreciation of what depression is and how much it can affect the lives of people, both those depressed and those around them. Again, greater awareness is called for.

In many ways the one respondent who said there was no need for a reason was absolutely right - depression is depression. Describe it in any way one likes, it must be acknowledged and addressed whether one thinks it is an illness or a temporary state of mind.

5. Have you suffered from Depression in the past?

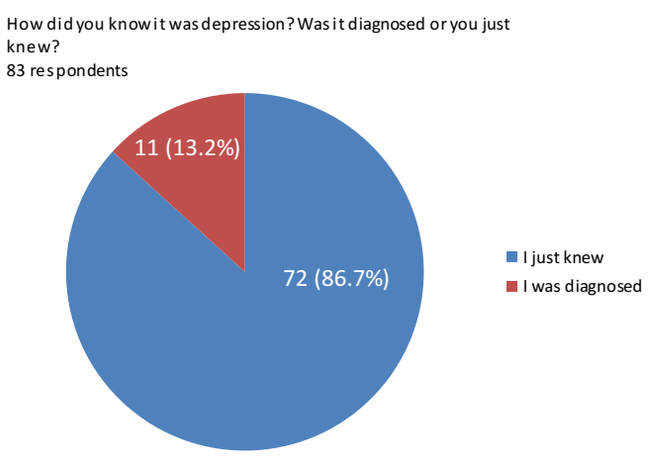


83 (83.8%) respondents said they had suffered from depression in the past, while 16 (16.2%) said they had not. Of the 83.8% who have suffered depression, 33 (40%) respondents were male, and 49 (60%) were female. Of the 16.2% that said they had not suffered from depression in the past, 10 respondents were females, while 6 were male.

These statistics mirror the gender distribution of the survey and are not necessarily a pointer to more women suffering from depression. 60% of the respondents are women. 60% of the women in the survey admit to depression. 40% of the respondents are male and likewise 40% suffer from depression. More importantly, the 33 males who admitted to suffering from depression represent 80.5% of the 41 males in the survey, and the 49 females who said they suffered from depression represent 81.7% of the 60 females in the survey. These percentages are too close for a definitive conclusion.

While surveys may be limited by the inherent characteristics of the respondents and the sample size, there are always insights to be gained. The most significant result is that 84% of the sample size has suffered from depression … men, women and children. This is very significant and very troubling.

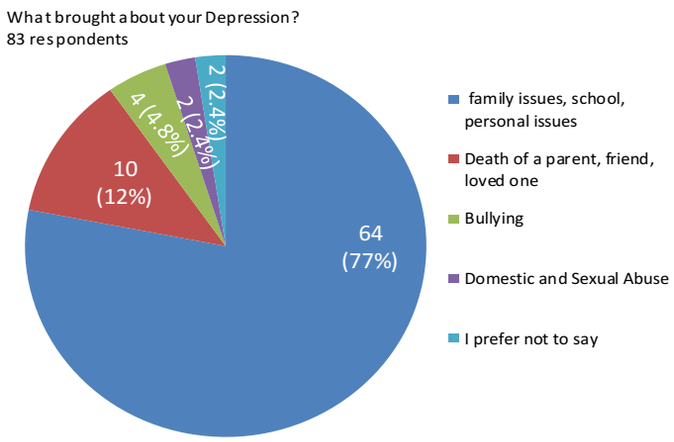
6. How did you know it was depression? Was it diagnosed or you just knew?



72 (86.7%) respondents said they just knew it was depression (2 of whom said they knew because they attempted to take their lives) while 11 (13.2%) said they were diagnosed.

The results appear to show a high level of awareness of the symptoms of depression in those who suffer from it, as a significant number self-diagnosed. Only 13.2% were professionally diagnosed. It appears to confirm the supposition that very few depressed people seek professional help and also suggests a reluctance to publicly admit to being depressed.

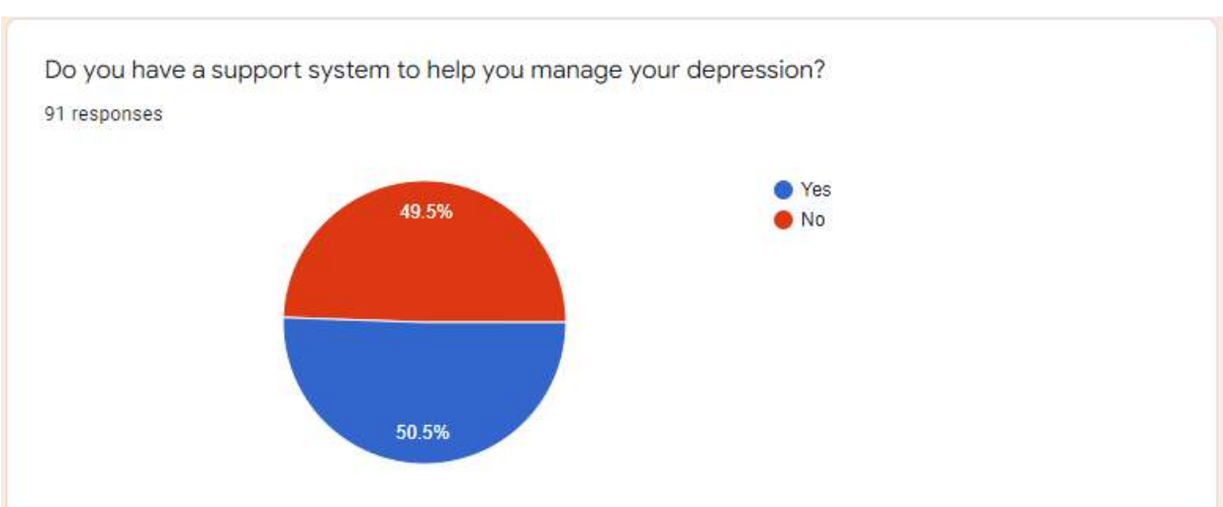
7. What brought about your Depression?



64 (77%) respondents said their depression could be attributed to family issues, school, and personal issues (from feelings of inadequacy, fear of failure). 10 (12%) respondents said it was because of the death of a parent, friend or loved one. 4 (4.8%) respondents said their depression came as a result of bullying. 2 (2.4%) respondents mentioned domestic and sexual abuse as what brought about their depression, while the others preferred not to say.

There are many triggers for depression but it appears family and school, key contexts in our lives take the most blame, accounting for 77% of the causes of depression mentioned in this survey. Personal issues which are included in this category, are usually fallouts from family and school. More particularly, out of the 83 respondents 43 (52%) attributed their depression to family issues, while 21 (25%) attributed their depression as being school related and 10 (12%) owing to trauma. Our dependence on our families and schools for our mental, psychological and emotional well being could not be more evident. Parents, teachers and schoolmates form our proximate social networks and greatly influence our mental health.

8. Do you have a support system to help you manage your Depression?



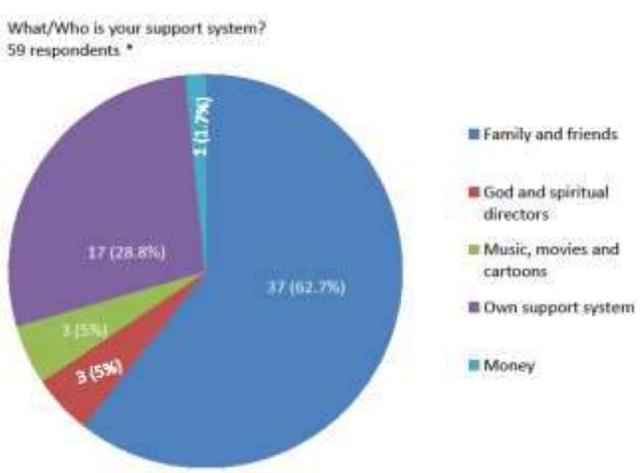
46 (50.5%) respondents said they had a support system to help them manage their depression, while 45 (49.5%) said they did not.

Almost half the respondents said they had no support system. Can this be related to the culture of silence (taboo) about depression and the attitude of people not wanting to acknowledge depression as an illness?

Whilst the proportion of those who have a support system and those who do not are literally the same, almost 50% of depressed people not having a support system is unacceptable. Of these (50.5% who have a support system), 20 (or 43.5%) males said they had a support system contrasted with 26 (or 56.5 %) women. Compare this with 19 (42%) male respondents not having a support system versus 26 (58%) females. These results appear to relate more to the higher number of women in the survey, than that females are more predisposed to seek help – the same number (26) of females say they have a support system, as say they do not. To corroborate this, the 19 males with a support system represent 48.7% of total males, and for females, the 26 represent 43.3% of total females in the survey. The percentage of men is actually higher within the respective gender populations. Gender does not seem to be relevant for this question. One can infer that just as many males/females are likely to have or not have a support system.

There are ongoing efforts to increase public awareness of mental health issues and the available support systems in place. Men must be specifically encouraged to seek help. Good health should be prioritised over any masculine or other societal construct perceived as taboo.

9. What/Who is your support system? (for those who admitted to being depressed)



37 (62.7%) of the 59 respondents who answered this question said their support system is comprised of friends and family, 17 (28.8%) said they were their own support system, 3 (5%) said God and their spiritual directors, 3 (5%) said their mentor/therapist, 3 (5%) said music, movies and cartoons, 1 (1.7%) respondent said money is their support system.

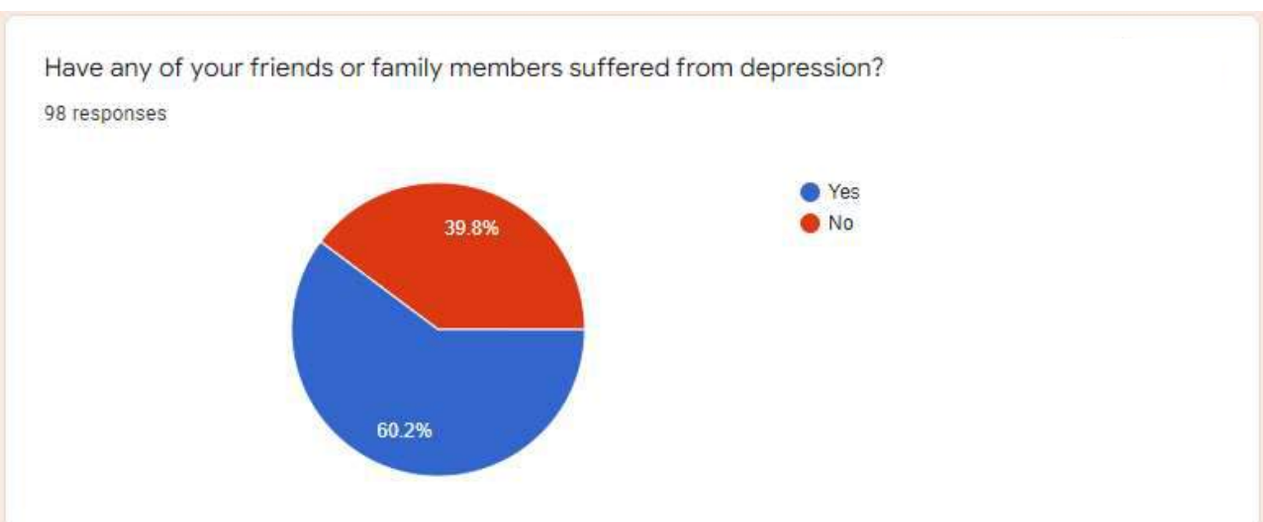
42 respondents did not answer the question. They are likely to be part of the 49.5% who stated they have no support system.

The 37 respondents who rely on family and friends represent almost 81% of the 46 who admitted to a support system and 63% of the 59 who answered question 9. These percentages are significant and highlight the importance of having a network of family & friends. The next highest category of respondents are those who say they rely on themselves (28.8%) - more than a quarter of respondents depend on themselves!

Only 3 (5%) each rely on God or their mentor/therapist. Given the denial of depression as an illness, the taboo associated with mental illness, ignorance about where to seek help, low education levels and financial considerations, it is perhaps not surprising that very few people rely on therapists. However, for a country of supposedly strong religious convictions which uses religion as a social, economic and political weapon, why does there seem to be little reliance on God? What role do pastors, priests and other religious leaders play in providing counselling? Does belief in God through religion have no relevance in our daily, personal lives? Religion should be an important resource to rely on if as a community we are to help people manage and overcome their depression. Are religious communities possibly considered more righteous, more judgemental, inclined to quote from holy books rather than to provide solace? An interesting subject of research might be 'The Roles of Religious Institutions in the Management of Depression'.

As people gain a better understanding of depression, we must together develop a robust support system of family, church and professional therapists to address it for the sake of our loved ones and the well being of society in general.

10a. Have any of your friends or family members suffered from Depression?



59 (60.2%) respondents said they have friends or family members who had suffered from depression. 39 (39.8%) said they did not have friends or family members who had suffered from depression.

That 60.2% of respondents know family and friends suffering from depression is again of significance when added to the 83.8% of respondents who themselves say they have suffered from depression. The import of this is that many people suffer from depression without it being openly acknowledged. In effect, 'People know because they just know'.

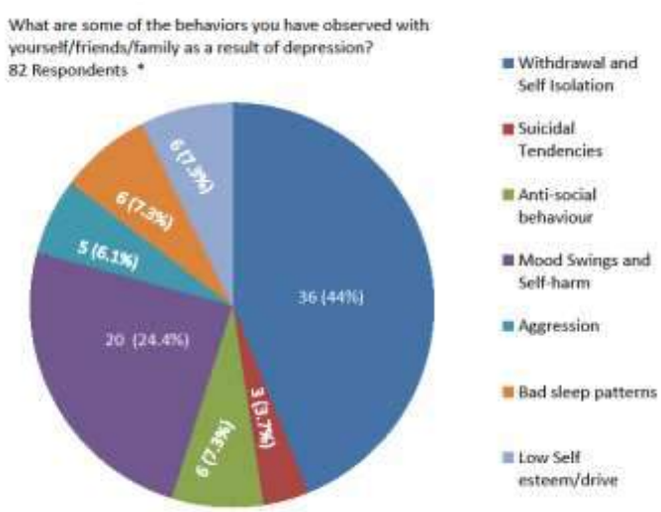
10b. What do you think caused it?

A variety of reasons were given for the slide of family and friends into depression. 14 (23.7%) respondents said they did not know or were not sure what caused their depression. 13 (22%) attributed the depression to school and family issues, 12 (20.3%) said trauma, death, loss and pain caused it, 11 (18.6%) said their family and friends depression came about because of personal issues, 7 (12%) said financial matters, debt and unemployment, 4 (6.8%) said loneliness, 2 (3.4%) said the depression was caused by work related issues, 2 (3.4%) said it was caused by bullying, 2 (3.41%) said responsibility and high expectations,1 (1.7%) respondent said it was caused by rejection.

These results on the causes of depression in family and friends echo the findings on the causes of the personal depression in respondents themselves as answered in Q7 (What brought about your depression) - family, school, and personal issues being the main causes.

Several factors can cause depression. It would appear that depression can be triggered by anything, depending on the individual and what for them is a life changing, desperate or difficult circumstance. Underlying this could also be genetic or hormonal considerations.

11. What are some of the behaviours you have observed with yourself/friends/family as a result of depression?

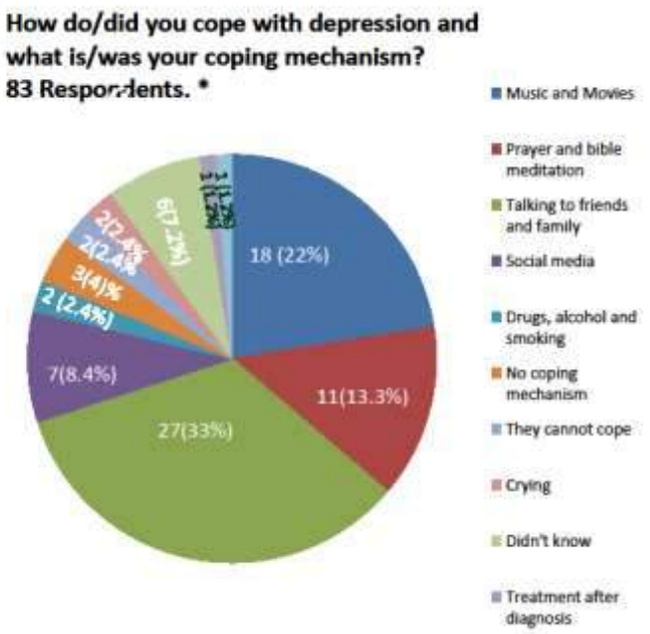


36 (44%) respondents said withdrawal and self isolation are some of the behaviours they themselves had or observed in others as a result of depression, 20 (24.4%) mood swings and selfharm, 3 (3.7%) mentioned suicidal tendencies, 6 (7.3%) anti-social behaviour, 5 (6%) aggression, 6 (7.3%) said bad sleep patterns, and 6 (7.3%) mentioned low self-esteem/drive.

The variety of symptoms associated with depression are well documented as having been experienced by respondents, with withdrawal and self isolation, mood swings and self harm being the most common. Symptoms of depression manifest themselves in diverse ways in different individuals ... some people experience similar symptoms whilst others experience

completely different symptom, and at the extreme end are suicidal thoughts, attempted suicide and suicide. Depression changes people without their permission.

12. How do/did you cope with depression and what is/was your coping mechanism?

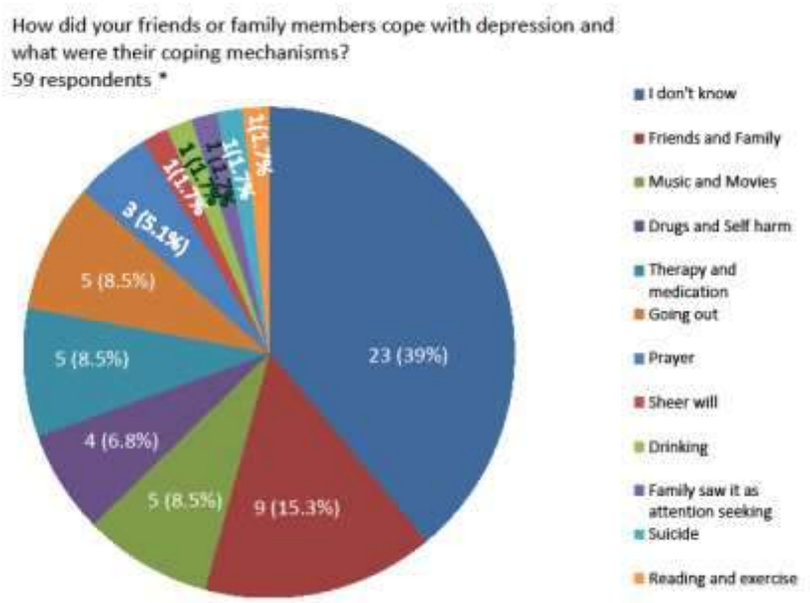


27 (33%) out of the 83 who admit to having suffered from depression in Q5, said talking to family and friends helped them, 18 (22%) music and movies, 11 (13.3%) said prayer and Bible meditation, 7 (8.4%) said social media, 2 (2.4%) said drugs, alcohol, and smoking helped them, 2 (2.4%) mentioned crying as their coping mechanism, 6 (7.2%) said they did not know, 1 (1.2%) respondent said getting treatment after diagnosis helped them cope. 1(1.2%) respondent said starving and drinking through the day, 3 (4%) respondents said they had no coping mechanisms, and 2 (2.4%) said they cannot cope.

These results again underline the important place of family and friends in managing depression with the highest percentage of 33% naming them as their coping mechanism. This also emphasises the imperative of a social support system/community support. Only one person spoke of treatment/therapy. Again, nothing surprising - in Nigeria those who are depressed do not automatically seek professional help/therapy. The reasons adduced before might apply (the denial of depression as an illness, the taboo associated with mental illness, ignorance about where to seek help, low education levels and financial considerations). As we noted only 13% turn to God, a contradiction in a supposedly religious country in which religious leaders are seen as all knowing and able to commune specially with the divine.

To acknowledge not having a coping mechanism, and to state one cannot cope are cries for help, red flags. They need urgent help, as do the respondents who said starving, drinking/alcohol and/or drugs! In an anonymous survey, we have no way of identifying them.

13. How did your friends or family members cope with depression and what were their coping mechanisms?



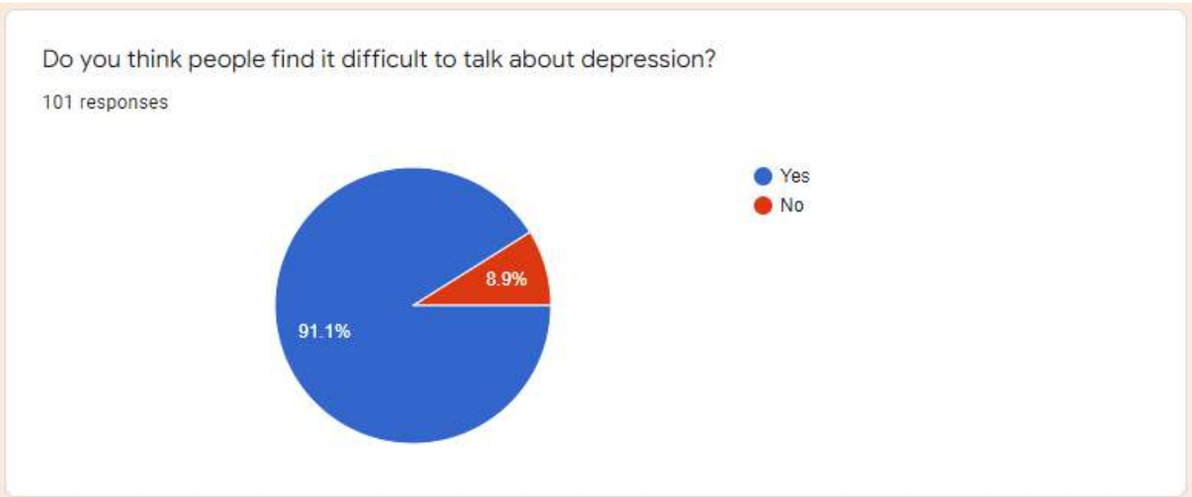
23 (39%) of the 59 respondents in Q10a who said they knew family and friends who suffer from/had suffered from depression) said they did not know how they coped. 9 (15.3%) said they spoke to family/friends, 5 (8.5%) said music and movies, 5 (8.5%) of the respondents said therapy and medication were their coping mechanisms, 5 (8.5%) respondents said going out, 4 (7%) mentioned drugs and self-harm, 3 (5%) respondents said prayer, 1 (1.7%) respondent mentioned sheer will. 1 (1.7%) respondent mentioned drinking and staying quiet, 1 (1.7%) respondent sees no reason for depression and sees it as a form of attention seeking, 1 (1.7%) said reading and exercise, and I (1.7%) said suicide. These results mirror the results obtained for Q12 (How did you cope with depression/coping mechanism?).

That 39% said they did not know how their family/friends coped, would appear to highlight the reluctance of people to have conversations about depression.

Family and friends also record the most mention for coping mechanisms (15.3%), although the percentage is much lower than previously observed in Q12 on personal coping mechanisms (33%). (However, recall 39% of the respondents said they did not know how their friends/family with depression coped. Some of that unknown percentage could be family and friends support).

5 (8.5%) respondents mentioned therapy as their coping mechanism. Therapy remains insignificant in Nigeria and continues to confirm seeking professional help as being at the lower end of available options. Prayer also accounts for only 5%.

14. Do you think people find it difficult to talk about depression?



All 101 respondents answered this question. 92 (91.1%) said people find it difficult to talk about depression, while only 8.9% said people do not find it difficult talking about depression. The numbers speak for themselves and validate what we already know. Depression is not much talked about in our society for a variety of reasons examined in Q 15 below and Q26a and b.

Of the 92 (91.1%) who agreed that people find it difficult talking about depression. 56 (61%) are females while 36 (39%) are males. Of the 56 female respondents, 13 are aged 13 – 17, while 43 are aged above 18. For the males, 10 males are aged of 13 – 17, while 26 are aged above 18. Both male and female respondents overwhelmingly agree that talking about depression is difficult.

Of the 9 (8.9%) respondents who said people do not find it difficult to talk about depression, 4 are female while 5 are male. This is one of the few times in this survey where the number of male respondents is higher than females in spite of more females participating in the survey. In terms of proportions of males and females respectively in the survey, the figures appear more relevant, representing 12.2% of males and 6.7% of females. Is this significant, given that more females participated in the survey? Would a larger survey sample have confirmed this? Even so, it does not appear to be a relevant statistic.

15. Why? (Why do people find it difficult to talk about depression?)

The main reasons given for difficulty in talking about depression are familiar ones in the Nigerian context - stigma, fear of vulnerability and being trivialised, an inability to express how they feel and denial.

26 (26%) mentioned the fear of vulnerability and not being taking seriously, 24 (24%) said people lacked the words to express how it feels, 19 (19%) respondents said stigmatization is a reason for not talking about depression, 4 (4%) mentioned denial as a reason and 2 (2%) respondents said people believe it can be solved through prayer.

Of the 26 respondents who mentioned fear of vulnerability, a higher proportion were males in spite of more women participating in the survey (15 were males, 36.6% of all males, and 11

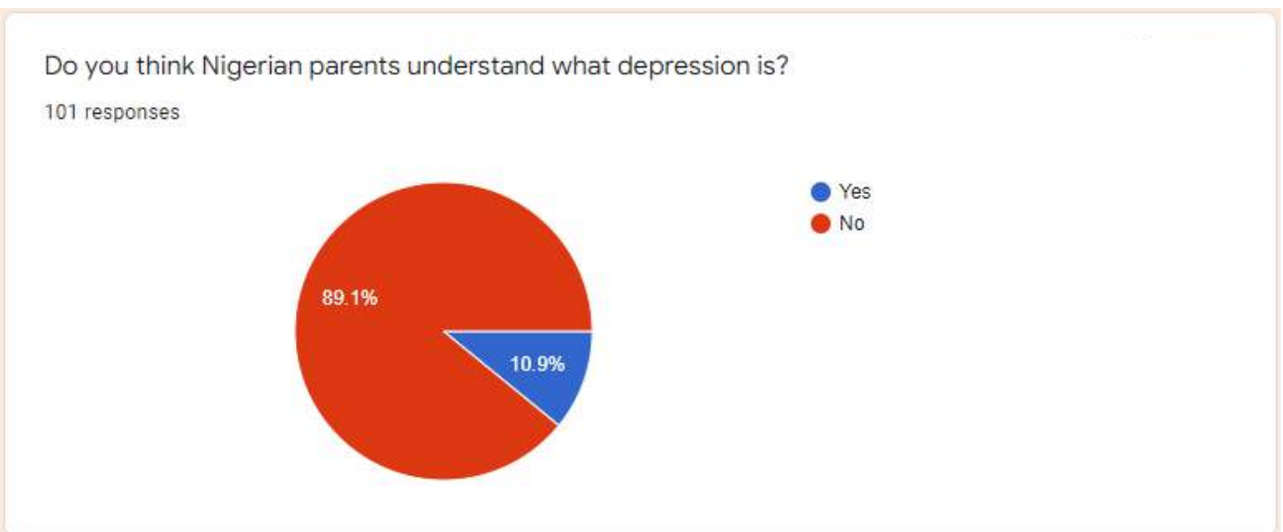
were females 18.3% of all females in the survey). This result would appear to demonstrate how society's definition of masculinity influences male behaviour - more men fear appearing vulnerable.

The 24 respondents who mentioned a lack of ability to express how they feel comprised surprisingly of more females (since females supposedly talk more) -16 females (26.7% of all females) and 8 males (19.5% of all males). Expectedly too, the 2 who talked about prayer were women.

Of the 19 respondents that mentioned stigmatization, 16 were females and 3 were males. Is this significant? Could women feel there is a greater stigma attached to females having a mental illness - a disadvantage in a patriarchal society, and create difficulty in 'finding' a husband perhaps?

The findings from this question both confirm and question well known and strongly held gender stereotypes.

16a. Do you think Nigerian parents understand what depression is?



90 (89.1%) respondents said they do not think Nigerian parents understand what depression is, while 11(10.9%) said they think Nigerian parents do understand.

Our findings whilst not surprising, might be considered an indictment of Nigerian parents and their parenting style (or is it an indictment of modern parents and parenting in general, depression being a global problem?). 89% of the respondents do not think parents understand depression!

If primary carers do not understand what their children/wards are going through, what chance do young people have of thriving within their home settings and ultimately in other contexts such as school and work? Culture, traditions, upbringing are all likely to account for this seeming lack of empathy in parents, but also the sense of shame and stigma parents may feel in admitting their child is depressed. There might also be a sense of guilt, of having failed as a parent. What parents need to remember is that depression is not about them, but about giving family love, support and care for someone who is ill.

16b. If yes, why do you think so? If no, are there implications resulting from their lack of understanding?

30 (30%) said Nigerian parents do not take depression seriously, 6 (6%) said they see it as an excuse for laziness and attention seeking, 7 (7%) respondents mentioned withdrawal as one of the implications, 6 (6%) said the development of negative habits in teenagers and adults can be an implication of parents lack of understanding, 5 (5%) respondents mentioned that depression is being spiritualized by parents (a 'prayer is the only answer syndrome), 5 (5%) said they understand it, but cannot validate (will not accept) it. 3 respondents (3%) said mental health is not considered a major priority and this leads to misunderstanding the person depressed and 6 (5.9%) respondents agreed there are implications but did not state them.

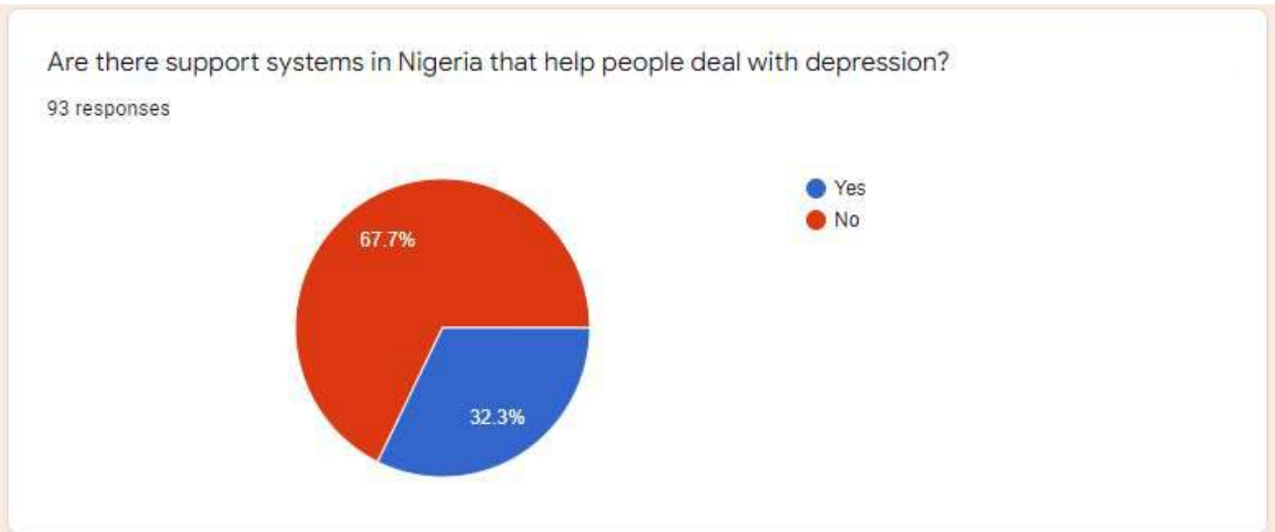
For 30% to say parents do not take depression seriously is an accusation that parents do not pay attention to the well being of their children. This is supported by the claims of withdrawal and the development of negative habits to cope with this perceived lack of interest. 5% of the respondents say that parents understand but do not validate - a rejection or denial of depression is likely to be seen as a rejection of the individual. Spiritualising depression in an overly religious society is not surprising. It also provides a reason for the denial of depression as an illness, and an escape from seeking proper treatment.

There is a gap in understanding and communication between parents and their children in Nigeria. Some of this is cultural (respect and high power distance), and a low tolerance approach to what parents consider undesirable whether it be career aspirations, friends or illness. This alienates children and makes it difficult for them to choose their parents as confidantes. Given economic and other challenges, parents are also increasingly more outwardly focused and may not spend enough time with their families, and observing and trying to understand their children. Poor parenting exacerbates feelings of loneliness, and adds to the pressure young people face from the factors identified as triggers for depression.

A major import of these results, combined with previously discussed questions above, is that parents and poor parenting are considered a major cause of depression. These findings are corroborated by discussions at our boys to MEN Foundation's Monthly Conversations programme (a group discussion and mentoring programme). Parents were clearly identified in many cases as being the cause of depression and attempted suicide in their children from pressure to succeed and high expectations, constant criticisms and comparisons with others, lack of financial support, dependence on children for financial support, reliance on the children for emotional support (the child becoming the parent), the perceived abuse of the other parent (spouse), lack of understanding and inability to talk to them, insistence on career choices against the child's preference. This litany of parents failings provides clarity to the accusation of respondents that a major cause of their depression is family and friends.

17a. Are there support systems in Nigeria that help people deal with depression?

63 (67.7%) respondents said there are no support systems while 30 (32.3%) said there are support systems in Nigeria that help people deal with depression.



These results tally with the responses to Q.8 in which over half of the respondents (50.5%) said they did not have any personal support system to help them manage their depression. This question (17a) however seeks to know whether the respondents are aware of formal treatment and support systems/facilities, irrespective of whether people wish to or are able to avail themselves of them or not (as different from a personal support system).

17b. If yes, what/who are they and do these support systems work?

10 (11%) respondents mentioned psychiatrists, therapists and counselors as their support systems, 6 (6.5%) mentioned Mentally Aware Nigeria, health care centres and medical facilities, Nguvu Health and the Mirabel centre respectively, 2 (2%) mentioned family and friends, while 1 (1%) respondent said no one cares. 12 (13%) respondents said they did not know, and 6 (6.5%) said they were not sure.

This question is focused on professional and formal or organisational support. Answers to this question have provided the names of three organisations that support those battling with depression … Mentally Aware Nigeria Initiative (MANI), Nguvu Health and Mirabel Centre. Together with the 10 respondents who mentioned psychiatrists, therapists and counsellors, there are therefore a total of 16 (17.2%) who acknowledge professional help as formal support systems. The 32.3% who said there are some support systems in Nigeria appear better informed than the generality of Nigerians, perhaps having had access to them. It is tragic that a respondent, or indeed anyone, would think no one cares.

There are formal support systems for the treatment and management of depression that people are not aware of. Government has an important role to play in providing treatment facilities because they have the wherewithal to replicate centres around the country, thereby improving access to the general population.

Whilst the internet can provide information on the mental health centres and facilities available, we re-emphasise the importance of publicity around mental health as an imperative for providing information and changing the negative mindsets and attitudes around it.

Additional Information on the named support organisations

- Mentally Aware Nigeria Initiative claims to be the largest youth run and youth focused mental health non-profit charitable organisation. They describe themselves *as a community of young people who are championing the fight against mental health related stigma and creating an environment that makes it possible for people to seek care for their mental health without fear of discrimination.*

- Nguvu Health is an on-demand teletherapy platform for Africans at home and in the diaspora where people get matched with licensed therapists founded in 2020 hoping to *'bridge the pre-existing mental health care gap that got further widened by the Covid-19 pandemic. They want to normalise mental healthcare.*

- Mirabel Centre is a sexual assault referral centre managed by Partnership for Justice that provides free medical and psychosocial care to survivors of rape and sexual violence (men, women and children)

17c. If no, why do you think such support systems are absent?

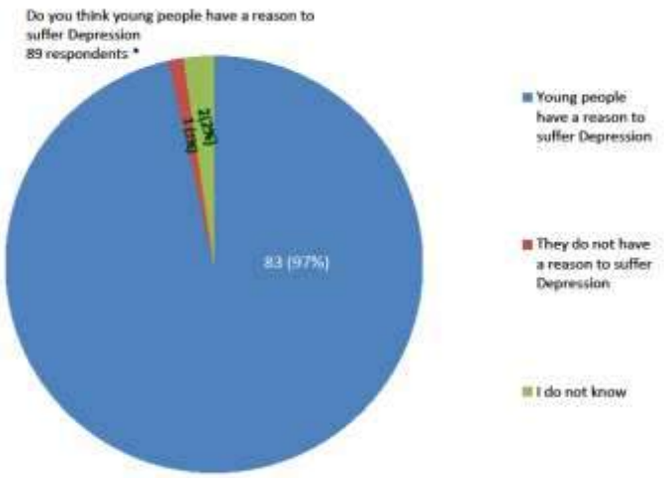
18 (19.4%) mentioned lack of belief in mental issues, 15 (16%) said depression is not taken seriously, 6 (6.5%) respondents said they did not know, 4 (4.3%) respondents mentioned the country does not see mental health as a priority, 3 (3.2%) said lack of awareness, and 2 (2%) respondents mentioned lack of funds as why support systems are absent.

These responses reiterate the primary challenge in Nigeria with regards to depression - it is not recognised as a serious matter or an illness. We again re-emphasise that we all, as part of society, have a responsibility to accord depression the important place it should have, given the behavioural dangers associated with it, and the severity of its impact. The Nigerian Government has a vital role in ensuring that the necessary mental health support system exists and that treatment, if not free, is provided at subsidized rates, allowing access to treatment for all Nigerians.

With regards to funding, Nigeria should take advantage of the various sources of Depression Aid available to Africa. Our Introduction pointed out the low uptake of Depression Aid in Africa. Creating greater awareness will help break the cultural and social taboos around depression. Once depression is widely accepted in Nigeria as a legitimate and serious illness, the greater awareness will prompt more people seek available funding to establish centres and facilities to manage it. ***Awareness leads to knowledge and results in positive action.***

18a. Do you think young people have a reason to suffer Depression?

83 (97%) out of 89 respondents said young people have a reason to suffer from depression, 1 (1.1%) respondent said they do not have a reason to suffer from depression, 2 (2.3%) respondents said they do not know.



The results speak for themselves. An overwhelming majority, almost 100%, think young Nigerians have a reason to suffer from depression. Is this a total indictment of parents and society or is it the new world we live in and its challenges? Perhaps both. Is it also perhaps a reflection that we are not raising our children mentally, psychologically and emotionally to be resilient enough to face the challenges of a constantly changing world? What should we be doing to prepare our young people to better face an uncertain future? We also have to consider that the youth themselves are at the vanguard of these changes. Are they themselves creating a new world in which they are mentally vulnerable?

The high level of depression in our sample size may be a harbinger of things just over the horizon. Is depression the new normal? What preparations are we making to tackle an increasing number of mental health cases?

18b. What do you think those reasons (for young people to be depressed) are?

18 (21%) respondents mentioned school and family issues as a reason, 14 (16%) mentioned peer pressure, 14 (16%) mentioned economic situation and social realities, 6 (7%) said stress and bullying, 5 (6%) mentioned loss/bereavement, 3 (3.5%) respondents mentioned unemployment, 2 (2.3%) mentioned poverty, 3 (3.5%) said having unattainable goals, 2 (2.3%) said life and insecurity, and 1 (1.2%) respondent did not know.

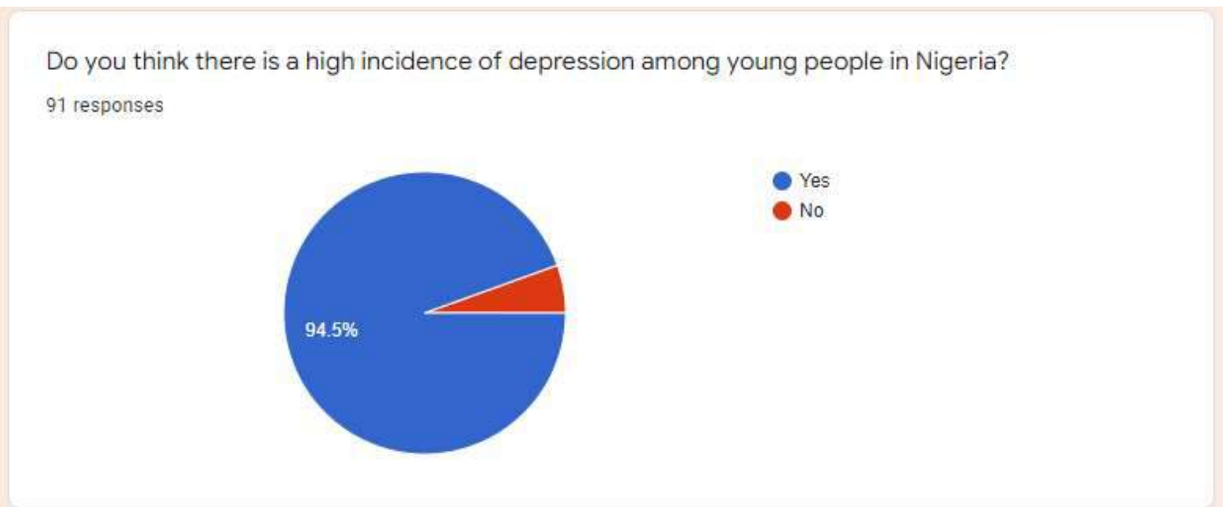
Family issues and school at 21% (almost a quarter of respondents) account for the most common reason why young people get depressed. Again, this is a validation of previous results from related questions (Q7 and Q10b). Home and school are the contexts in which we spend most of our childhood and youth. Adding the responses commonly associated with school such as peer pressure, stress and bullying, to school and family issues, the proportion of responses related to home and school total up to a significant 44%.

Similarly, to economic situation and social realities, adding unemployment, poverty, life and insecurity, and unattainable goals - all life issues, gives a total of 27%.

So, family and school, and economic and social realities can cause depression. These are life's contexts, from birth to death. Anything can therefore cause depression. It depends on each person's mental health susceptibilities.

The daily struggles the average Nigerian faces, including the financial strain resulting from the country's high poverty rate, insecurity, and poor governance, are all contributors to the country's rising depression rate. The prognosis is that as Nigeria's population rises, the strain on everyone will increase, especially on young people who are already trying to make ends meet in a highly competitive work market for which many are poorly equipped.

19a. Do you think there is a high incidence of depression among young people in Nigeria?



85 (94.5%) out of 91 respondents agree that there is a high incidence of depression among young people in Nigeria, while only 6 (5.5%) do not agree. *Q18 and 19 affirm that young people have a reason to be depressed, and indeed many young people are depressed.* **Over 90%.**

These results suggest that Depression has become an integral part of our social fabric in Nigeria, and yet we lack the necessary level of awareness to tackle it.

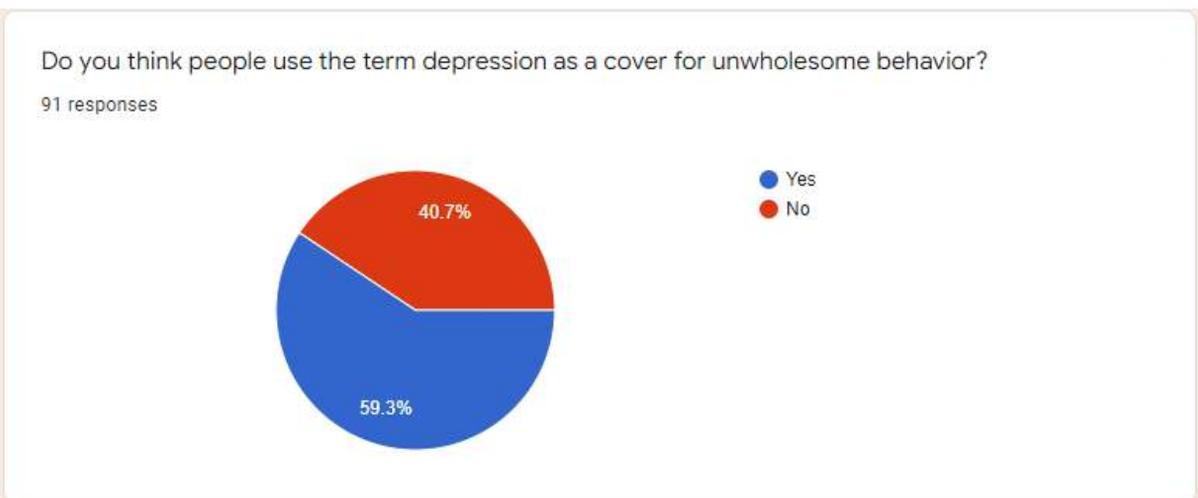
19b. Why do you think that is?

23 (25.3%) mentioned the state of the country as a reason for the high incidence of depression, 17 (18.7%) respondents mentioned societal and family pressure, 6 (6.6 %) said poverty is a reason, 5 (5.5%) noted social media as a cause.

We must build a community obligation, beginning with the family (home), schools and churches (learning and social support structures), and progressing to the Nigerian government (through public policy and public health institutions), to ensure the necessary support and treatment can be accessed. Intentional publicity must be given to mental health issues and family members should moderate the financial responsibilities and definitions of success often imposed on young people. This, as well as Nigeria's dire economic reality and high levels of insecurity, are clearly identified as major contributors to depression among young Nigerians.

It is not surprising to find social media on the list of factors contributing to depression among the young. The Fear of Missing Out (FOMO) on the 'good life' exhibited on social media intensifies the pressure to succeed and not be left out … and yet social media success is often a mirage.

20a. Do you think people use the term depression as a cover for unwholesome behaviour?



59.3% respondents think people use depression as a cover for unwholesome behavior, while 40.7% do not think so.

If 59.3% think depression is used as a cover, they may not consider depression to be an illness but behaviour to be ignored and possibly punished, exacerbating the problem and deepening the stigma around it as being an excuse for unwholesome behaviour.

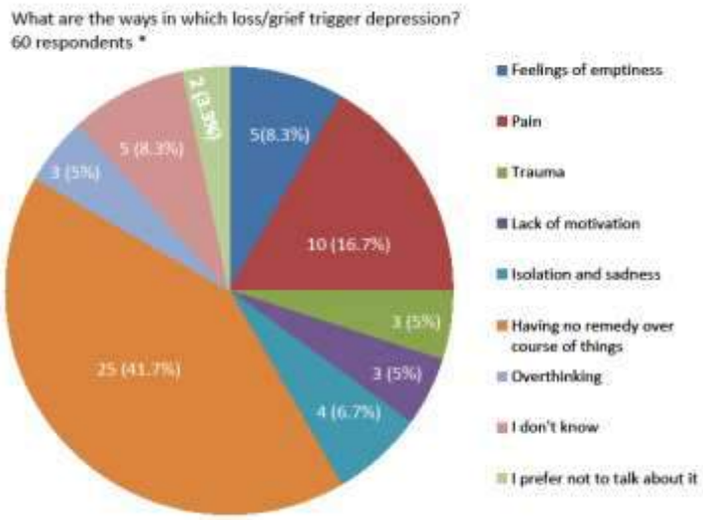
Do the answers to this question negate respondents sense of the seriousness of depression, its causes, and parents and society's attitudes to it which are evident from responses to previous questions? Or does this inadvertently expose respondents deepest conviction that depression though real, is often used to excuse and justify their bad behaviour? Society as an integral support system should first recognise depression as an illness, and then acknowledge bad behaviour (drink, drugs, supposed laziness as opposed to listlessness) as the possible consequences/fallout from a serious illness.

20b. If Yes, in what ways?

24 (26.4%) respondents mentioned bad decisions, habits and horrible personalities as ways people use depression as a cover, 5 (5.5%) mentioned violent behaviour, 4 (4.4 %) mentioned attention seeking, 3 (3.3%) said emotional manipulation, 1 (1.1%) respondent mentioned a lack of accountability, and 5 (5.5%) did not know.

The common nature of many symptoms of depression have made hiding behind it easy. To forestall miscreants hiding behind depression, those who say they are depressed should be encouraged or coerced into consulting mental health professionals who are qualified to tell the difference.

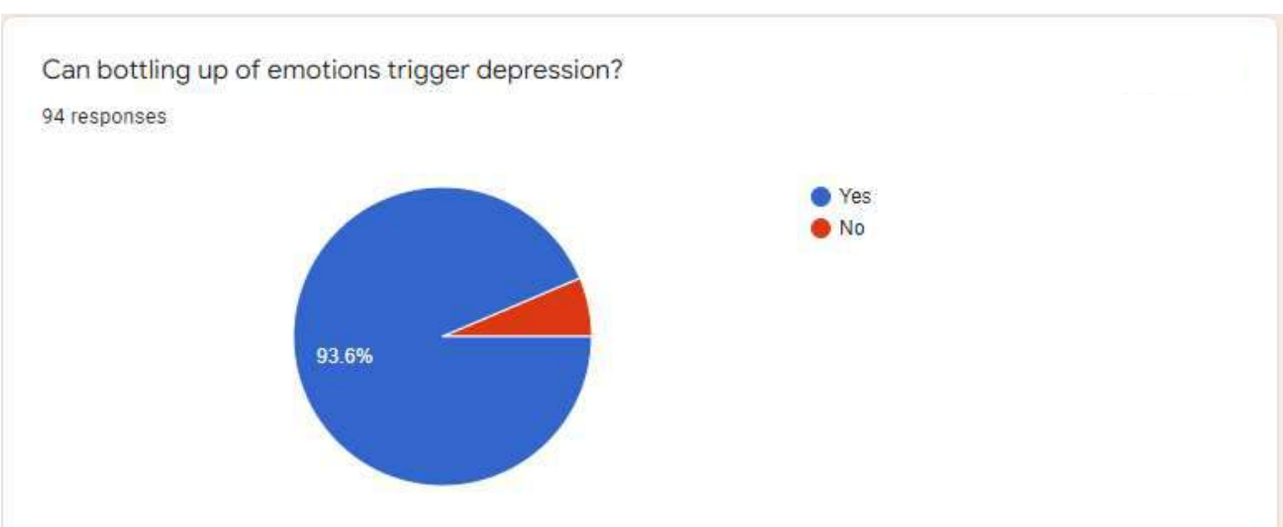
21. What are the ways in which loss/grief trigger depression?



Out of 60 respondents, 25 (41.7%) respondents mentioned having no remedy (lack of control) over the course of things as a way in which loss/grief triggers depression, 13 (21.7 %) said the pain and trauma caused, 5 (8.3%) mentioned feelings of emptiness, 4 (6.7%) said isolation and sadness, 3 (5%) respondents mentioned lack of motivation, 3 (5%) mentioned overthinking, 5 (5%) said they did not know, and 2 (3.3%) respondents chose not to respond. These are triggers for depression.

Almost 42% feel they have no remedy over the course of things! It is easy for this mindset and attitude to lead to depression.

22a. Can bottling up emotions trigger depression?



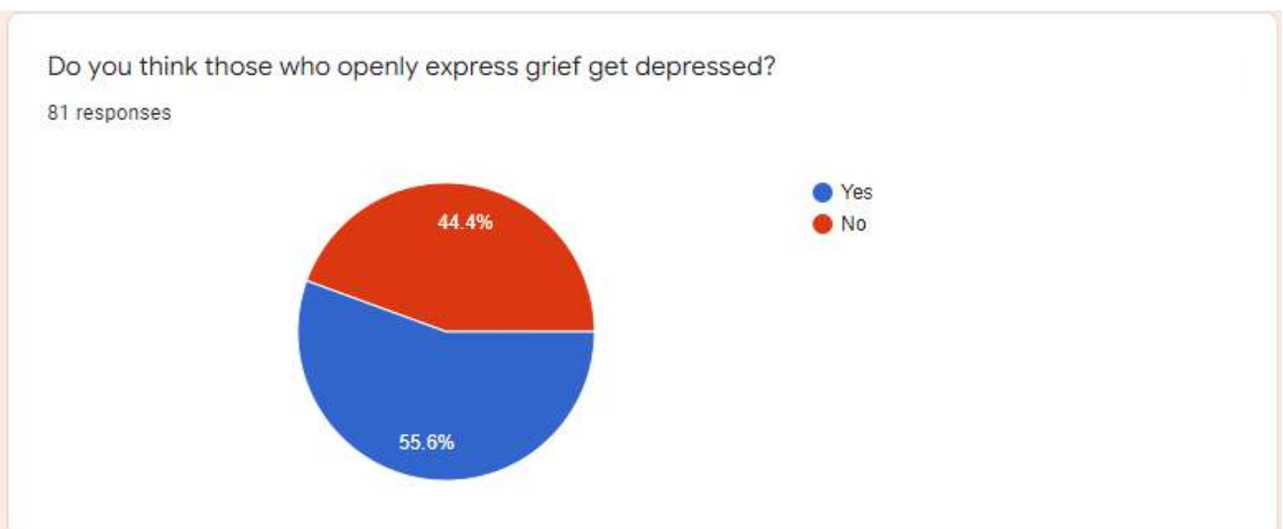
87 (93.6%) of 94 respondents agree that bottling up emotions can trigger depression, while only 7 (6.4%) said bottling up emotions does not trigger depression. Out of the 93.7% (87) who agree.

64.4% (56) were female (93.3% of total females in the survey), and 35.6% (31) of the respondents were male (87.8% of total males). Of the 6.4% (7) who said it does not, 2 were males and 5 females. Is there any gender relevance? From these percentages, we see the commonality of our humanity and human experience in our emotions irrespective of gender.

Most respondents agree that bottling up emotions triggers depression. How can we get people to talk more? Counselling, better parenting (and also teaching and counselling parents themselves) would help.

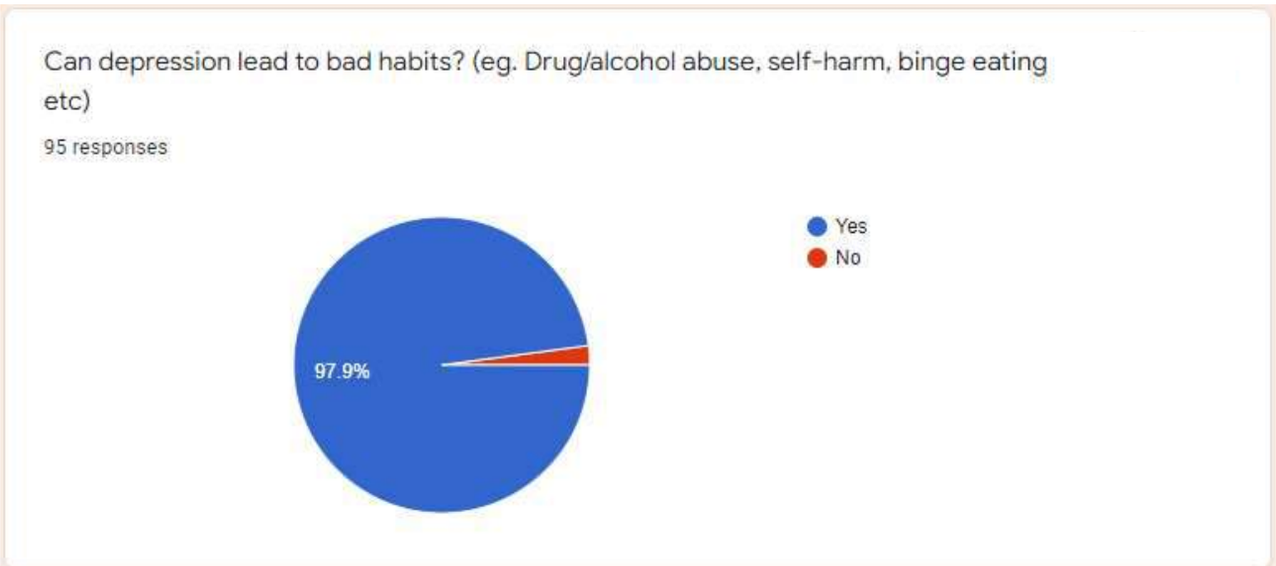
23a. Do you think those who openly express grief get depressed?

45 (55.6%) respondents agree that those who openly express grief get depressed, while 36 (44.4%) **do not** agree that those who openly express grief can get depressed. The 55.6% or 45 respondents who agree that those who openly express grief may still get depressed are made up of 7 (15.6% of 45) males and 38 (84.4% of 45) females, while of the 44.4% or 36 respondents who agree that those who openly express grief **do not** get depressed are 23 (64% of 36) males and 13 (36% of 36) females.



There appears to be a clear gender implication in the nature of these responses. 84.4% females versus only 15.6% males agree openly expressing grief does not preclude depression. This suggests that most of the females who openly expressed their grief still got depressed, so talking (which females do more of) is no guarantee. Males do not seem to have this experience. Taken in conjunction with the 64% males (vs. 36% females) who feel those who openly express grief do not get depressed, suggests that for males expressing grief gives them relief and staves off depression while for females it does not. Can it be that women being generally more emotional and expressive have dulled their ability to gain relief from expressing their feelings while for men who do not have the same emotional latitude, it is a bigger deal?

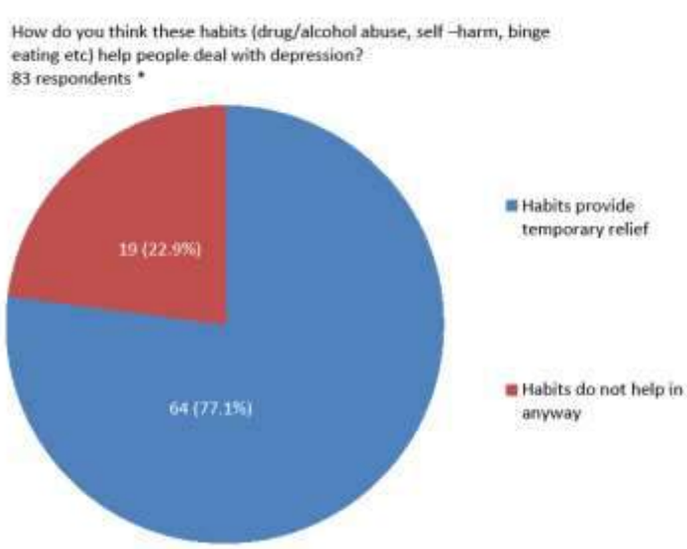
24a. Can depression lead to bad habits? (eg. Drug/alcohol abuse, self-harm, binge eating etc)



93 (97.9%) respondents agree that depression can lead to bad habits as a way of coping with depression in the absence of therapy, while only 2 (2.1%) do not agree that depression can lead to bad habits.

Overwhelmingly, there is a consensus that depression can lead to bad habits, presumably as a way of escape from the pain and confusion of depression.

24b. How do you think these habits (drug/alcohol abuse, self-harm, binge eating etc.) help people deal with depression?

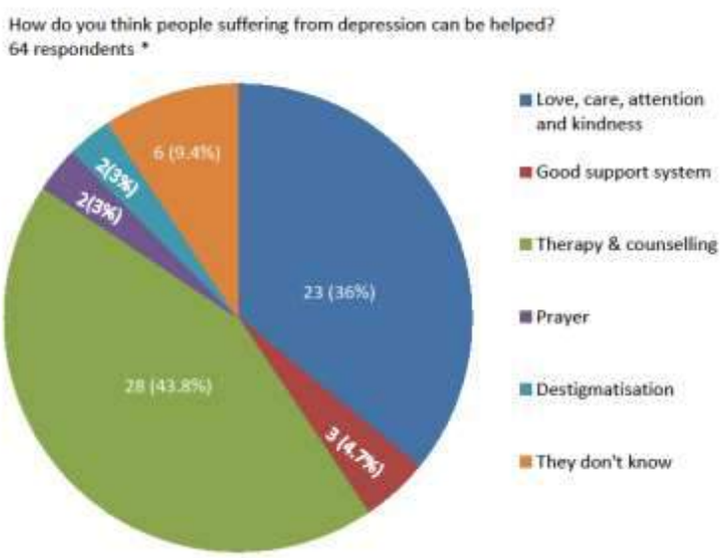


Of the 83 respondents, 64 (77%) said bad habits do not help in any way; while 19 (22.9%) say they provide only temporary relief and are not a way out of depression.

When dealing with depression, escapism is natural and common. People seek refuge in things that can distract them and divert their attention from what they are going through. Depression can be oppressive, leading people to seek solace in activities that may be harmful in the long run but provide temporary pleasure and relief. Respondents seem to understand that habits do not provide a solution to depression. This will hopefully help focus their attention on seeking treatment as a lasting solution, with the support of others.

25. How do you think people suffering from depression can be helped?

28 (43.8%) respondents mentioned therapy and counseling as a way people suffering from depression can be helped, 23 (36%) mentioned love, care and attention, and kindness, 3 (4.7%) said a good support system, 2 (3%) mentioned prayer, 2 (3%) mentioned destigmatization, and 6 (9.4%) respondents said they did not know.

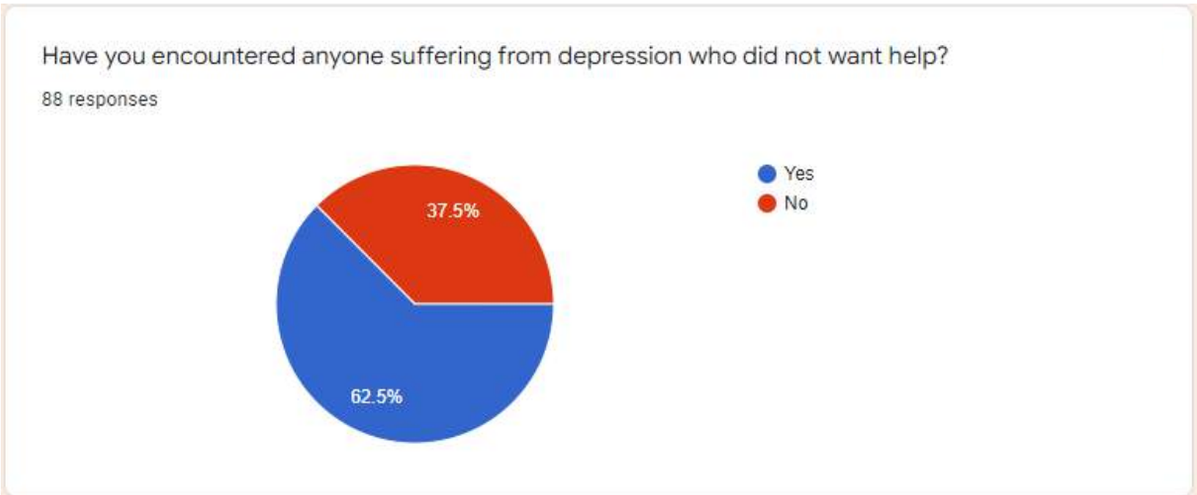


Therapy & Counselling, and Love have been identified as being of primary consequence in the management of depression and healing. They represent acceptance, caring (and care), as well as support in a personal way, providing opportunities to be seen, heard and not judged - exactly what each of us needs to survive and thrive in a confusing, challenging world!

If we add those who mentioned good support system (also about therapy and love) to Therapy and Love we have a total of 87.2% of respondents. That says it all.

And yes, for those who have answered they don't know, we often really do not know how to deal with an illness few understand.

26a. Have you encountered anyone suffering from depression who did not want help?

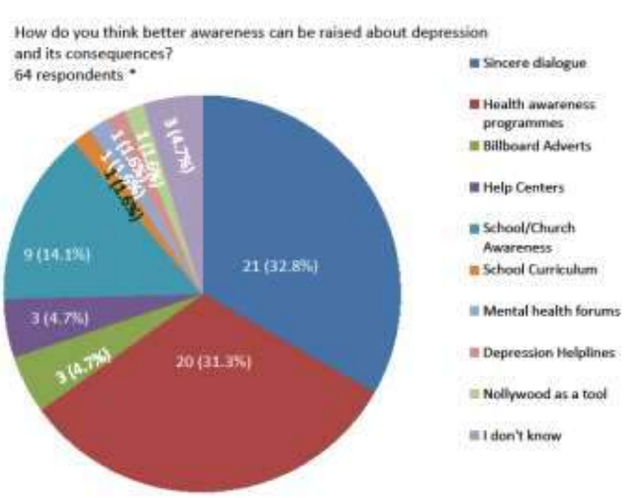


55 (62.5%) of the respondents said they have encountered someone suffering from depression who did not want help, while 33 (37.5%) of the respondents said they have not encountered someone suffering from depression who did not want help. 62.5% is a significant proportion. If 62.5% say they do not want help, they are unlikely to be willing to admit publicly to having depression, and will not seek help.

26b. Why not? (Why do people not want help?)

6 (6.8%) respondents said difficulty in admitting they need help is one of the reasons, 3 (3.4%) of the respondents said they did not need the help, 2 (2.3%) respondents said the fear of embarrassment or being seen as weak, 3 (3.4%) respondents said they did not know, 8 (9%) respondents simply said No. Of the 88 who answered question 25a, 66 or 75% of them did not answer this question (26b). Being depressed is simply taboo.

27. How do you think better awareness can be raised about depression and its consequences?

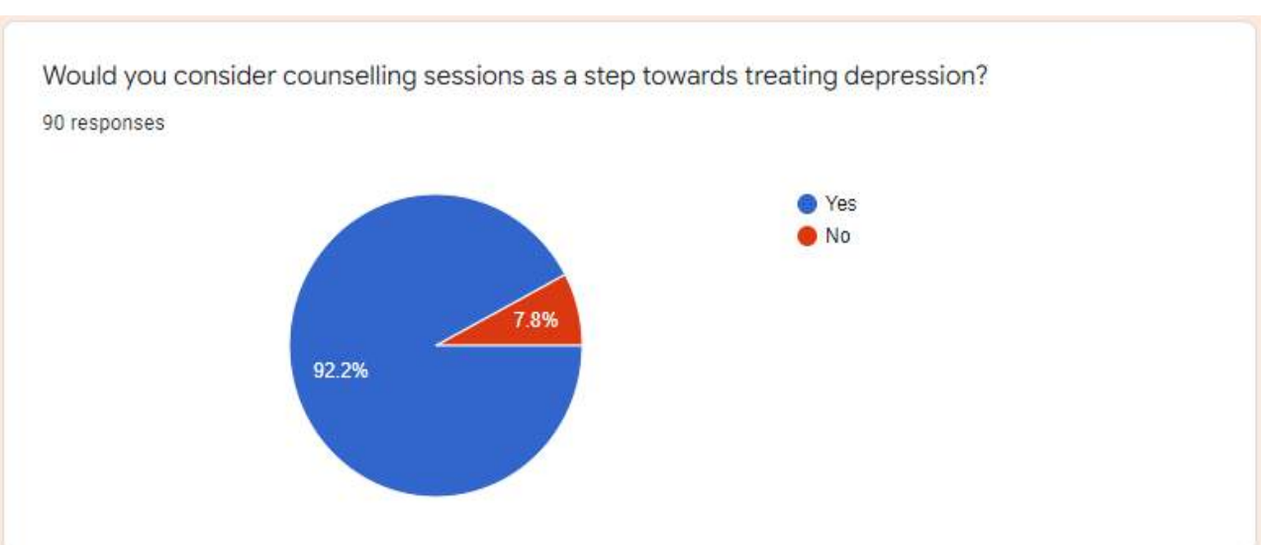


21 (32.8%) respondents said sincere dialogue can help raise greater awareness, 20 (31.3%) said health awareness programmes on television, radio and social media can help, 9 (14.1%) mentioned awareness creation in schools and churches, 3 (4.7%) mentioned billboard adverts, 3 (4.7%) respondents mentioned help centres, 1 (1.6%) respondent said its inclusion in the school curriculum would help, 1 (1.6%) mentioned mental health forums, 1 (1.6%) person mentioned having a helpline for depressed people to call, 1 (1.6%) mentioned using Nollywood, and 3 (4.7%) respondents said they did not know.

Overwhelmingly, 94% of the respondents made suggestions on how to raise awareness about depression and its consequences. People are beginning to recognise that depression is a serious matter in our community. Suicides have become more frequent among young people and this is widely reported on social media. As more people realise they know someone who is depressed, depression will become more personal, more people will talk about it and share knowledge. Information will also be more available about where people can get help.

Sincere dialogue (almost 40% of the respondents) is the top suggestion and reflects a genuine need for conversations around depression, coupled with mental health awareness programmes and forums (33.9% in total) which are becoming increasingly more common. The mention of awareness creation in schools and churches is at last an acknowledgment of the role these institutions as social and community meeting points, can play in the management of depression. These are positive signs about progress being made in classifying depression as being a serious malady.

28a. Would you consider counselling sessions as a step towards treating depression?



83 (92.2%) respondents said they would consider counseling sessions as a step towards treating depression, while 7 (7.8%) said they would not. Of the respondents who accepted they would consider counseling, 53 were female and 30 were male. Of the 7 respondents who did not consider counseling sessions as a step, 3 were male and 4 were female.

That 92.2% would consider counselling might suggest they do not see counselling as therapy (or a public admission of depression), but rather as an opportunity to talk, some sort of support. This would explain the responses in Q26a - 62.5% of people encountered who were suffering from depression said they did not want help. Their responses in 26b confirm they do not wish to acknowledge depression publicly as a problem.

Is the gender disparity indicative of a higher predisposition of women to seek counselling or is it just a reflection of the higher number of females in the study? Of the total of 41 males in the study 73% support counselling and of the total of 60 females, 88% support counselling. Both percentages are high enough to merit the assumption that more people (both male and female) appreciate the help counselling can bring to the treatment of depression. This is the key finding. The issue is how to make available information on where or how to get the necessary help using all the professional and social support structures possible.

28b. If no, why not?

Only 7 respondents or 8% said they would not consider counselling sessions an option to treating depression. Of this number, 4 (4.8%) mentioned privacy issues, 1 (1.2%) said therapy is needed, not counseling. 2 (2.4%) chose to not respond. Privacy was therefore the major consideration among the very few who said they would not seek counselling as an option. Again, the suggestion of stigma, embarrassment and vulnerability.

V. CONCLUSION

Whilst the sample size for this study is relatively small at 101, responses to our questions have elicited a broad range of answers which provide some clarity to the subject of depression. The study also highlights the challenges those who suffer from depression face in a society which is critical of the suggestion that depression is an illness, which is also potentially life threatening.

Respondents were sufficiently descriptive of their feelings and the behaviours associated with depression to provide insights. Knowing what to look for is half the problem and fosters better understanding of what depression is and how it affects people. They also raise important social considerations for building support systems to facilitate the effective management of depression.

Some progress has been made in making depression a talking point. More needs to be done to create a society that accepts, and is predisposed to care for, rather than judge, those who suffer from depression.

VI. ABOUT BOYS TO MEN FOUNDATION

boys to MEN Foundation is a Nigerian non-governmental organisation (NGO) established in November 2017 by Mrs. Ifeoma I. Idigbe. The Foundation is dedicated to supporting boys and men to ***become their best selves, and so positively impact the communities in which they live.*** Its programmes commenced in April 2018.

Many people complain about how badly boys and young men behave 'nowadays', but not enough is being done to support a change in the narrative. To do this, there must be fundamental changes to our way of thinking, being and doing, and a change in attitudes to gender roles. To quote Thomas Page McBee, we must ***'create a culture where boys are not raised to see masculinity and humanity as mutually exclusive.'*** We must raise the right kind of men to face the challenges of the new age and drive equity within the social structure.

The emphasis of most gender based organisations is understandably on women because they qualify as disadvantaged on many levels, driven by traditional and cultural values. These organisations are focused on achieving parity by supporting women using various interventions. There is however a very real danger that boys and men are being left behind in many respects and will consequently suffer a loss of confidence and self - esteem. We already see evidence of this. We don't want our boys and men to fall behind, and to fall through the proverbial cracks. We must therefore support the development of a culture of excellence and promote confidence in both genders.

'A man can be many things, but is a vulnerable human being nonetheless. Men are socialised to be tough or to at least act tough. Men's egos are built to resist vulnerabilities, but this has the opposite effect of making them vulnerable, because mental, psychological and emotional rigidity leaves people at a greater risk of breaking. The negative consequences of rigidity in male upbringing have given rise to the phenomenon described as toxic masculinity. Failure, emotions, and apparent weakness are not considered acceptable behavioural options. Family upbringing and society must accept some responsibility. We must therefore also take the responsibility for initiating a paradigm shift to change the existing narrative of male upbringing.' (from About Men: random Poems, Monologues and Reflections by Ifeoma I. Idigbe)

One of the greatest challenges facing young men today is finding their place in the world. Supporting males is the vision and mission of boys to MEN Foundation, and our ultimate goal is that males become global leaders with integrity.

Our Vision: To shape and produce a new generation of ethical, well behaved young men capable of providing strong, impartial leadership, constantly striving to become their best selves, and possessing the confidence to accept that others may wish to do the same.

Our Motto is Integrity, leadership and equity.

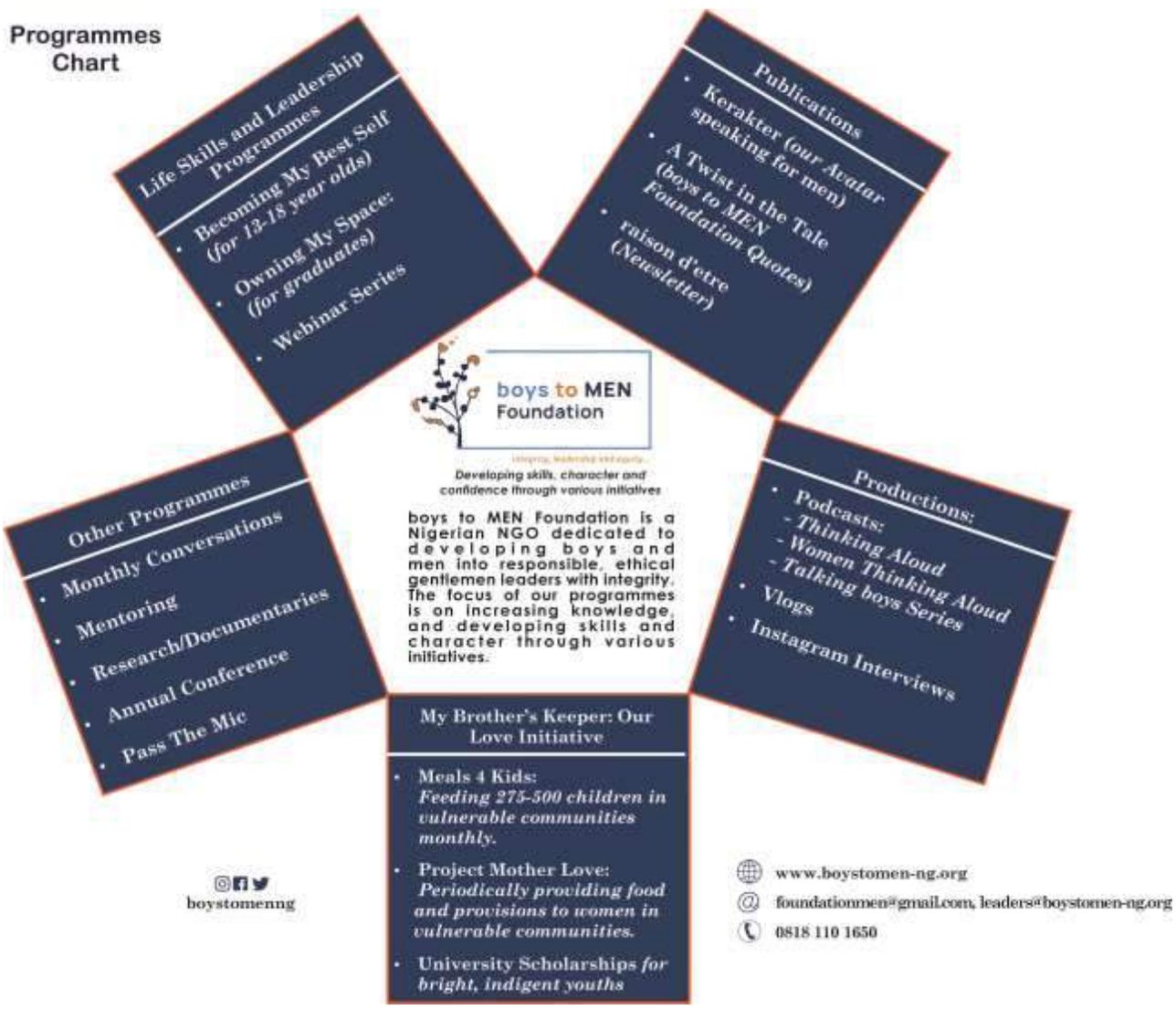
Founder's Prayer

Father in Heaven,
Giver of all inspiration,
Source of our courage,
Master Planner,
Our Partner in Life;
Lead us into Your Will,
To transform our world
… with our words
… by our actions
… with our lives.
To be our best selves,
Examples to others of integrity, leadership & equity - our watchwords.

Imbue us with Your Spirit,
That boys may be men;
That men may be good men,
… strong, yet gentle
… truthful, yet kind
… firm, yet compassionate,
Leading with love,
Complete in their humanity.
We ask this through Christ Our Lord. Amen.

Ifeoma I. Idigbe
May 10, 2018
Lagos

VII. PROGRAMMES CHART



I Choose to Be happy

How do you let go?
How do you forget?
How do you say No?
I got my mind set
Set to be free
Focused on a positive life and the best me
Watching each day pass
Living life as I follow my moral compass
Everyday is a new day
Another day to make a change
Stick to the positive words I say
Words written on a page
Memories in my brain
I choose to let go the pain
I choose to be happy
I choose to not let anything get in my way.

Ashley

boys to MEN
Foundation

integrity, leadership and equity...