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# THE INTERCONNECTEDNESS OF RELIGIOSITY, PERCEIVED BURDENSOMENESS AND POSITIVE MENTAL HEALTH: EMPIRICAL EVIDENCE FROM NIGERIAN UNDERGRADUATES

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## ABSTRACT

**Objective:** Guided by Self-Determination Theory, the study investigated how religiosity predicts positive mental health and perceived burdensomeness, as well as the mediating role of burdensomeness in the religiosity–mental health pathway.

**Method:** A cross-sectional survey design was employed, involving 475 valid responses undergraduates online. Validated instruments including the Duke University Religion Index, Perceived Burdensomeness Scale, and the Positive Mental Health Scale were utilised. Data were analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM) to evaluate the measurement and structural models.

**Results:** Findings revealed that religiosity significantly predicted lower perceived burdensomeness ( $\beta = -0.135, p = 0.022$ ) and higher positive mental health ( $\beta = 0.242, p < 0.001$ ). Perceived burdensomeness showed a strong negative association with positive mental health ( $\beta = -0.393, p < 0.001$ ). Mediation analysis confirmed that perceived burdensomeness partially mediates the relationship between religiosity and positive mental health ( $\beta = 0.053, p = 0.027$ ), indicating that religious engagement enhances well-being directly and indirectly by reducing feelings of burden.

**Discussion:** These findings support SDT's proposition that environments which enhance autonomy, competence, and relatedness promote well-being, while those that foster burden and isolation impede it. The study underscores the psychological protective value of healthy religious engagement and the central role of burdensomeness in the mental health experiences of Nigerian undergraduates. It recommends intentional campus-based strategies that leverage positive religious coping and address cognitive vulnerabilities linked to burdensomeness.

**Keywords:** Mental Health, Perceived Burdensomeness, University Students, Nigeria

## INTRODUCTION

Mental health among young adults is a global concern, especially among youths in tertiary institutions. Academic pressure, identity crisis, financial hardships, interpersonal issues, and the struggle to define oneself are just a few of the stressors that come with being a university student. These factors may collectively lead to mental health issues which can manifest as suicidal thoughts (WHO, 2021). Positive mental health is not merely the absence of disorder but the presence of wellbeing, including emotional (positive affect), psychological (autonomy,

purpose), and social (connectedness, contribution). People who rate their mental health as poor or who have a negative impression of their mental health are more likely to feel worthless, hopeless, and depressed, all of which constitute indicators of vulnerability for suicidal thoughts (Keyes, 2005, Garlow et al., 2008). Students experiencing emotional discomfort are made even more vulnerable by the stigma associated with mental health and the lack of opportunities for mental health services.

University life is a developmental period marked by rapid cognitive, psychosocial, and identity changes. For many undergraduates, these years bring academic pressure, financial strain, shifting social networks, and decisions about future career and relationships, all of which can challenge psychological wellbeing. In low- and middle-income countries such as Nigeria (World Bank, 2025), these universal student stressors combined with contextual challenges such as family pressures and limited campus mental-health infrastructure makes this study worthwhile. . Recent evidence from Nigerian student samples highlights concerning rates of suicidal ideation and correlates such as depression, hopelessness, and perceived burdensomeness, drawing attention to interpersonal and culturally specific pathways to psychological distress (Iweama, Agbaje, Lerum, Igbokwe, & Ozoemena, 2024).

One of the acclaimed specific pathways to positive mental health is religiosity. Personal convictions, spiritual activity, and involvement in religious events are all components of religiosity. It has been linked to greater social support, hope, and resilience, all of which can mitigate the negative impacts of emotional distress (Koenig, 2009). Religiosity significantly impacts many people's attitudes, choices, and coping mechanisms in Nigeria. Higher religiosity has been linked to reduced levels of suicide ideation and conduct, according to many studies (Rasic et al., 2009; Sisask & Varnik, 2012). Teachings from religion are documented to discourage suicide, encourage coping techniques like meditation and prayer, and create networks of support within the community which could be responsible for resilience attitudes.

The foregoing suggests that religiosity could provide social capital, instrumental and emotional support, moral frameworks, and meaning-making systems that can shape how young people interpret stress, evaluate self-worth, and seek help. Yet, lessons from religiosity is not uniformly protective: certain religious messages or forms of religious coping (e.g., feeling punished by God, spiritual discontent) can compound shame and isolation. The complexity of religiosity's relationship with mental health, which could be protective in some respects and risky in others, suggests that careful, context-sensitive research is needed to understand how specific religious dimensions relate to constructs like perceived burdensomeness and to positive mental-health outcomes among Nigerian undergraduates. From the foregoing, theory and empirical work, several pathways suggest interconnection between religiosity, perceived burdensomeness, and positive mental health.

Considering this, it is crucial to investigate the relationship between religiosity and mental health. Moreover, understanding how religiosity interacts with cognitive-affective states like perceived burdensomeness and with positive mental health can suggest culturally grounded prevention and mental well-being strategies. Perceived burdensomeness, which is a mental evaluation of being a burden to significant others such as friends and families and as such that one's death is worth more than one's life has been linked with negative mental health such as suicide ideation and suicide risk (Lieberman et al., 2023; Jahn et al., 2011).

There's limited work specifically on Nigerian undergraduates exploring how different religiosity (involvement and practice) relate to perceived burdensomeness and positive mental health concurrently. The interplay of religiosity, perceived burdensomeness, and positive mental health has practical implications: if religious involvement reduces perceived burdensomeness and enhances positive mental health, campus interventions could leverage faith-based resources.

Conversely, if certain religious beliefs or negative religious coping increase feelings of burden, targeted psychoeducation could be suggested.

Hence, the study investigated the following research objectives:

### **Research Objectives**

- Assess the relationship between religiosity and positive mental health among study respondents.
- Evaluate the association between religiosity and perceived burdensomeness among study respondents
- Examine the predictive role of perceived burdensomeness on positive mental health among undergraduate students.
- Investigate the extent to which perceived burdensomeness serves as a mediator in the relationship between religiosity and perceived mental health status among study respondents.

### **THEORETICAL REVIEW**

This study is anchored on Self-Determination Theory, propounded by Edward Deci and Richard Ryan (2000). Self-Determination Theory (SDT) is a theory of human personality and motivation concerned with how an individual interacts with and depends on its social environment. SDT is centred on the basic psychological needs of autonomy, competence and relatedness and their necessary role in self-determined motivation, well-being and growth. In addition, SDT describes the critical impact of the social and cultural context in either facilitating or thwarting people's basic psychological needs, perceived sense of self-direction, performance and well-being.

Self-determination theory (SDT; Ryan and Deci 2017) has become a highly influential theory of human motivation and well-being with a vast body of research evidence. It offers a blueprint for understanding the motivational basis of personality and social behavior, and of the relation of basic psychological needs to well-being, psychological flourishing, and high quality of life. SDT also postulates that there are basic psychological needs that universally must be satisfied for people to experience ongoing growth, integrity, and wellness, namely needs for competence, autonomy, and relatedness. Although there are a vast number of human desires, goals and preferences, autonomy, competence, and relatedness stand out as essential elements for these outcomes. Social environments that support the satisfaction of these psychological needs promote capacities for self-regulation and social relationships, and well-being, whereas those that thwart satisfaction of these needs lead to a broad array of more impoverished individual and interpersonal outcomes.

These basic psychological needs highlight and elaborate on the nature of evolved psychological needs and their relations to psychological health and well-being. It formalized the propositions that (1) there are three basic psychological needs – the needs for competence, autonomy, and relatedness, which are universal and essential for the psychological well-being and optimal functioning of all people – and (2) satisfaction versus frustration of these needs will impact wellness invariantly, so (3) social contexts that support the three needs will promote well-being and effectiveness, whereas those that interfere with the needs will promote ill-being and less effective functioning. The theory further argues that all three needs are essential for wellness such that if any are thwarted, there will be discernible negative consequences.

In the context of this research, religious beliefs can either support or undermine autonomy, depending on whether religious beliefs and practices are internalized (e.g., genuinely believed and valued) or externalized (e.g., imposed by others), while perceived burdensomeness, a feeling like a burden might undermine autonomy, as individuals may feel forced to prioritize

others' needs over their own. In the same vein, religiosity can enhance competence if individuals feel capable of fulfilling religious expectations or contributing to their religious community while perceived burdensomeness can conversely, feeling like a burden might erode competence, as individuals may doubt their ability to make meaningful contributions. Thirdly, religiosity could often provide a sense of community and belonging, fulfilling the need for relatedness while perceived burdensomeness paradoxically might occur within the context of close relationships, potentially undermining relatedness if not addressed. With respect to fulfillment of basic needs, according to SDT, positive mental health outcomes are more likely when autonomy, competence, and related needs are met. In this context, religiosity might promote positive mental health if it supports these needs, while perceived burdensomeness might hinder mental health by undermining one or more of these needs.

From the foregoing, this study from the SDT theoretical propositions propose that when religiosity is internalized, it is likely to support autonomy, enhance competence, and foster relatedness, thereby promoting positive mental health. Secondly, perceived burdensomeness as a perceived threat can threaten the fulfillment of these basic needs, potentially mediating the relationship between religiosity and mental health outcomes.

This framework therefore suggests that the relationship between religiosity and mental health is complex and contingent on how religiosity impacts basic psychological needs. Hence, this study proposed and tested four hypotheses

#### Research Hypotheses

1. Hypothesis 1: Religiosity is positively associated with feelings of perceived burdensomeness
2. Hypothesis 2: Religiosity has a significant relationship with positive mental health
3. Hypothesis 3: Higher perceived burdensomeness will be negatively associated with positive mental health.
4. Hypothesis 4: perceived burdensomeness mediates the relationship between Religiosity and mental health status

#### Empirical Review

##### ***Clarification and Definitions, Dimensions, and Recent Findings***

*Religiosity* as explained in this study entails religious beliefs, practices (private and public), coping strategies, community belonging, and spiritual support that are spiritual in nature and with reference to a supreme being. Empirical literature generally finds that higher levels of religiosity are associated with better mental health outcomes, such as greater life satisfaction, lower depressive symptoms, and reduced suicide risk. Mechanisms often involved include social support via faith communities, meaning making in interpreting adversity, moral identity, and hope (Thomas & Barbato, 2020). However, religiosity is not consistently uniformly beneficial; the type of religiosity, whether private or communal, and how individuals cope religiously (positively or negatively) markedly influence outcomes as some levels of religiosity have brought feelings of condemnations and fear of the future.

The domain of religious coping has been influential in clarifying these differences. The Brief RCOPE (Pargament, Koenig, & Perez, 2000) distinguishes positive religious coping — e.g., seeking spiritual support, benevolent religious reappraisal — from negative religious coping — e.g., spiritual struggle, feeling punished by God. A recent validation in an African multi-country sample of athletes (including Nigeria) confirmed the two-factor structure and measurement invariance of the Brief RCOPE, enhancing confidence in its use in Nigerian or similar cultural settings (Agormedah, Quansah, Srem-Sai, Ankomah, & Hagan, 2023).

During the COVID-19 pandemic, positive religious coping was associated with better psychological adjustment among both Christian and Muslim populations, while negative religious coping has shown associations with poorer mental-health outcomes (Thomas & Barbato, 2020). Studies in sub-Saharan Africa also point to sermons, religious narratives, and communal worship as sources of coping, meaning, and social cohesion, though also with potential for spiritual conflict or guilt when distress is interpreted as divine punishment (Kroesbergen-Kamps, 2024).

*Perceived burdensomeness* refers to the belief that one is a burden to others, that is, one's existence imposes costs, worry, or shame on family, friends, or society. For students, perceived burdensomeness often arises from financial dependence, academic underperformance, or failure to meet family or societal expectations. Empirical work shows strong relationships between perceived burdensomeness and suicidal ideation, depressive symptoms, and poorer wellbeing. In Nigeria, a recent cross-sectional study among undergraduates found that perceived burdensomeness was one of the strongest predictors of suicidal ideation, even after controlling for depression and hopelessness (Iweama et al., 2024). Similar findings have been reported globally in university samples, where burdensomeness correlates positively with suicidal thoughts and negatively with positive indicators such as life satisfaction or flourishing.

Positive Mental Health, the outcome variable in this study refers not merely to the absence of mental illness but to presence of wellbeing: emotional wellbeing (positive affect, life satisfaction), psychological wellbeing (autonomy, self-realisation), and social wellbeing (connectedness, contribution to community). This is a concept that implies the notion of flourishing beyond the absence of disorders.

### ***Relationship between Religiosity and Positive Mental Health***

Nigeria is a highly religious society with Christianity and Islam as dominant traditions and religion playing a central social role. Campus religious groups (chapels, fellowships, Islamic associations) are influential in students' lives, making religion apparently relevant to positive mental health. Religious involvement provides social and communal resources, contributes to meaning, and may foster identity and moral purpose. However, the relationship is complex: negative religious coping or religious struggle can reduce wellbeing. To date, few studies among Nigerian undergraduates have examined positive mental health in conjunction with risk constructs like perceived burdensomeness and religious dimensions in the same model.

For instance, Ebulum, Eze et al., (2024) in their study reported that highly religious older adults in Nigeria were less likely to report suicidal ideation, a negative mental health. The study advised that interventions aimed at managing and protecting individuals' mental health should focus on resilience and coping strategies that religiosity offers. Also, Temple et al., (2025) reported a significant negative correlation between spirituality and suicide among schizophrenic patients indicating that higher levels of spirituality are associated with lowers suicide risk. This suggests that the potential of religiosity or spirituality is critical in fostering positive mental health among individuals. Furthermore, stigma around mental health may push students to hide distress, increasing isolation and feelings of being a burden. The role of religious leaders is key in this instance as clerics often act as first-line counselors on campuses; their attitudes affect whether students seek help and how they interpret mental distress.

### **Relationship between Perceived Burdensomeness and Positive Mental health**

Van Orden et al., (2012) in a prospective designed study to understand perceived meaning of life among some older adults investigated the role of perceived burdensomeness. It was suggested that high score on perceived burdensomeness predicted lack of meaning in life after two months of observation and accounted for severe depression. The findings suggest that

burdensomeness may contribute to suicide morbidity and mortality in late life by gradual loss of meaningful life.

Similarly, Iweama et al., (2024) in their study among Nigerian undergraduates, reported a significant relationship between perceived burdensomeness and suicide ideation and further highlighted the need for the development of mental health services withing University campuses.

### **Perceived Burdensomeness as mediator between Religiosity and Positive Mental Health**

Evidences from literature as regards the mediating role of perceived burdensomeness on the relationship between religiosity and mental health is presented in this section. Jahn et al., (2011) reported that perceived burdensomeness mediated the relation between depression and suicide ideation accounting for 68.3% of the variance in suicide ideation among older adults. The study further affirmed that future treatment studies may reduce suicidal ideation among vulnerable population. Yang, Zhang, Zhang and Su (2024) demonstrated that perceived burdensomeness acted as a partly mediating factor in the relationship between frailty and suicidal ideation among 893 older adults living alone in China community. In addition, the direct and indirect effects of the mediation model were moderated by positive emotions.

Gill et al., (2024) similarly examined the role of perceived burdensomeness in the association between social connectedness and suicidal ideation. It was reported that perceived burdensomeness moderated and mediated the relationship, confirming that reducing the perception of being a burden on others may be an important intervention strategy for weakening the link between any construct and suicide ideation. In a study that measured the mediating role of perceived burdensomeness in the relationship between religious struggle and suicide severity, it was found that perceived burdensomeness partially accounts for the emerging links between spiritual struggles and risk for suicide (Raines et al., 2022)

From the foregoing, reviewed studies have demonstrated that engaging **in** religious activities and beliefs may provide support and sense of belongingness that counters isolation and dependency, reducing beliefs of being a burden. In addition, religious beliefs or narratives may help reinterpret adversity, impute meaning to suffering, or affirm personal value, thereby reducing self-deprecatory cognitions. However, the delineation between positive and negative coping suggests that positive religious coping is likely associated with lower perceived burdensomeness and greater positive mental health while negative religious coping may exacerbate perceived burdensomeness and diminish wellbeing. With regards to the mediating role of perceived burdensomeness, one can scientifically posit that religiosity, in its positive dimensions, reduces perceived burdensomeness, which in turn enhances positive mental health. This underscores the salience of perceived burdensomeness in the Nigerian student mental health landscape.

## **METHODS**

**Study Design, Setting and Population:** This study utilized a cross-sectional survey to investigate the outcomes among young undergraduates of a tertiary institution in Osun State, Southwest Nigeria from December 2024 and February 2025. The study purposefully focused on 100 and 200 level students at the University as they are quite young and comprised of fresh intakes to the University. The student population for the 2024/2025 session was 6000.

**Sample Size and Data Collection Procedure:** A physical pretest on 20 participants was initially conducted to ensure the reliability and validity of the questionnaires. The students reported slight difficulty in understanding some of the items in the Perceived Burdensomeness Scale and these were appropriately revised for the main survey. For the main survey, participants were recruited through referrals, particularly through course representatives of

different departments and lecturers. This method helped to reach out to intending participants. In all, 475 valid responses were gathered through online questionnaire shared with the aid of Google form; submission of responses was open for the period of three months.

**Research Instruments:** The questionnaire consisted of validated measures of socio-demographic factors, perceived burdensomeness, religiosity and perceive mental health status. *Sociodemographic characteristics of Respondents:* this section included information such as age, gender, academic level, place of residence, socio-economic status of parents and religion of respondents as designed by the authors. Age was initially obtained in a continuous form but categorized during analysis into three age groups. The other items such as gender, academic level, place of residence and religiosity were categorized as follows respectively. Male (1) or Female (2), 100 level (1) and 200 level (2); on Campus (1) and off-campus (2); and lastly Christianity (1), Islam (2), Traditional (3). Students were further asked to state their respective departments and faculties

Positive Mental Health (PMH) Scale is a 9-item scale developed by Lukat et al (2016) to provide a brief uni-dimensional and person-centered instrument to assess positive mental health among general populations and in variety of groups. For Religiosity, Duke University Religion Index (DUREL), a 5-item scale developed by Harold G. Koenig in 1997 to adopt to measure respondent's religiosity. The scale assessed the three dimensions of religiosity namely: organizational religiosity (frequency of attending religious services), non-organizational religiosity (frequency of private prayer) and intrinsic religiosity (importance of religion, use of religion for decision-making, and sense of purpose or meaning). Perceived Burdensomeness: The Perceived Burdensomeness scale, developed by Van Orden et al., (2012) is a 20-item scale on a 3-point Likert scale (Not at all true of me, somewhat true of me, very true of me). This scale attempts to measure the extent to which an individual perceives him/herself to be a burden to people around him or her. It measures a person's sense of belonging and the extent to which he/she is wanted and loved. Higher score indicates higher perceived burden of respondents. Items 7, 8, 10, 13, 14, and 15 are reverse coded and this was considered during analysis.

**Ethical Approval:** Permission to conduct the study was obtained from the institution's authority and the study was approved by the Research Ethics Committee of the Faculty of Education , University of Ilesa, Osun State. The data collection instruments were administered according to the guidelines stipulated in the Declaration of Helinski

Statistical Analysis: Data was analyzed using Partial Least Squares Structural Equation Modelling (PLS-SEM) following a two-stage procedure comprising measurement and structural model assessment. PLS-SEM was selected due to its suitability for complex models with latent constructs and mediation effects. Prior to analysis, the dataset was screened for missing values and outliers, resulting in 475 valid responses retained for analysis. The measurement model was evaluated for indicator reliability, internal consistency, convergent validity, and discriminant validity. Indicator reliability was assessed using outer loadings, with items having loadings below 0.60 removed. Internal consistency was examined using Cronbach's alpha and composite reliability, while convergent validity was assessed using average variance extracted (AVE), with acceptable thresholds of  $\geq 0.70$  and  $\geq 0.50$ , respectively. Discriminant validity was established using the Fornell-Larcker criterion and the heterotrait-monotrait (HTMT) ratio. Multicollinearity was assessed using variance inflation factors (VIF), with all values below the recommended cut-off of 5.0. The structural model was evaluated using a bootstrapping procedure with 5,000 resamples to estimate path coefficients ( $\beta$ ), t-values, and p-values. Hypotheses were tested

based on the significance of standardised path estimates, and mediation effects were examined using the indirect effect approach. All statistical analyses were conducted in accordance with established PLS-SEM guidelines.

## RESULTS

### Participants' Characteristics

The study recovered 500 responses from the targeted undergraduate students. After screening, 475 (95%) valid responses were obtained, with a mean age of 19.8 years and a standard deviation of 2.1. The data exhibited a nearly equal gender distribution, with a high proportion of students in their first and second years. The students are predominantly Christian (70%), with 30% being Muslim, reflecting the region's dominant faith. The demographics' composition underscores the research focus on examining young undergraduates in the developmental stage.

### Measurement Model

As a rule of thumb and compulsory requirement in partial least squares structural equation modelling, an assessment of the measurement model was conducted to ascertain the reliability, internal consistency, convergent validity, and discriminant validity of the measures before hypothesis testing. Hair et al. (2021) and Hulland (1999) established 0.60 as the cut-off point for construct reliability in exploratory research; therefore, items with a reliability below this threshold should be deleted from the model. From the original instrument, three constructs: i) perceived burdensomeness with 20 indicators (PB1-PB20), ii) positive mental health with 10 indicators (PMH1-PMH10), and iii) religiosity with 5 indicators (RLG1-RLG5) were examined in the measurement model. Several weak indicators with outer loading below 0.60 were identified and subsequently removed to enhance the measurement model.

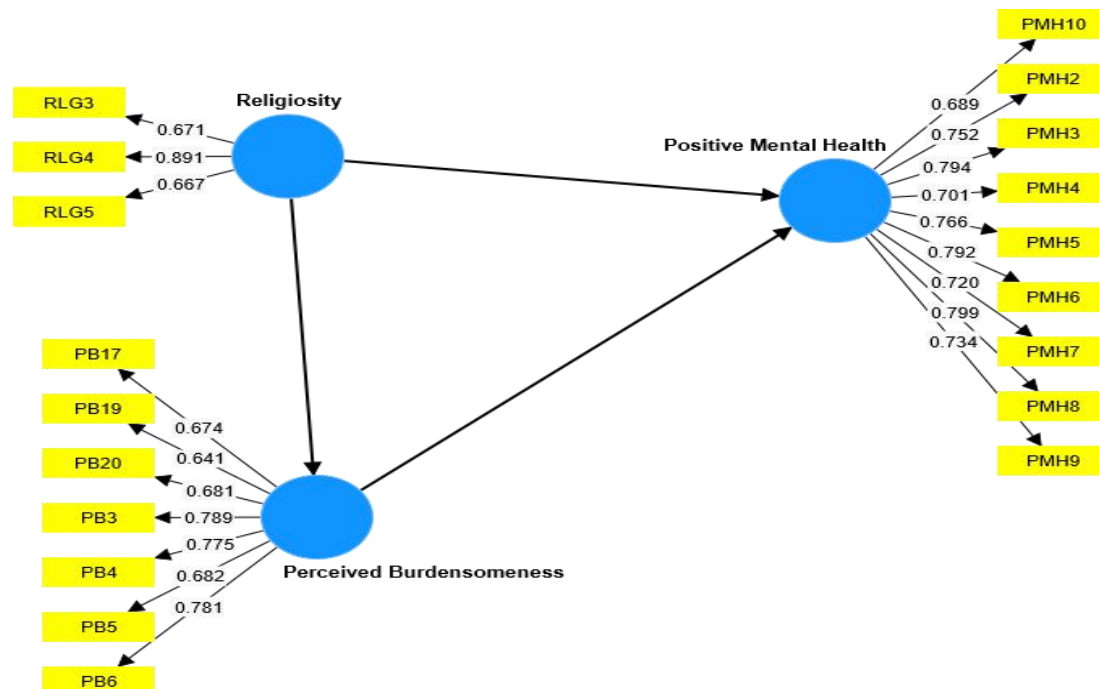


Figure 1: Re-specified measurement model (Source: Authors)

For indicator reliability, PB1, PB2, PB7-PB16, and PB18 had loadings between 0.32 and 0.58; hence, they were removed from the model. While one item (PMH1) with an outer loading of 0.57 was deleted from the positive mental health construct, two items (RLG1 and RLG2) with outer loadings below 0.60 were deleted from Religiosity. Only items with a loading of 0.60 and above are retained in the model. The final model, therefore, comprised seven (7) items from perceived burdensomeness, nine (9) items from positive mental health, and three (3) indicators from religiosity. Both composite reliability (CR) and average variance extracted (AVE) exceed the recommended thresholds of 0.70 and 0.50, respectively, confirming internal consistency and convergent validity. Furthermore, the discriminant validity was confirmed through Fornell-Larcker and hetero-trait-mono-trait (HTMT) criteria. No incident of multicollinearity was recorded, as all variance inflation factor (VIF) values (ranging from 1.17 to 2.30) were below the conservative cut-off point of 5.0 (Hair et al., 2021).

**Table 1: Reliability and Convergent Validity (Source: Authors)**

Construct/Items	Outer Loading	CA	CR	AVE
<b>perceived burdensomeness (PB):</b>		0.845	0.882	0.518
<b>PB3:</b> I am a burden on society	0.789			
<b>PB4:</b> My death would be a relief to the people in my life	0.775			
<b>PB5:</b> People in my life wish they could get rid of me	0.682			
<b>PB6:</b> I make things worse for the people in my life	0.781			
<b>PB17:</b> No one cares whether I live or not	0.674			
<b>PB19:</b> Nothing in my life worth living for	0.641			
<b>PB20:</b> Death is better than being put to shame	0.681			
<b>Positive mental health (PMH):</b>		0.903	0.921	0.563
<b>PMH2:</b> I enjoy my life	0.752			
<b>PMH3:</b> I am satisfied with my life	0.794			
<b>PMH4:</b> I manage well to fulfil my needs	0.701			
<b>PMH5:</b> I am in good physical condition	0.766			
<b>PMH6:</b> I am in good emotional condition	0.792			
<b>PMH7:</b> I am equipped to deal with life and its difficulties	0.720			
<b>PMH8:</b> Much of what I do brings me joy	0.799			
<b>PMH9:</b> I am a calm and balanced human being	0.734			
<b>PMH10:</b> I am confident of myself	0.689			
<b>Religiosity (RLG):</b>		0.624	0.791	0.563
<b>RLG3:</b> In my life, I experience the presence of God	0.671			
<b>RLG4:</b> My beliefs lie behind my approach to life	0.891			
<b>RLG5:</b> I carry my religion into all other dealings in life	0.667			

**Note:** CA=Cronbach's alpha; CR=Composite reliability; AVE=Average variance extracted

### Structural Model

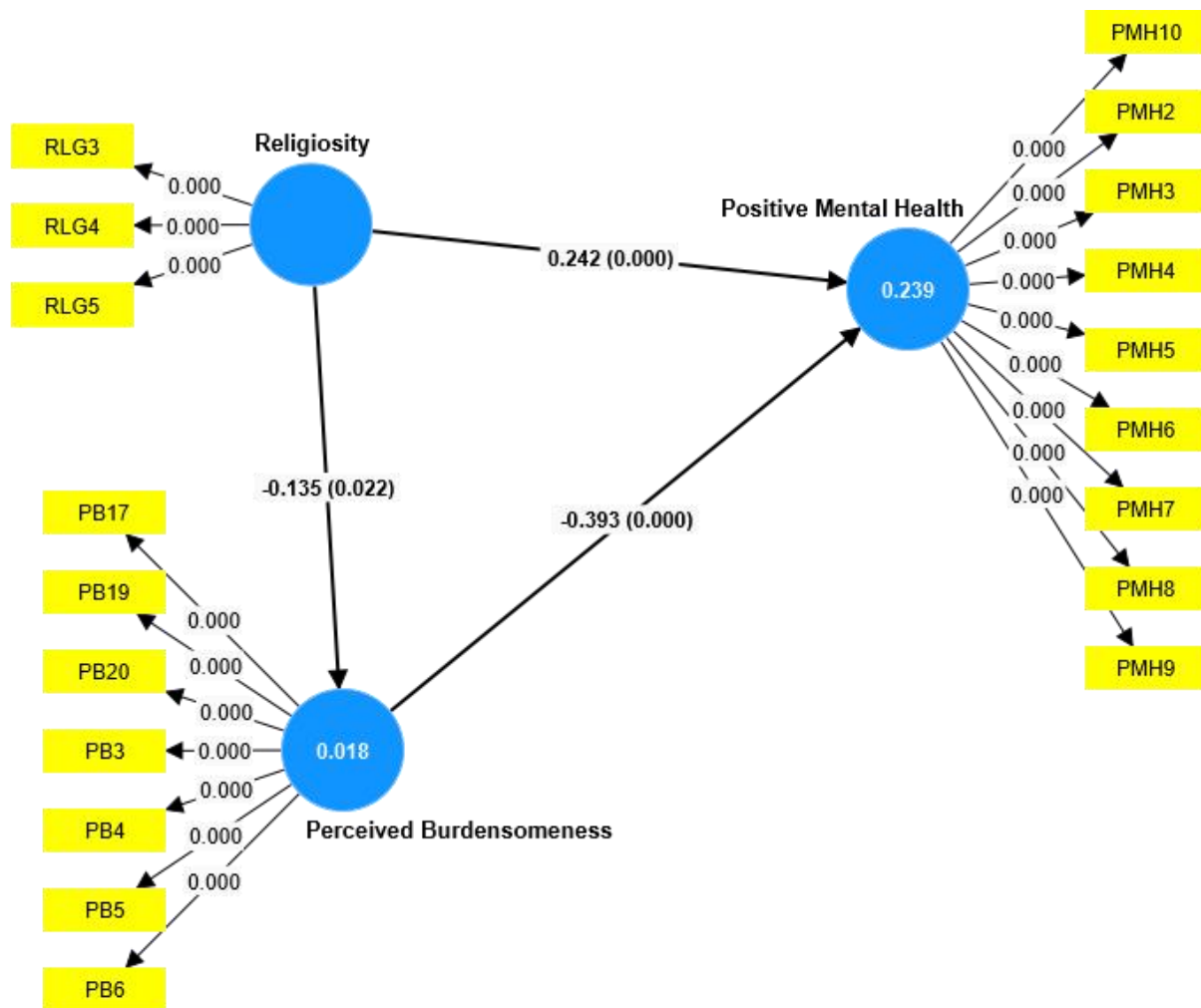
After establishing validity and reliability, a re-specified model was created that confirmed the model met the rules of thumb relating to validity, reliability, and other fit indices. The structural model was then evaluated for path significance, explained variance, and mediation effects using 5,000 bootstrapped samples. Standardised parameters, such as the beta coefficient, t-statistics, and p-value, were used to evaluate the level of significance of the four hypotheses set in the study. Table 2 provides a summary of the hypothesis testing results, while Figure 2 displays the pictorial representation of the hypothesis results.

**Table 2: Hypothesis and Mediation Test**

Hypothesis/Path	Beta	t-value	p-value	Decision	Interpretation
<b>H1:</b> Religiosity is positively associated with Perceived Burdensomeness	-0.135	2.293	0.022	Accepted	Being highly religious reduces burden and other ill feelings, indicating that faith-based engagement provides emotional and social support.
<b>H2:</b> Religiosity has a significant relationship with positive mental health	0.242	5.112	0.000	Accepted	Participation in religious activities enhances students' well-being, promotes hope and connectedness.

<b>H3:</b> Perceived burdensomeness is negatively associated with positive mental health.	-0.393	8.134	0.000	Accepted	Being burdened diminishes emotional and psychological well-being, self-worth and belongingness
<b>H4:</b> Perceived burdensomeness mediates Religiosity and Positive mental health	0.053	2.209	0.027	Accepted (partial mediation)	Being religious improves well-being indirectly by reducing burdensomeness, highlighting the socio-cognitive pathways of spiritual resilience among the students

The SEM result for Hypothesis 1 (H1) indicates that internalised faith can serve as a buffer to satisfy core psychological needs, thereby reducing the negative feelings of being burdened. There is a negative ( $\beta = -0.135$ ,  $p = 0.022$ ) effect of religiosity and perceived burdensomeness among the sampled students. This implies that students with a higher religiosity report lower perceived burdensomeness. It is therefore concluded that a high level of religiosity can enhance community belongingness and moral clarity, which can provide relatedness and competence to cope with feelings of isolation. Hypothesis two (2) examines the relationship between religiosity and positive mental health among the students. The results obtained show a positive relationship ( $\beta = 0.242$ ,  $p < 0.001$ ), providing strong support for the hypothesis. Accordingly, being religious can provide social capital and existential meaning that foster a sense of purpose, spiritual mastery, and connectedness, thereby directly enhancing the well-being of students. Perceived burdensomeness and positive mental health (H3) showed a strong negative relationship ( $\beta = -0.393$ ,  $p < 0.001$ ), indicating that as perceived burdensomeness increases, the mental health of the students deteriorates. The result of hypothesis three may reflect the collective culture practised, where family pride and achievement are important; thus, the perception of burdensomeness can lead to shame and emotional exhaustion, resulting in self-depression and disconnection.



**Figure 2: Structural Model for Hypothesis Testing (Source: Authors)**

The fourth hypothesis (H4) examines the role played by burdensomeness in the relationship between religiosity and positive mental health (mediation). Results from the SEM analysis support the hypothesis, indicating that religiosity enhances mental well-being indirectly by reducing the perception of burdensomeness. Findings revealed partial mediation ( $\beta = 0.053$ ,  $p = 0.027$ ), suggesting that elements of religiosity, such as hope and spiritual coping, can mitigate the frustration occasioned by burden, thereby reinforcing positive mental well-being.

### DISCUSSION OF FINDINGS

The results that emerged from the four hypotheses tested in this study highlight the multidimensional importance of religiosity in providing psychological resources to cope with negative emotion and well-being-related issues. Accordingly, religious engagement can offer autonomy, competence, and relatedness, as highlighted by the self-determination theory. This suggests that, through prayer groups, fellowships, and religious associations, university students can create networks that buffer stress and perceptions of burden. This reiterates the findings of Koenig (2009) and Thomas and Barbato (2020), which suggest that faith involvement and positive religious coping enhance adjustment and resilience during times of crisis. The negative relationship between perceived burdensomeness and positive mental health among the students indicates that the variable is a strong predictor of negative mental health, which could lead to high rate of suicidal ideation among Nigerian undergraduates. Iweama et al.

(2024) emphasized that perceived burdensomeness results in both cognitive and emotional disorders that may manifest as hopelessness, internalised guilt and failure. Accordingly, feeling burdened by an individual may evoke deep psychological distress and social withdrawal that could undermine growth and self-worth in a culture where communal reciprocity is valued. The mediation analysis clarifies *how* religiosity promotes well-being and reduces feelings of burdensomeness. Religiosity's moral teachings (forgiveness, compassion) and community orientation allow students to reinterpret dependence positively, as mutual care rather than shame. Partial mediation suggests that while religion helps students feel less burdened, it also promotes well-being through other pathways, including existential purpose and emotional regulation. These findings substantiate the central proposition of the self-determination theory, which posits that well-being arises when environments support psychological needs. Religiosity acts as such an environment, promoting *need satisfaction*, while perceived burdensomeness reflects *need frustration*. The interplay between the two constructs illustrates how faith-based belonging can mitigate cognitive vulnerabilities and promote positive functioning.

### **Conclusion and Recommendations**

This study contributes empirical evidence to the growing scholarship on mental health among Nigerian undergraduates by clarifying how religiosity and perceived burdensomeness jointly shape positive mental health. The findings demonstrate that religiosity serves as a significant protective factor, not only enhancing students' emotional and psychological well-being but also reducing perceptions of being a burden to others. Conversely, perceived burdensomeness emerged as a substantial risk construct, strongly undermining positive mental health and reinforcing pathways associated with psychological distress.

The mediating role of perceived burdensomeness highlights a socio-cognitive mechanism through which religiosity promotes well-being. Religious involvement likely provides meaning-making systems, social support, and coping resources that counteract self-deprecatory cognitions. In line with Self-Determination Theory, religiosity may help satisfy basic psychological needs for autonomy, competence, and relatedness, while perceived burdensomeness reflects their frustration, thereby diminishing well-being. Overall, the study concludes that fostering positive religious coping and reducing students' feelings of burden are critical to enhancing psychological flourishing among undergraduates in Osun State. These findings have practical implications for mental-health programs, campus counselling systems, and faith-based student communities.

Based on the study findings, the following recommendations are proposed:

#### **1. Strengthen Campus Mental-Health Systems**

Universities should develop structured mental-health support programs that recognise perceived burdensomeness as a major psychological vulnerability. Counselling centres should incorporate cognitive restructuring strategies to challenge self-blame, guilt, and feelings of burden.

#### **2. Promote Positive Religious Coping**

Campus religious associations should be encouraged to adopt and teach positive forms of religious coping such as hope, forgiveness, and community support while avoiding messages that promote guilt, punishment, or spiritual inadequacy.

#### **3. Integrate Religious Leaders into Student Mental Health Interventions**

Clergy, chaplains, and campus fellowship leaders often serve as informal counsellors. Training them in basic mental-health literacy would improve early identification and referral of students struggling with burdensomeness and psychological distress.

#### **4. Develop Peer-Support and Belongingness Programs**

Peer mentoring systems and supportive student communities should be established to enhance relatedness and reduce isolation, thereby lowering students' perception of being a burden.

#### **5. Implement Psychoeducational Workshops**

Workshops and seminars focusing on self-worth, emotional regulation, academic stress, and healthy help-seeking behaviours can reduce cognitive distortions linked to perceived burdensomeness and enhance positive mental health.

#### 6. Encourage Interdisciplinary Research and Continuous Monitoring

Universities should promote ongoing research involving psychology, religious studies, sociology, and education to continue monitoring mental-health indicators, especially among first- and second-year students.

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### **Declarations**

*Ethics approval and consent to participate: This study a primary data collected with strict ethical guidelines such as ensuring anonymity of respondents. In addition, ethical consent was given by the respondents of been fully aware of the study*

*Consent for Publication: The authors of this paper hereby give our consent to publish our research paper.*

*Availability of Data and materials: The datasets analyzed in this study are collected by the authors and available upon request*

*Competing interests: The authors hereby declare no competing interests in the execution of this manuscript.*

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