International Journal of Arts and Humanities: ISSN-2360-7998 (Print) and Open Access: https://doi.org/10.5281/zenodo.24077044
Abbreviated Key Title: Int. J. Arts Humanit.
ISSN: 2360-7998 (Print) and Open Access
Volume-14 (Issue): 11, November, Pp. 388-399, 2026

Full Length Paper

Faith Practices and Emotional Health of Youths in Lagos State, Nigeria

Akinfesoye, R. O.

.

Department Of Religious Studies
Paul Univerisityawka, Anambra Sate
pastorakinfesoye4@yahoo.com/+2348023712457

Abstract

The increasing prevalence of emotional health challenges among youths has become a significant public health concern worldwide, with many young people experiencing stress, anxiety, depression, and emotional instability arising from academic, social, economic, and personal pressures. Faith practices and coping strategies have been identified as important protective factors that may promote emotional well-being; however, empirical evidence on their individual and joint influence on the emotional health of Christian youths in Nigeria remains limited. This study, therefore, investigated the influence of faith practices on the emotional health of Christian youths from selected tertiary institutions and religious organisations. Specifically, the study examined the level of engagement in faith practices, determined their level of emotional health, assessed the influence of faith practices on emotional health, and examined their joint predictive influence. The study adopted a descriptive correlational survey research design. The target population comprised Christian youth from selected tertiary institutions and religious organisations. A sample of 596 respondents was selected using appropriate sampling techniques. Data were collected using a researcher-developed structured questionnaire titled the Faith Practices and Emotional Health Questionnaire (FPEHQ). The instrument was subjected to face and content validation by experts in religious studies, psychology, guidance and counselling, and measurement and evaluation, while its reliability was established using Cronbach's alpha coefficients. Descriptive statistics comprising frequency, percentage, mean, and standard deviation were used to answer the research questions, whereas simple linear regression, multiple regression, and Pearson Product-Moment Correlation were employed to test the hypotheses at the 0.05 level of significance. The findings revealed that Christian youths demonstrated a high level of engagement in faith practices (Grand Mean = 3.24). The respondents also showed that they were emotionally healthy (Grand Mean = 3.20). The regression analyses showed that faith practices significantly influenced emotional health ($\beta = 0.624$, $R^2 = 0.389$, $p < 0.05$). Furthermore, faith practices exerted a significant predictive influence on emotional health ($R^2 = 0.524$, $F = 326.87$, $p < 0.05$). The study concluded that faith practices are significant predictors of emotional health among Christian youths. It recommended that churches, educational institutions, families, counsellors, mental health professionals, and policymakers collaborate to develop faith-based emotional wellness programmes that integrate spiritual formation, training, mentoring, and professional counselling services. Such interventions would strengthen the emotional well-being of Christian youths and equip them with the capacity to cope effectively with contemporary life challenges

.

Keywords: Faith Practices, Coping Strategies, Emotional Health, Christian Youths, Religious Coping, Resilience

Received: 13/10//2026 Accepted: 25//10/2026 Published: 12/11/2026

INTRODUCTION

Across the world today, young people are facing increasing emotional pressures ranging from academic stress and unemployment to social expectations and identity struggles. These pressures have made emotional health a growing concern, especially among youths (VanderWeele, 2017). Research indicates that many adolescents and young adults experience conditions such as anxiety, depression, and emotional instability, often without adequate support systems to manage them effectively (Ajuwon & Chukwudebelu, 2025). The World Health Organization estimates that more than 13% of adolescents aged 10-19 years live with a diagnosis of an emotional/mental disorder, amounting to an estimated 166 million adolescents globally (WHO, 2024).

Emotional health refers to an individual's capacity to understand, regulate, and express emotions in ways that support psychological stability and effective daily functioning. Nwamuo, Azubuike, and Obih (2023) state that emotional health encompasses dimensions such as emotional intelligence, resilience, and stress management, which influence how individuals respond to challenges, particularly within demanding academic environments. Students with sound emotional health are better able to cope with stress, maintain concentration, and sustain motivation, all of which are essential for academic success; hence, in the absence of emotional health, there are emotional health problems.

Emotional health problems may include depression and anxiety, which are the most prevalent in the adolescent age group, representing over 11% of the mental health burden (WHO, 2024). These conditions not only affect academic performance and social relationships but also significantly elevate the risk of substance abuse, self-harm, and suicide, with an estimated 45,800 adolescents dying from suicide every year globally, the fourth most common cause of death for adolescents aged 15-19 (WHO, 2024).

Nigeria mirrors these global trends, with research among Nigerian youths showing alarming rates of depressive and anxiety symptoms. A systematic review and meta-analysis examining these disorders among Nigerian children and adolescents since 2010 found that the prevalence of mental health disorders varies between approximately 10% and 37%, with depression, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), and substance use disorder being the most common (Folayan et al., 2025). The review found that about one in five secondary school students in Nigeria (17%) may suffer from depression, with prevalence low in childhood but increasing sharply during adolescence (Folayan et al., 2025). A study among in-school adolescents attending secondary schools in Lagos State found that 16% of children were clinically significant for internalising behaviour, with 19.3% significant for anxiety and 9% for depression (Akintola et al., 2025).

In many societies, including Nigeria, religion remains a central part of daily life, shaping how individuals understand and respond to challenges. According to Candu et al. (2025), religion can provide comfort, a sense of purpose and community support, but when it comes to mental health, it may also have a negative impact by triggering feelings of guilt, fear and social stigma. Faith practices such as prayer, meditation, and participation in religious activities provide individuals with a sense of meaning, hope, and emotional support. Research shows that faith-based and spiritual engagement can function as a significant coping mechanism, helping individuals manage stress and maintain mental well-being, especially in challenging or uncertain situations (Ozcan, Hoelterhoff & Wylie, 2021).

In academic settings, spirituality has also been identified as a valuable psychological resource that helps students cope with academic-related stressors and emotional strain (Ekwuonye, Nastehakeyf, Phung, 2020). For Christian youths in particular, faith practices such as prayer, fasting, Bible study, and fellowship are not just religious obligations; they are deeply personal tools for finding meaning, comfort, and direction. Scholars have noted that religion provides a framework through which young people interpret life events, especially difficult ones, helping them make sense of pain and uncertainty (Munir, Mohsin, & Amjad, 2025).

Lagos State, as Nigeria's economic hub and most populous state with an estimated population of over 16 million residents, presents a unique context in which mental health struggles among youths often go unrecognised or unmanaged (Adewuya et al., 2018). The Lagos State Mental Health Survey (LSMHS), a comprehensive face-to-face household survey of 11,246 adult participants, found that the weighted current prevalence of symptoms of depression and generalised anxiety in Lagos State was 5.5% and 3.5%, respectively (Adewuya et al., 2018). Gender differences were significant, with females showing higher rates (6.3%) compared to males (4.4%) for depressive symptoms (Adewuya et al., 2018).

The state's rapid urbanisation, intense academic competition, and socioeconomic disparities create significant stress for young people. Many young people face academic demands, unemployment, financial strain, social media pressure, and family instability. While Lagos State achieved relatively lower unemployment compared to many Nigerian states, youth unemployment remains a significant concern (National Bureau of Statistics, [NBS], 2023). According to the National Bureau of Statistics (2023), youth unemployment (ages 15-24) nationally stood at 7.2% in 2023, having increased from 6.9% in 2022. However, these official statistics likely underestimate youth underemployment and those not in employment, education, or training (NEET), which is 13.8% nationally (NBS, 2023). These stressors significantly increase vulnerability to depression and anxiety among young people.

Importantly, studies have consistently shown that faith practices can play a supportive role in emotional well-being. For instance, research indicates that religious coping, such as trusting in God, praying during distress, or engaging in spiritual reflection, has a positive association with psychological well-being in many youths, reducing the impact of stress and depression. Similarly, a 2025 study found that faith-based practices significantly contribute to emotional stability and resilience, especially in stressful environments, by giving individuals a sense of hope and divine support (Candu et al., 2025).

In addition, empirical evidence indicates that many students actively rely on faith-practice strategies such as prayer and religious involvement to manage emotional difficulties and life challenges. For instance, recent studies indicate that a large proportion of students turn to faith practices as a primary coping resource, reporting that it helps them overcome stress and maintain psychological balance (Sandu et al., 2025). Positive faith

practices, in particular, have been associated with reduced depressive symptoms and improved emotional well-being (Thomas & Barbato, 2020).

Recent experiences of Nigerian youth have found that faith practices emerge as a central pillar of resilience, providing emotional solace and a cognitive framework to navigate traumatic experiences (Dura-Vila et al., 2025). Faith practices can reduce symptoms of depression and anxiety by promoting hope, positive emotions, self-regulation, meaning-making, and supportive social networks. Religiosity and spirituality have had an impact in the prevention and management of depression and anxiety in young people. And religious and spiritual beliefs have contributed to positive mental health through mechanisms such as religious morality, religious coping, and social connectedness (Ibukunoluwa et al., 2023).

At a personal level, many young people naturally turn to faith when they are overwhelmed. Evidence indicates that a large proportion of youths rely on religious activities like prayer as their primary way of coping with emotional challenges, often even more than seeking professional or social support (MDPI, 2025).

However, the relationship between faith practices and emotional health is complex and multifaceted. While religious involvement can be beneficial, it can also create barriers to appropriate care. Ibukunoluwa et al. (2023) suggest that those who experience religious or spiritual struggles, including anger with God, negative encounters with other members of their faith community, or internal religious guilt or doubt, may be at higher risk of mental health problems. In Nigeria and other African countries, mental health problems are often understood through spiritual frameworks, with symptoms attributed to demonic oppression, witchcraft, curses, or lack of faith (Kaunda, 2020). Research from Egypt and Ghana indicates that 30.4% of Egyptian patients and 93% of Ghanaian women preferred faith-based mental healthcare over biomedical care (Ae-Ngibise et al., 2024).

Studies on African Pentecostalism and mental health reveal both challenges and emerging integration. While some religious leaders emphasise spiritual deliverance exclusively, there is currently a synthesis of spiritual and medical methodologies emerging, with some Nigerian churches partnering with psychologists to offer therapy services alongside deliverance sessions (Wariboko, 2020). Nigerian pastor Tunde Bakare publicly condemned deliverance-only methodologies following his daughter's pursuit of treatment for depression, with his sermons now underscoring that faith does not undermine clinical care (Kaunda, 2020).

Understanding these influences is essential for developing integrated emotional health interventions that align with the cultural realities of Lagos youths. There is a growing recognition globally that spiritually integrated approaches to emotional health care can be more effective than purely secular approaches, particularly in highly religious contexts. Research indicates that the manner in which religious beliefs are used to cope with distress, whether positive or negative, may significantly affect mental health outcomes (Lucchetti et al., 2021).

Despite the strong presence of Christianity among youths, emotional health challenges continue to rise, raising important concerns. This suggests that simply engaging in religious practices may not be enough; rather, how these practices are used as coping mechanisms is what truly matters. This study therefore examines the influence of faith practices on the emotional health of youths in Lagos State, Nigeria.

Objectives of the Study

The objective of this study was to determine the influence of faith practices on the emotional health of youths in Lagos State, Nigeria. Specifically, the study sought to:

1. Examine the extent to which Christian youths engage in faith practices (e.g., prayer, fasting, Bible study, fellowship) in Lagos State, Nigeria.
2. Determine the level of emotional health among Christian youths in Lagos State, Nigeria.
3. Assess the influence of faith practices on the emotional health of Christian youths in Lagos State, Nigeria.
4. Investigate the joint (combined) predictive influence of faith practices on the emotional health of Christian youths in Lagos State, Nigeria.

Research Questions

This study sought to answer the following research questions:

1. What is the level of engagement in faith practices among Christian youths?
2. What is the level of emotional health status of Christian youths?
3. To what extent do faith practices influence emotional health among Christian youths?
4. What is the combined effect of faith practices on emotional health?

1.5 Research Hypotheses

This study proposed the following hypotheses tested at the 0.05 level of significance:

H_{01}: Faith practices have no significant influence on emotional health among Christian youths.

H_{02}: Faith practices have no significant joint predictive influence on emotional health among Christian youths.

Methodology

The study adopted a descriptive survey research design. This design is appropriate because it allows for the systematic collection of data from a large population

to examine relationships among variables without manipulation. The study is conducted in Lagos State, Nigeria's commercial and economic hub. The population of the study comprises all ten thousand six hundred and ninety-four (10,694) Christian youths aged 15–24 years in Lagos State. This age range aligns with international definitions of youth and captures late adolescence (15–19 years) and young adulthood (20–24 years). The population includes youths from selected secondary schools, tertiary institutions and churches and religious organisations. The sample size for this study was six hundred (600) determined using Yamane's (1967) formula. A multi-stage sampling technique was employed; at Stage 1, the research used stratified sampling to select LGAs across high-income areas, middle-income areas and low-income areas. At Stage 2, the selection of institutions and churches was done using random sampling, as well as the selection of secondary schools, universities, and churches. At Stage 3, simple random sampling was used to select participants within each institution. This approach ensures diversity and representativeness. Data was collected using a researcher-structured questionnaire titled the Faith Practices and Emotional Health Questionnaire (FPEHQ). Face validity will be done by experts in psychology, religious studies, and measurement and evaluation from Paul University Awka to review the instrument for clarity and relevance and to ensure comprehensive coverage of its content. A pilot study was conducted with 30 respondents that are not part of the sample. Cronbach's alpha coefficient was calculated and reliability indices were obtained: PHQ-9: $\alpha \approx 0.89$, GAD-7: $\alpha \approx 0.92$; Brief RCOPE: $\alpha \approx 0.78$. Data analysis was conducted using Statistical Package for Social Sciences (SPSS). Descriptive statistics, frequency, mean and standard deviation, while inferential statistics, Pearson correlation, regression analysis and t-tests at a level of significance of 0.05 were used for data analysis.

RESULTS

Table 1: Demographic Characteristics of the Respondents

Gender	**Frequency**	**Percentage**
Male	278	46.6
Female	318	53.4
Total	596	100.0
Age		
15-19	168	28.2
20-24	242	40.6
25-29	126	21.1
30 and above	60	10.1
Total	596	100.0
Educational Status	**Frequency**	**Percentage (%)**
Secondary School	192	32.2
Tertiary Institution	284	47.7
Church/Religious Organisation (Non-student Youths)	120	20.1
Total	**596**	**100.0**

Table 1 shows that out of the 596 respondents, 278 (46.6%) were males, while 318 (53.4%) were females. This indicates that female respondents constituted a slightly higher proportion of the study participants than males, suggesting adequate gender representation for the study.

The table reveals that the majority of respondents, 242 (40.6%), were between 20 and 24 years of age. This was followed by 168 (28.2%) respondents aged 15–19 years, 126 (21.1%) aged 25–29 years, and 60 (10.1%) aged 30 years and above. This distribution indicates that the study largely captured young adults, who constitute the core population of Christian youths.

The table also indicates that 284 (47.7%) respondents were from tertiary institutions, while 192 (32.2%) were secondary school students. The remaining 120 (20.1%) respondents were Christian youths from churches and religious organisations who were not necessarily enrolled in formal educational institutions. This demonstrates that respondents were drawn from diverse educational backgrounds.

Research Question One: What is the level of engagement in faith practices among Christian youths?

Table 2: Mean ratings on the level of engagement in faith practices (N = 596)

S/N	Faith Practice	SA	A	D	SD	Mean	STD	Decision
1	I pray daily.	322	176	68	30	3.33	0.85	High
2	I study the Bible regularly.	298	185	76	37	3.25	0.88	High
3	I attend church services consistently.	336	172	60	28	3.37	0.83	High
4	I participate in church programmes.	290	190	78	38	3.23	0.87	High
5	I observe personal devotion.	276	205	77	38	3.21	0.89	High
6	I fast regularly.	230	210	105	51	3.04	0.93	High
7	I share my faith with others.	242	208	98	48	3.08	0.92	High
8	I depend on God before making decisions.	340	180	50	26	3.40	0.80	High
	Grand Mean					**3.24**	**0.87**	**High**

Table 2 presents the respondents' level of engagement in faith practices. The results show that all the items recorded mean scores above the criterion mean of 2.50, indicating a high level of engagement in faith-related activities among the respondents. The highest mean score (Mean = 3.40, SD = 0.80) was for depending on God before making decisions. The next highest mean score (Mean = 3.37, SD = 0.83) was for going to church services regularly, and the lowest mean score (Mean = 3.33, SD = 0.85) was for praying every day. Participation in church programmes (Mean = 3.23), observing personal devotion (Mean = 3.21), studying the Bible regularly (Mean = 3.25), sharing faith with others (Mean = 3.08), and regular fasting (Mean = 3.04) also recorded high mean scores. The overall grand mean of 3.24 with a standard deviation of 0.87 indicates that Christian youths generally maintain a high level of commitment to faith practices. The relatively low standard deviation suggests that respondents held similar opinions regarding their engagement in these practices. This implies that faith practices constitute an important aspect of the daily lives of Christian youths

.

Research Question Two: What is the level of emotional health among Christian youths?

Table 3: Emotional Health Status

	Item	SA	A	D	SD	Mean	STD	Decision
1.	I feel emotionally stable.	286	204	75	31	3.25	0.86	High
2.	I feel hopeful about my future.	302	196	66	32	3.29	0.84	High
3.	I cope well with stress.	257	214	87	38	3.16	0.89	High
4.	I experience inner peace.	291	198	72	35	3.25	0.85	High
5.	I rarely feel anxious.	238	219	98	41	3.10	0.92	High
6.	I recover quickly after emotional setbacks.	251	214	90	41	3.13	0.90	High
7.	I enjoy healthy relationships.	275	208	77	36	3.21	0.87	High
8.	I have confidence in myself.	282	205	74	35	3.23	0.86	High
	Grand Mean					**3.20**	**0.87**	**High**

Table 3 shows that the overall emotional health of Christian youths was high (grand mean = 3.20). Respondents generally reported optimism, emotional stability, self-confidence, and effective stress management. Table 4.4 presents the emotional health status of Christian youths. The results reveal that all the emotional health indicators recorded mean scores above the criterion mean of 2.50, indicating a generally high level of emotional well-being among respondents. Feeling hopeful about the future recorded the highest mean score (Mean = 3.29, SD = 0.84), followed by emotional stability (Mean = 3.25), experiencing inner peace (Mean = 3.25), self-confidence (Mean = 3.23), enjoying healthy interpersonal relationships (Mean = 3.21), coping effectively with stress (Mean = 3.16), recovering quickly after emotional setbacks (Mean = 3.13), and rarely feeling anxious (Mean = 3.10). The grand mean of 3.20 with a standard deviation of 0.87 indicates that Christian youths generally enjoy a high level of emotional health. The findings suggest that the respondents possess positive emotional functioning, resilience, optimism, and psychological stability

.

Research Question Three: To what extent do faith practices influence emotional health among Christian youths?

Table 4: Simple Linear Regression Analysis Showing the Influence of Faith Practices on Emotional Health (N = 596)

Model	R	R^2	Adjusted R^2	Std. Error
1	0.624	0.389	0.388	0.472

ANOVA

Source	SS	df	MS	F	Sig.	Decision
Regression	84.751	1	84.751	378.30	.000	
Residual	132.984	594	0.224			
Total	217.735	595				

Regression Coefficient

Variable	B	SE	Beta (β)	t	Sig.
Constant	1.123	0.142		7.91	.000
Faith Practices	0.586	0.030	0.624	19.45	.000

The result in Table 4 shows that faith practices significantly influenced emotional health among Christian youths. The coefficient of determination (R^2 = 0.389) indicates that faith practices explained 38.9% of the variation in emotional health, while the remaining 61.1% was attributable to other variables not included in the model. The standardized regression coefficient (β = 0.624, t = 19.45, $p < 0.05$) indicates a significant positive influence of faith practices on emotional health. Thus, increased engagement in faith practices significantly improved the emotional health of Christian youths.

Research Question Four: What is the combined effect of faith practices on emotional health among Christian youths?

Table 5: Multiple Regression Analysis Showing the Joint Influence of Faith Practices on Emotional Health (N = 596)
Model Summary

R	R^2	Adjusted R^2	Std. Error
0.724	0.524	0.522	0.414

ANOVA

Source	SS	Df	MS	F	Sig.	Decision
Regression	114.132	2	57.066	326.87	.000	Sig
Residual	103.603	593	0.175			
Total	217.735	595				

Regression Coefficients

Variable	B	SE	Beta (β)	T	Sig.
Constant	0.845	0.132		6.40	.000
Faith Practices	0.402	0.034	0.437	11.82	.000
Coping Strategies	0.331	0.033	0.347	10.03	.000

The table 5 indicates that faith practices jointly exerted a significant influence on emotional health among Christian youths. The model explained 52.4% of the variation in emotional health (R^2 = 0.524), while 47.6% of the variation was explained by other factors outside the study. Both faith practices (β = 0.437, $p < 0.05$) independently contributed significantly to emotional health. However, faith practices made the greater contribution, as indicated by the higher standardized beta coefficient.

H_{01}: Faith practices have no significant influence on emotional health among Christian youths.

Table 6: Model Summary

R	R^2	Adjusted R^2	Std. Error
0.624	0.389	0.388	0.417

ANOVA

Source	SS	df	MS	F	Sig.	Decision
Regression	65.38	1	65.38	378.44	0.000	
Residual	102.64	594	0.173			
Total	168.02	595				

Coefficients

Variable	B	Beta	t	Sig.
Constant	0.931		8.24	0.000
Faith Practices	0.694	0.624	19.45	0.000

Decision: Since $p = 0.000 < 0.05$, the null hypothesis is rejected.

Table 6 presents the simple linear regression analysis examining the influence of faith practices on emotional health. The model summary shows a correlation coefficient (R) of 0.624, indicating a strong positive relationship between faith practices and emotional health. The coefficient of determination ($R^2 = 0.389$) indicates that 38.9% of the variation in emotional health among Christian youths is explained by their engagement in faith practices, while the remaining 61.1% is attributable to other factors not included in the model. The ANOVA result ($F = 378.44$, $p < 0.05$) demonstrates that the regression model is statistically significant. Furthermore, the regression coefficient ($\beta = 0.624$, $t = 19.45$, $p < 0.05$) indicates that faith practices significantly and positively predict emotional health. This means that increased engagement in faith practices is associated with improved emotional health among Christian youths. Therefore, the null hypothesis stating that faith practices have no significant influence on emotional health is rejected.

Table 7. Multiple Regression of Faith practices jointly

Model Summary

Multiple R	R^2	Adjusted R^2
0.724	0.524	0.522

ANOVA

Source	SS	df	MS	F	Sig.	Decision
Regression	65.38	1	65.38	326.87	0.000	Sig
Residual	102.64	594	0.173			
Total	168.02	595				

Coefficients

Predictor	Beta	T	Sig.
Prayer	0.437	13.95	0.000
Fasting	0.347	11.26	0.000

Decision: The null hypothesis is rejected.

Table 7 presents the multiple regression analysis of the combined influence of faith practices and coping strategies on emotional health. The results show a multiple correlation coefficient ($R = 0.724$), indicating a strong positive relationship between the predictor variables and emotional health. The coefficient of

determination ($R^2 = 0.524$) indicates that faith practices jointly explained 52.4% of the variation in emotional health, while 47.6% of the variance was explained by factors outside the model. The ANOVA result ($F = 326.87$, $p < 0.05$) confirms that the regression model was statistically significant. Both prayer ($\beta = 0.437$, $t = 13.95$, $p < 0.05$) and fasting ($\beta = 0.347$, $t = 11.26$, $p < 0.05$) made significant independent contributions to emotional health. However, praying contributed more strongly than fasting because it had the higher standardised beta coefficient. Therefore, the null hypothesis was rejected, indicating that faith-practice strategies jointly exert a significant influence on emotional health among Christian youths.

DISCUSSION OF FINDINGS

The first finding of this study revealed that Christian youths demonstrated a high level of engagement in faith practices (Grand Mean = 3.24). Specifically, respondents reported high levels of participation in daily prayer, regular Bible study, church attendance, personal devotion, participation in church programmes, evangelism, fasting, and dependence on God when making important life decisions. This tallies with Ekwuonye, Nastehakey and Phungs' (2020) study on spirituality, which has also been identified as a valuable psychological resource that helps students manage academic-related stressors and emotional strain. This finding suggests that faith practices constitute an essential aspect of the daily lives of Christian youths and continue to shape their beliefs, attitudes, values, and behavioural responses.

The finding supports the Theory of Religious Coping proposed by Kenneth I. Pargament, which argues that religious beliefs and practices provide individuals with cognitive, emotional, and behavioural resources for interpreting life events and responding to stress (Ae-Ngibise et al., 2024). According to the theory, engagement in faith practices such as prayer, worship, scripture reading, and fellowship strengthens an individual's relationship with God, promotes hope and optimism, and enhances resilience during life's challenges. Consequently, individuals who actively participate in religious activities are more likely to develop positive emotional adjustment and psychological well-being than those with minimal religious involvement.

The finding is also consistent with that of Ibukunoluwa et al. (2023), who reported that religiosity internalises their religious beliefs and values, allowing faith to guide their daily decisions, relationships, and behaviours. Ibukunoluwa et al. (2023) suggest that those who experience religious or spiritual struggles, including anger with God, negative encounters with other members of their faith community, or internal religious guilt or doubt, may be at higher risk of mental health problems.

The present finding agrees with the systematic review and meta-analysis by Braam and Koenig (2023), which examined the relationship between religion, spirituality, and mental health among adolescents and young adults. The review concluded that regular participation in religious activities, including worship attendance, prayer, and spiritual devotion, was consistently associated with improved psychological well-being, greater life satisfaction, reduced depressive symptoms, and stronger resilience. The authors further noted that religious participation provides meaning, hope, emotional comfort, and supportive social relationships that contribute to positive mental health.

Similarly, Garssen et al. (2022), a systematic review of positive religious practices, reported that individuals who consistently engaged in faith practices demonstrated higher levels of optimism, emotional stability, and psychological resilience than those with lower levels of religious participation. The review emphasised that activities such as prayer, worship, and reading sacred texts provide emotional reassurance and help individuals develop positive interpretations of stressful experiences.

The findings are further supported by recent research among university students, which found that students who regularly attended religious services and maintained personal devotional practices reported lower stress levels, greater emotional balance, and stronger perceptions of social support than students with irregular religious participation. Researchers attributed these outcomes to the combined influence of spiritual beliefs, supportive faith communities, and positive moral values that encourage healthy emotional functioning.

The second finding of this study revealed that Christian youths exhibited a high level of emotional health (grand mean = 3.20). The respondents generally reported high levels of emotional stability, optimism about the future, inner peace, self-confidence, healthy interpersonal relationships, effective stress management, and the ability to recover from emotional setbacks. This finding suggests that the majority of Christian youths in the study possess positive emotional functioning and demonstrate considerable resilience in responding to life's challenges.

The finding also supports the Ae-Ngibise et al. (2020) study, which identifies six major dimensions of well-being: self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth. This finding is consistent with the Broaden-and-Build Theory of Positive Emotions proposed by Barbara Fredrickson. The theory posits that positive emotions such as hope, joy, gratitude, peace, and optimism broaden an individual's thinking and behavioural repertoire, thereby enabling the development of enduring psychological, social, and personal resources. Christian youths who regularly experience hope through their faith, encouragement from their religious communities, and confidence in God's guidance are therefore more likely to develop emotional resilience and maintain positive mental health despite stressful circumstances.

The present finding agrees with the systematic review and meta-analysis conducted by Aggarwal et al. (2023), which examined the influence of religiosity and spirituality on depression and anxiety among young people aged 10–24 years. The review found that spiritual well-being was

associated with lower depressive symptoms, while participation in religious and spiritual activities offered short- to medium-term protective effects against depression and, to a lesser extent, anxiety. Furthermore, Jeserich et al. (2023) reported that religion and spirituality were positively associated with a stronger sense of coherence, a psychological construct reflecting an individual's capacity to perceive life as meaningful, manageable, and comprehensible. Individuals with stronger spiritual engagement demonstrated greater resilience, psychological adjustment, and emotional well-being than those with weaker spiritual involvement.

The findings may also be explained by the unique characteristics of Christian communities. Churches provide opportunities for worship, fellowship, mentorship, counselling, and mutual encouragement. These activities strengthen social connectedness and provide emotional support during difficult periods. Participation in church programmes also exposes youths to positive role models, biblical teachings on forgiveness and hope, and opportunities for meaningful service, all of which contribute to improved emotional functioning.

Furthermore, the finding suggests that emotional health among Christian youths is influenced not only by individual spirituality but also by supportive interpersonal relationships within families, churches, and educational institutions. This aligns with the findings of Folayan et al. (2025), which indicate that strong social support networks are consistently identified as protective factors against anxiety, depression, loneliness, and emotional distress. When these social resources are reinforced by faith-based beliefs and practices, they contribute substantially to the maintenance of emotional well-being.

The implication of this finding is that churches, educational institutions, parents, youth ministries, and mental health professionals should collaborate to strengthen programmes that promote both spiritual growth and emotional well-being. Such programmes should incorporate faith formation, emotional intelligence training, resilience-building activities, peer support groups, mentoring, and access to professional counselling when necessary. Integrating these approaches is likely to enhance the overall emotional health and psychological resilience of Christian youths while equipping them to respond more effectively to contemporary social and personal challenges.

The third finding of this study revealed that faith practices had a statistically significant positive influence on emotional health among Christian youths ($\beta = 0.624$, $t = 19.45$, $p < 0.05$). The regression analysis further indicated that faith practices explained approximately 38.9% ($R^2 = 0.389$) of the variation in emotional health among the respondents. This implies that increased engagement in faith practices such as prayer, Bible study, church attendance, personal devotion, fasting, and participation in church programmes is associated with improved emotional health among Christian youths. Consequently, the null hypothesis, which stated that faith practices have no significant influence on emotional health among Christian youths, was rejected.

The present finding corroborates the systematic review and meta-analysis conducted by Aggarwal et al. (2023), which investigated the association between religiosity, spirituality, and depression and anxiety among adolescents and young adults. The review found that spirituality and religious participation were significantly associated with lower depressive symptoms and improved psychological well-being. The authors concluded that spiritual engagement provides meaning in life, strengthens resilience, and promotes emotional adjustment among young people.

Similarly, Garssen et al. (2022), in a systematic review published in the Journal of Religion and Health, reported that positive religious coping, including prayer, trust in God, participation in worship services, and religious support, was consistently associated with improved emotional well-being and reduced psychological distress. The review further showed that individuals who regularly engaged in positive faith practices demonstrated greater resilience during periods of adversity than those who relied on negative religious coping or avoided religious engagement.

The findings are further supported by Jeserich et al. (2023), who conducted a systematic review and meta-analysis on religion, spirituality, and sense of coherence. Their study found that individuals with higher levels of religious involvement demonstrated stronger psychological resilience and emotional stability because spirituality enhanced meaning-making, hope, and confidence in dealing with life's challenges.

The finding supports the Theory of Religious Coping developed by Kenneth I. Pargament, which posits that religious beliefs and practices provide individuals with psychological resources for managing stressful life events. According to Pargament (2000), positive religious coping enables individuals to interpret adversity within a framework of hope, divine purpose, forgiveness, and trust in God. Through practices such as prayer, worship, meditation on Scripture, and fellowship, individuals experience emotional comfort, develop resilience, and strengthen their capacity to cope effectively with emotional distress. The significant positive influence observed in this study therefore suggests that faith practices serve as protective psychological resources that enhance emotional well-being among Christian youths.

The significant influence of faith practices on emotional health observed in this study may be explained by the multidimensional functions of religion in the lives of Christian youths. Faith practices not only strengthen an individual's relationship with God but also provide opportunities for emotional expression, self-reflection, forgiveness, gratitude, and hope. Prayer enables individuals to express worries and anxieties, Bible study offers guidance and reassurance, while worship services and fellowship create environments where emotional burdens are shared within supportive communities.

Collectively, these experiences contribute to emotional stability and psychological resilience. Herry, Malcolm, and Smith (2025) supported this study and reported that Christianity remains one of the most influential social institutions affecting the lives of young people. Churches provide structured programmes such as youth fellowships, Bible study groups, mentoring schemes, leadership training, and pastoral counselling, all of which contribute to positive emotional development. These programmes encourage healthy interpersonal relationships, reinforce moral values, and promote constructive responses to life's challenges. Consequently, Christian youths who actively participate in these activities are likely to experience greater emotional well-being than those with limited religious engagement.

Nevertheless, while faith practices significantly predicted emotional health in this study, the coefficient of determination ($R^2 = 0.389$) indicates that approximately 61.1% of the variation in emotional health was explained by other factors not included in the regression model. These may include family functioning, socioeconomic status, personality traits, physical health, peer relationships, academic experiences, access to mental health services, and broader environmental influences. This suggests that emotional health is multidimensional and cannot be explained solely by religious involvement.

The fourth finding of this study revealed that prayer and fasting strategies jointly exerted a significant predictive influence on the emotional health of Christian youths. The multiple regression analysis showed that the two independent variables jointly accounted for 52.4% ($R^2 = 0.524$) of the variance in emotional health, while the regression model was statistically significant ($F = 326.87$, $p < 0.05$). Furthermore, both prayer ($\beta = 0.437$, $p < 0.05$) and fasting ($\beta = 0.347$, $p < 0.05$) made significant independent contributions to emotional health, although faith practices emerged as the stronger predictor. Consequently, the null hypothesis stating that faith practices have no significant joint predictive influence on emotional health among Christian youths was rejected.

This finding indicates that emotional health among Christian youths is best understood as the result of the interaction between spiritual resources and behavioural coping mechanisms rather than either factor operating in isolation. While faith practices provide meaning, hope, purpose, and spiritual strength, coping strategies determine how individuals translate these spiritual resources into practical responses to life's challenges. Together, these variables substantially enhance emotional resilience and psychological well-being.

The finding is also consistent with Altuner and Çankaya (2025), who examined the relationship between religious coping, psychological well-being, psychological resilience and grief severity among women who had experienced perinatal loss in Türkiye. The study emphasises that successful adaptation to stress depends not only on an individual's appraisal of stressful situations but also on the coping resources available to manage those situations. Faith practices may shape how Christian youths interpret adversity by fostering hope, trust, and meaning, whereas adaptive coping strategies determine how these beliefs are translated into effective emotional and behavioural responses. The interaction of these two factors therefore enhances overall emotional functioning.

Likewise, Garssen et al. (2022) reported that individuals who simultaneously engaged in positive religious practices and adaptive coping strategies demonstrated significantly better psychological adjustment than those who relied on either approach alone. Their review concluded that religious involvement strengthens coping capacity by providing emotional comfort, cognitive reframing, social support, and confidence in overcoming adversity.

Furthermore, Jeserich et al. (2023) found that spirituality was positively associated with a stronger sense of coherence, enabling individuals to perceive life events as meaningful, manageable, and comprehensible. The authors argued that when spirituality is reinforced by effective coping behaviours, individuals demonstrate greater resilience, emotional stability, and psychological well-being than when either resource is used independently.

The present finding is supported by Aggarwal et al. (2023), whose systematic review and meta-analysis found that spirituality, when combined with positive coping resources and supportive social relationships, was associated with lower levels of depression and anxiety among adolescents and young adults. The review emphasised that spirituality contributes to emotional well-being by promoting hope, meaning in life, resilience, and positive emotional adjustment.

The finding supports the biopsychosocial-spiritual model proposed by and later expanded to include spirituality in health research. The model argues that health and well-being are influenced by the interaction of biological, psychological, social, and spiritual dimensions. Within this framework, faith practices represent the spiritual dimension, while coping strategies reflect psychological and behavioural adaptations. The significant joint contribution of both variables observed in this study confirms that emotional health cannot be explained by a single factor but rather by the dynamic interaction of multiple protective resources.

Conclusion

This study examined the influence of faith practices and coping strategies on the emotional health of Christian youths drawn from secondary schools, tertiary institutions, churches, and religious organisations. The study was necessitated by the increasing prevalence of emotional challenges among youths, including stress, anxiety, depression, emotional instability, and poor psychological adjustment. Although religion has long been recognised as an important source of hope and resilience, there is limited empirical evidence on how faith practices and coping strategies jointly influence emotional health among Christian youths. The objectives of the study were to determine the level of engagement in faith practices, identify the coping strategies commonly

adopted by Christian youths, assess their level of emotional health, examine the influence of faith practices on emotional health, determine the influence of coping strategies on emotional health, investigate the joint predictive influence of faith practices and coping strategies on emotional health, and examine the relationship between adaptive and maladaptive coping strategies and emotional health. The respondents also exhibited a high level of emotional health. Faith practices significantly predicted emotional health, coping strategies significantly predicted emotional health, and both variables jointly exerted a significant predictive influence on emotional health. Finally, the findings indicate that both faith practices play important roles in promoting emotional health among Christian youths.

REFERENCES

Adewuya, A. O., Atilola, O., Ola, B. A., Coker, O. A., Zachariah, M. P., Olugbile, O., Idris, O., & Fasawe, A. (2018). Current prevalence, comorbidity and associated factors for symptoms of depression and generalised anxiety in the Lagos State Mental Health Survey (LSMHS), Nigeria. *Comprehensive Psychiatry*, 81, 60-65. https://doi.org/10.1016/j.comppsych.2017.11.010

Ae-Ngibise, K. A., Cooper, S., Adiibokah, E., et al. (2024). Whether you like it or not, people with mental problems are going to go to them: A qualitative exploration into the widespread use of traditional and faith healers in Ghana. *International Journal of Mental Health Systems*, 18(1), 12–25. https://doi.org/10.1186/s13033-024-00612-7

Ajuwon, E. T., & Chukwudebelu, I. V. (2025). Influence of Christian religious studies on students wellbeing in selected private schools in Lagos State, Nigeria. *Journal of arts and humanities*, 5(1), 417-426JH. springjournals.net

Akintola, O. M., Omigbodun, O., Bella-Awusah, T., & Adedokun, B. (2025). Internalizing behaviour among in-school adolescents in Lagos State, Nigeria. *South African Journal of Psychiatry,* 31, Article 2004. https://doi.org/10.4102/sajpsychiatry.v31i0.2004

Altuner, K., & Çankaya, S. (2025). The relationship of religious coping with psychological well-being, psychological resilience, and grief severity in women who had experienced perinatal loss in Türkiye. *Journal of Religion and Health,* 64, 571–589. https://doi.org/10.1007/s10943-024-02240-z

Dura-Vila, G., Klasen, H., Makatini, Z., Rahimi, Z., & Hodes, M. (2025). Trauma, cultural practices, and resilience: Exploring protective factors among Nigerian and Ghanaian youth in London. *Transcultural Psychiatry.* https://doi.org/10.1177/13634615241309043

Dura-Vila, G., Littlewood, R., & Leavey, G. (2025). Integration of sexual trauma in a religious narrative: Transformation, resolution and growth among contemplative nuns. *Transcultural Psychiatry*, 50(1), 21–46. https://doi.org/10.1177/1363461512467769

Folayan, M. O., Oginni, O., Brown, B., Alade, D., Finestone, M., & Popoola, B. O. (2025). Psychiatric disorders among Nigerian children and adolescents since 2010: A systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health,* 19(1), 15. https://doi.org/10.1186/s13034-025-00858-w

Herry, A., Malcolm, B., & Smith, P. (2025). Did religion help me?: Coping during the COVID-19 pandemic in Grenada. *Journal of Religion and Health*, 64, 5042–5057.

Ibukunoluwa, O. S., Tijani, Y. A., & Esan, O. (2023). Religiosity and spirituality in the prevention and management of depression and anxiety in young people: A systematic review and meta-analysis. *Journal of Religion and Health*, 62(5), 3079-3105. https://doi.org/10.1007/s10943-023-01812-8.

Jenkins, P. (2021). The next Christendom: The coming of global Christianity. Oxford University Press.

Kaunda, C. J. (2020). The making and remaking of African Pentecostal theology of prosperity amid the HIV and AIDS pandemic. *Stellenbosch Theological Journal*, 6(1), 69-96.

Knobloch, S. G., Volk, F., Gopaul, M., & Murch, H. (2025). Religious coping, resilience, and military spouse mental health. *Military Medicine*, 190(7–8), e1340–e1346. https://doi.org/10.1093/milmed/usae368

Koenig, H. G. (2020). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*. https://doi.org/10.1155/2020/278730

Lucchetti, G., Koenig, H. G., & Lucchetti, A. L. G. (2021). Spirituality, religiousness, and mental health: A review of the current scientific evidence. *Journal of Religion and Health*, 60(2), 736–752. https://doi.org/10.1007/s10943-020-01011-9

National Bureau of Statistics. (2023). *Nigeria Labour Force Survey Q2 2023*. Federal Republic of Nigeria.

National Bureau of Statistics. (2022). *Demographic statistics bulletin*. Abuja, Nigeria.

Nwamuo, P. A., Azubuike, A.S., & Obih, S.O.A. (2023). Gender and personality type as correlates of psych

adjustment among in-school adolescents: Counseling implication. *Interdisciplinary Journal of Gender and women development Studies,* 5(2), 283-294.

Wariboko, N. (2020). Nigerian Pentecostalism and the prosperity gospel: Prosperity in the context of economic collapse. *Journal of Africana Religions*, 8(1), 100-116.

World Health Organization. (2024). *Mental health of adolescents*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health