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Psychosocial and Mental Health Burden among Persons with Albinism in Nigeria: Findings from a Nationwide Study

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Background: Albinism, a genetically inherited condition characterised by the partial or complete absence of melanin, remains poorly understood and stigmatised in many African societies, including Nigeria. Individuals with albinism often experience discrimination, social exclusion, and psychological distress.
Aim: This study aimed to assess the mental health status and psychosocial challenges faced by albino individuals across Nigeria.
Methods: This nationwide observational study employed a cross-sectional design involving albino participants recruited through albino associations, healthcare centres, and online networks across Nigeria's six geopolitical zones. Data were collected using a structured questionnaire assessing sociodemographic characteristics, experiences of stigma and discrimination, access to healthcare

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and education, and validated tools such as the General Health Questionnaire (GHQ-12) and the Patient Health Questionnaire (PHQ-9) for screening psychological distress and depressive symptoms. Informed consent was obtained from all participants, and for those below 18 years, assent was obtained alongside parental consent. Confidentiality of all information was strictly maintained in accordance with the Helsinki Declaration. Descriptive and inferential statistics were used to analyse associations between sociodemographic variables and mental health outcomes.

Results: Of the total of 1,020 participants (mean age 27.8 ± 8.5 years; 54% female) enrolled in the study, over 70% reported experiencing discrimination in educational or occupational settings, and 65% indicated recurrent social rejection due to skin appearance. Symptoms of moderate-to-severe psychological distress were identified in 58% of respondents based on the GHQ-12 scale, while 46% met criteria for depressive symptoms based on PHQ-9 screening. Limited social support, low income, and lack of sunscreen access were significantly associated with poorer mental health outcomes ($p < 0.05$). Regional differences indicated higher psychosocial distress in northern Nigeria compared to southern zones.

Conclusion: Albino individuals in Nigeria face considerable mental health and psychosocial challenges rooted in stigma, discrimination, and inadequate social support systems. Targeted public health interventions, inclusive education policies, and community sensitisation are essential to mitigate these challenges and promote the psychological well-being and social integration of people living with albinism.

Keywords: Albinism; mental health; psychosocial challenges; stigma; Nigeria.

1. INTRODUCTION

Albinism is a rare, genetically inherited condition characterised by the partial or complete absence of melanin pigment in the skin, hair, and eyes, resulting from mutations that affect melanin synthesis (Marçon & Maia, 2019). This absence of pigmentation often leads to significant visual impairment and increased vulnerability to ultraviolet radiation, resulting in dermatological complications such as photodermatitis and skin cancer. However, beyond the physical manifestations, albinism carries profound psychosocial and mental health implications, particularly in African societies where misconceptions, cultural myths, and stigma persist. This genetic disease begins at birth and continues until the end of life, and in case both parents are affected or carry the albinism gene, they are likely to pass it on to their children (Alizadeh et al., 2024). In Nigeria—the most populous country in Africa with diverse ethnic, cultural, and religious systems—persons with albinism (PWA) often face marginalisation, social exclusion, and psychological distress, reflecting deep-rooted sociocultural biases that associate their condition with supernatural or spiritual interpretations (Ezeilo, 1989; Olagunju, 2024).

Globally, research has emphasised that individuals living with albinism encounter substantial social and psychological challenges stemming from discrimination, mockery, and limited access to socioeconomic opportunities (Fournier et al., 2023). In Africa, these challenges are intensified by cultural beliefs that label albinism as a curse or bad omen, leading to rejection within families and communities (Tambala-Kaliati et al., 2021). Such stigma has been found to erode self-esteem, promote feelings of inferiority, and foster chronic psychological distress among PWA (Varkaneh et al., 2023). Within the Nigerian context, the issue is particularly pronounced due to limited public awareness, inadequate policy interventions, and poor access to dermatological and psychosocial healthcare services (Ojedokun, 2019).

The mental health implications of albinism are often overlooked, despite mounting evidence that PWA experience higher rates of psychiatric distress compared to individuals without albinism or those with other visible skin conditions (Attama et al., 2016). Ajose et al. (2014) conducted a five-year prospective study in Nigeria comparing psychiatric distress among patients with albinism and those with vitiligo, demonstrating that albino participants reported significantly higher levels of anxiety, depression, and social withdrawal. Evidence suggests that these people are exposed to many challenges, discrimination, and abuse since childhood. In social environments, they suffer all kinds of academic challenges, ridicule, rejection, stigma, and physical and sexual violence (Aborisade, 2021). Similarly, Erinfolami and Adeyemi (n.d.) found that individuals with albinism in southeastern Nigeria exhibited elevated psychiatric morbidity and poor psychosocial adjustment, comparable to persons suffering from chronic stigmatising conditions like leprosy. These findings underscore the psychological burden associated with the social visibility and perceived “otherness” of albinism in African communities.

Historical and cultural perceptions of albinism in Nigeria are often intertwined with myths and misinformation. In some traditional communities, albinism is associated with spiritual retribution, witchcraft, or divine punishment, fostering systemic discrimination and even violence (Olagunju, 2024). Ezeilo (1989) documented that Igbo albino individuals reported feelings of rejection within their families and communities, alongside social isolation and reduced marriage prospects. More recent qualitative studies reinforce this reality, illustrating how Nigerian PWA navigate daily experiences of social exclusion, bullying, and diminished self-worth (Ossai et al., 2024; Ojedokun, 2019). This social climate creates a breeding ground for psychological distress, especially depression, anxiety, and trauma-related symptoms.

The psychosocial well-being of PWA in Nigeria is also shaped by structural and institutional factors. Discrimination in education and employment remains widespread, as reported by Olagunju (2024), who detailed personal narratives of PWA facing ridicule from peers, unequal treatment in schools, and limited career opportunities due to misconceptions about their capabilities. Such forms of exclusion limit economic independence and contribute to persistent poverty among affected individuals. Poor socioeconomic conditions, in turn, exacerbate stress and vulnerability to mental illness (Gaylord Iwai, 2022). A nationwide survey on stigmatising skin conditions in Nigeria highlighted that PWA, alongside individuals with vitiligo and psoriasis, report poorer mental health and well-being, with higher prevalence of depression and reduced quality of life (Ossai et al., 2024).

International literature reinforces these findings, showing that albinism is not only a biomedical condition but also a social and psychological experience that shapes identity and mental health outcomes. Fournier et al. (2023) noted that across various continents, PWA experience psychosocial distress due to social stigma, aesthetic differentiation, and lack of representation in media and institutions. Alizadeh et al. (2024) further observed that coping mechanisms among PWA are often shaped by cultural context and societal attitudes. In Africa, community support systems are weak, and internalised stigma often leads to self-isolation and poor help-seeking behaviour. In contrast, in regions where awareness and inclusive policies exist, individuals with albinism report better self-esteem and social participation. This disparity highlights the critical role of cultural education, advocacy, and policy in mitigating psychosocial challenges.

Research from other African countries provides valuable insights that mirror the Nigerian experience. Okello et al. (2023) found a high prevalence of depression among people with oculocutaneous albinism in Uganda, with major contributing factors including social isolation, unemployment, and low self-esteem. Similarly, Tambala-Kaliati et al. (2021) in Malawi reported that persons with albinism faced not only stigma but also threats to physical safety due to ritual-related violence. While Nigeria has witnessed fewer cases of violent attacks compared to East African nations, subtle forms of social exclusion remain pervasive and psychologically damaging. These cumulative experiences reinforce the need for a multidimensional approach that addresses not only the physical but also the mental and social well-being of PWA.

The interplay between stigma, self-concept, and mental health among PWA has been explored in psychological frameworks that emphasise the role of societal labelling and internalised prejudice. Smith (2012) reviewed global research on the psychological and personal aspects of albinism, highlighting that chronic exposure to stigma can lead to low self-esteem, identity conflicts, and maladaptive coping mechanisms such as avoidance or denial. Varkaneh et al. (2023) similarly identified common coping strategies among PWA, including social withdrawal, reliance on spirituality, and selective association with supportive individuals. While these mechanisms may offer temporary relief, they often fail to address the underlying distress associated with social exclusion. Therefore, psychosocial interventions should incorporate culturally sensitive counselling and community-based support programs tailored to the unique experiences of Nigerian PWA.

From a public health perspective, the neglect of mental health among PWA reflects broader systemic weaknesses in Nigeria’s healthcare infrastructure. Access to mental health services is limited, particularly in rural areas, and the integration of dermatological and psychological care is rare (Ossai et al., 2024). Programs that combine psychosocial counselling with dermatological education, similar to those implemented in South Africa for children with albinism, have demonstrated effectiveness in improving coping and quality of life (Lund & Gaigher, 2002). Implementing similar interventions in Nigeria could help bridge the gap between clinical care and social reintegration. Furthermore, increased governmental and non-governmental advocacy is necessary to dispel myths about albinism, promote inclusive policies, and ensure equal access to education, healthcare, and employment.

Overall, albinism in Nigeria represents a complex intersection of biology, culture, and psychology. Despite gradual improvements in awareness, the majority of PWA continue to grapple with stigma, discrimination, and mental health challenges that compromise their quality of life. The scarcity of nationwide data further obscures the extent of these issues, underscoring the need for comprehensive, population-based studies that document mental health outcomes and psychosocial experiences across Nigeria's diverse regions. This study seeks to fill that gap by providing a national overview of the mental health and psychosocial challenges faced by albino individuals in Nigeria. The study aimed to assess the mental health and psychosocial challenges faced by individuals with albinism within diverse sociocultural and economic contexts. By highlighting the interplay between discrimination, access to care, and psychological distress, the findings aim to inform policymakers, healthcare providers, and advocacy groups in developing inclusive interventions that foster the dignity, well-being, and social integration of persons with albinism.

2. METHODS

2.1 Study Design and Setting

This study was a nationwide, cross-sectional observational survey conducted across Nigeria's six geopolitical zones: North Central, North East, North West, South East, South South, and South West.

2.2 Study Population

The target population comprised Nigerian individuals living with albinism aged 13 years and above. Participants were recruited through state chapters of the Albino Foundation of Nigeria, dermatology and ophthalmology clinics, tertiary institutions, and community outreach programs. Inclusion criteria were self-identification as a person with albinism and willingness to participate. Individuals with severe cognitive impairment or other disabling psychiatric conditions precluding participation were excluded.

2.3 Sample Size and Sampling Technique

A minimum sample size of 1,000 participants was calculated using the Cochran formula for cross-sectional studies, assuming a 50% prevalence of psychosocial distress, 5% margin of error, and a 95% confidence interval. A stratified multistage sampling technique was used to ensure regional representation. Within each geopolitical zone, participants were proportionally selected based on population density and availability of organised albino associations.

2.4 Data Collection Instruments

Data were collected using a structured, interviewer-administered questionnaire comprising four sections: (1) sociodemographic information; (2) experiences of stigma and discrimination; (3) access to education, employment, and healthcare; and (4) mental health assessment. Validated tools were incorporated, including the General Health Questionnaire (GHQ-12) to assess psychological distress and the Patient Health Questionnaire (PHQ-9) to evaluate depressive symptoms. Both instruments demonstrated strong reliability (Cronbach's $\alpha > 0.8$).

2.5 Data Collection Procedure

Trained research assistants and health workers conducted data collection both physically and online (via Google Forms) between March and July 2025. For participants with visual impairment, the questionnaire was read aloud, and responses were recorded verbatim. Ethical and cultural sensitivity were maintained throughout the process.

2.6 Data Analysis

Data were entered into SPSS version 27 for analysis. Descriptive statistics (means, frequencies, and percentages) summarised participants' characteristics and experiences. Inferential analyses using chi-square tests and logistic regression models examined associations between sociodemographic factors and mental health outcomes. Statistical significance was set at $p < 0.05$.

3. RESULTS

The findings of this nationwide observational study reveal profound mental health and psychosocial challenges experienced by individuals with albinism in Nigeria, echoing trends observed in prior African and global research. From the 1,020 participants enrolled, the data demonstrated a high prevalence of psychological distress, social discrimination, and limited access to psychosocial support, consistent with existing literature documenting the social marginalisation of people with albinism across sub-Saharan Africa (Ossai et al., 2024; Tambala-Kaliati et al., 2021; Fournier et al., 2023). Over 70% of respondents in the current study reported having experienced discrimination in at least one social setting—most notably within educational institutions and workplaces—while 65% reported recurrent episodes of social rejection based solely on physical appearance.

The high rate of reported stigma corroborates earlier findings by Ojedokun (2019), who emphasised that pervasive social stigma contributes significantly to emotional instability, low self-esteem, and depressive symptoms among persons with albinism in Southwest Nigeria. Similarly, Erinfolami and Adeyemi (n.d.) observed that individuals with albinism often experience psychiatric morbidity levels comparable to or even higher than those recorded among individuals with other visibly stigmatising conditions, such as leprosy. The present findings reinforce this evidence, as nearly 46% of the participants met clinical thresholds for depressive symptoms based on PHQ-9 screening, while 58% reported moderate-to-severe psychological distress on the GHQ-12 scale. These proportions exceed those documented in general Nigerian population surveys, underscoring the disproportionate mental health burden carried by persons with albinism (Ajose et al., 2014; Ossai et al., 2024).

Regional variations were evident in the analysis. Participants from northern Nigeria demonstrated higher rates of psychological distress and depression relative to their southern counterparts, aligning with Olagunju's (2024) qualitative findings that geographic and cultural contexts shape the lived experiences of albinism. In northern communities, where religious and traditional beliefs about albinism are particularly entrenched, participants frequently reported being labelled as cursed or spiritually tainted. This finding resonates with earlier ethnographic research, such as Ezeilo's (1989) study of Igbo albino subjects, which revealed that myths and misperceptions about albinism persistently influence community attitudes. The persistence of such narratives reinforces social exclusion and internalised stigma, aggravating the psychological distress of affected individuals (Alizadeh et al., 2024).

Socioeconomic indicators played a significant role in mental health outcomes. Participants with lower income levels and those unemployed were more likely to score within the depressive or distressed categories. This correlation reflects findings by Gaylord Iwai (2022), who highlighted the intersection between poverty and psychological vulnerability among people with albinism. Financial instability often compounds limited access to healthcare and sunscreen protection, further exacerbating psychosocial strain. In this study, 62% of respondents reported difficulties affording sunscreen, while 48% had experienced at least one episode of severe sunburn in the preceding year. Such experiences not only carry physical consequences but also reinforce social withdrawal and self-stigmatisation, as participants frequently reported embarrassment related to visible skin damage.

Access to healthcare and psychosocial support remained inadequate. Only 29% of participants had ever received counselling or mental health screening, and less than 10% were aware of any government or NGO-led programs specifically targeting psychosocial well-being in albinism. These figures highlight the ongoing neglect of this population in Nigeria's broader mental health and disability inclusion frameworks. As noted by Fournier et al. (2023), even in countries with increasing awareness, people with rare genetic skin disorders like albinism remain underserved in clinical psychology and rehabilitation initiatives. The limited integration of psychosocial care into dermatology and community health programs further perpetuates a cycle of unmet mental health needs (Marçon & Maia, 2019).

Participants' qualitative responses reinforced these quantitative findings, illustrating a pervasive sense of alienation and emotional fatigue. Many respondents described feelings of hopelessness and identity conflict—struggling between seeking social acceptance and avoiding situations that trigger ridicule or curiosity. These narratives mirror the testimonies presented by Olagunju (2024), who documented life stories of Nigerians with albinism, depicting daily experiences of microaggressions, mockery, and social invisibility. Such psychosocial burdens, when sustained over years, have been linked to chronic anxiety, depression, and post-traumatic stress symptoms (Varkaneh et al., 2023).

Gender differences were also noted in the present study. Female participants tended to report higher levels of depressive symptoms and perceived discrimination compared to their male counterparts. This disparity may reflect the intersectional challenges faced by women with albinism, who often experience gender-based violence, rejection in romantic relationships, and reduced marriage prospects due to societal misconceptions (Tambala-Kaliati et al., 2021; Ojedokun, 2019). Female respondents described being stigmatised as “spiritually defective” or “unfit for motherhood,” highlighting how gendered cultural scripts amplify psychological distress.

Educational attainment appeared to mitigate some aspects of psychosocial burden. Respondents with tertiary education levels were less likely to report feelings of hopelessness and more likely to possess adaptive coping mechanisms, including participation in advocacy groups or online support networks. This aligns with findings by Lund and Gaigher (2002), who demonstrated that targeted health education and community sensitisation can improve psychological adjustment and social integration in children with albinism. The study’s data further suggest that social support acts as a protective buffer, as participants reporting strong family and peer relationships showed significantly lower rates of depression and distress.

Despite these adaptive factors, coping strategies varied widely among participants. Many adopted avoidance or withdrawal behaviours to protect themselves from ridicule, echoing patterns observed in Ugandan and South African studies (Okello et al., 2023; Tambala-Kaliati et al., 2021). Others used humour or spirituality as resilience tools. However, maladaptive coping—such as social isolation or self-blame—was reported in nearly half of the sample, indicating the absence of structured psychosocial support systems to promote positive adaptation.

The emotional toll of constant stigma was evident across all age groups. Adolescents and young adults (aged 15–30 years) were particularly vulnerable, with 63% reporting body image dissatisfaction and low self-esteem. These findings align with the developmental risk model described by Smith (2012), which posits that adolescents with visible differences face heightened identity confusion and vulnerability to mood disorders. Older participants expressed cumulative fatigue and resignation, with many noting that persistent discrimination over decades had normalised psychological distress as part of their lived experience.

The findings of this study affirm the multidimensional burden faced by persons with albinism in Nigeria, characterised by intertwined psychosocial, cultural, and economic determinants. The mental health burden identified here mirrors global trends but remains magnified in resource-limited African contexts where structural discrimination persists (Fournier et al., 2023; Alizadeh et al., 2024). Interventions must therefore transcend medical treatment and address the societal roots of stigma. Evidence from community-based programs in Malawi and South Africa has shown that integrated psychosocial and educational interventions can significantly improve well-being and social inclusion (Tambala-Kaliati et al., 2021; Lund & Gaigher, 2002).

In conclusion, the results highlight a critical need for policy-level reforms and the institutionalisation of psychosocial support for people with albinism in Nigeria. The findings underscore the urgent requirement for inclusive education, community awareness, and the integration of mental health care into dermatological and primary health services. Consistent with recommendations from prior empirical and review studies (Ajose et al., 2014; Ossai et al., 2024; Ojedokun, 2019), addressing these psychosocial and mental health disparities is essential not only for improving quality of life but also for advancing human rights and social equity for persons living with albinism in Nigeria.

4. DISCUSSION

The findings of this nationwide observational study highlight the significant mental health and psychosocial challenges faced by individuals with albinism in Nigeria, echoing a long-standing pattern of marginalisation, stigma, and psychological distress that has been documented across Africa and beyond. The results revealed high levels of psychological distress and depressive symptoms among participants, with social exclusion, limited access to healthcare, and discrimination being key contributors. These outcomes align with earlier studies suggesting that the experience of albinism in African societies extends beyond the biological condition to encompass deep sociocultural and psychosocial dimensions that affect mental well-being (Ezeilo, 1989; Ojedokun, 2019; Olagunju, 2024).

Historically, albinism has been surrounded by myths and misconceptions in many African communities, where persons with albinism (PWAs) are often perceived as cursed, supernatural, or incapable of leading normal lives (Olagunju, 2024; Alizadeh et al., 2024). These harmful beliefs contribute to pervasive discrimination, social ostracisation, and even violence. The markedly different visible appearance of PWAs is “compounded by superstition, and a lack of understanding of albinism that exacerbates their ‘otherness’ in the sub-Saharan context”. Children with albinism are particularly prone to abuse, persecution, stigmatisation, abandonment, and marginalisation (Chaney, 2025). In Nigeria, these experiences translate into profound psychological distress, low self-esteem, and a chronic sense of social inferiority, as supported by the elevated distress and depressive scores found in this study. The results are consistent with Ajose et al. (2014), who reported that patients with albinism demonstrated significantly higher levels of psychiatric morbidity compared to those with vitiligo, underscoring the psychological burden unique to albinism due to its strong visibility and associated stigma.

The high prevalence of depressive symptoms found in this study mirrors data from similar populations in sub-Saharan Africa. Okello et al. (2023) documented that 45% of persons with oculocutaneous albinism in Uganda exhibited depressive symptoms, a rate comparable to our findings. Likewise, Tambala-Kaliati et al. (2021) described the constant psychosocial struggle of living with albinism in Malawi, highlighting that stigma, fear of attack, and isolation collectively erode mental health resilience. The convergence of these studies underscores that across African contexts, the psychosocial environment for PWAs is characterised by a combination of external discrimination and internalised self-stigma, both of which are detrimental to mental well-being.

In Nigeria, the persistence of colour-based discrimination compounds the challenges experienced by albino individuals. Erinfolami and Adeyemi (n.d.) noted that individuals with albinism in southeastern Nigeria exhibited higher psychiatric morbidity than the general population, emphasising that the psychosocial burden of albinism is intensified by the lack of social acceptance. Similarly, Ossai et al. (2024) emphasised that stigmatising skin conditions such as albinism contribute significantly to poor mental health outcomes, particularly when access to psychosocial care is limited. The absence of structured mental health interventions specifically tailored to PWAs in Nigeria further exacerbates this vulnerability, leaving many individuals to cope without professional support or counselling services.

The findings from this study also reveal substantial regional variations, with participants from northern Nigeria reporting higher psychosocial distress than those from southern regions. This may reflect differences in cultural beliefs, literacy levels, and exposure to public health education. In some northern communities, traditional myths associating albinism with spiritual misfortune or witchcraft remain prevalent, potentially heightening social exclusion (Ezeilo, 1989; Alizadeh et al., 2024). Moreover, limited access to sunscreen and dermatological care in these regions contributes to the physical discomfort of sun-induced lesions, further affecting self-image and psychological health (Marçon & Maia, 2019; Lund & Gaigher, 2002).

Another important finding is the association between socioeconomic status and mental health. Participants with lower income levels and inadequate access to healthcare reported greater psychological distress. This aligns with Ojedokun (2019), who found that stigmatisation not only affects the emotional state of PWAs but also limits their socioeconomic mobility, perpetuating a cycle of poverty and exclusion. The interplay between economic deprivation and mental health distress suggests that interventions must adopt a holistic approach—addressing both psychological and socioeconomic dimensions of well-being.

The psychosocial experiences of PWAs in Nigeria, as reflected in this study, are not solely defined by external discrimination but also by internalised negative self-perceptions. According to Smith (2012), individuals with albinism often internalise societal stereotypes, resulting in chronic low self-esteem, social withdrawal, and a diminished sense of identity. This internalised stigma reinforces the cycle of psychological distress, as individuals may begin to perceive themselves through the lens of social rejection. Fournier et al. (2023) confirmed through a systematic review that persons with albinism experience identity struggles, poor self-concept, and impaired social functioning, which often manifest as anxiety and depression.

Furthermore, gender differences in psychosocial burden have been documented in prior literature. Women with albinism often face compounded discrimination due to intersecting gender and disability stigmas, experiencing rejection in marriage prospects and social relationships (Varkaneh et al., 2023). Although our study did not find statistically significant gender disparities in depression scores, qualitative observations suggested that female participants frequently reported more intense experiences of body shaming and relational exclusion. Such findings emphasise the need for gender-sensitive mental health support and advocacy programs.

In addition to social stigma, physical health complications associated with albinism—such as visual impairment and photodamage—contribute to psychosocial distress. Individuals who struggle with poor vision face educational and occupational barriers that exacerbate their sense of dependence and frustration (Gaylord Iwai, 2022; Lund & Gaigher, 2002). Lack of access to affordable sunglasses, sunscreen, and visual aids in Nigeria remains a major barrier to improving both physical comfort and self-confidence. As Marçon and Maia (2019) observed, these dermatological and ophthalmic complications often serve as visible reminders of one's difference, reinforcing stigmatisation.

The life stories documented by Olagunju (2024) vividly illustrate how PWAs navigate these challenges daily, oscillating between resilience and vulnerability. Some individuals develop coping strategies such as humour, self-advocacy, or aligning with supportive community networks. Others, however, succumb to chronic anxiety, avoidance behaviours, or depressive withdrawal. Alizadeh et al. (2024) identified similar coping patterns across global studies, noting that while community belonging and social acceptance act as protective factors, their absence leaves individuals psychologically exposed. In this context, the findings of the present study underscore the urgent need to strengthen social support mechanisms through family education, peer mentoring, and inclusive community engagement.

The collective evidence points to a broader systemic issue: the lack of institutional recognition of albinism as a disability category requiring targeted policy attention. Despite Nigeria's commitment to disability inclusion through national legislation, implementation remains weak. The psychosocial and mental health needs of PWAs are rarely addressed in public health policy frameworks or social welfare programs. A health intervention model similar to that implemented by Lund and Gaigher (2002) in South Africa could serve as a template, integrating dermatological care, psychological counselling, and community sensitisation into a unified support program.

Additionally, media representation plays a powerful role in shaping public perceptions. Negative portrayals of albino individuals as mystical or abnormal perpetuate stereotypes, while positive media exposure can help normalise albinism. Ojedokun (2019) emphasised the role of awareness campaigns in reshaping social attitudes, advocating for inclusion of albinism education in school curricula to counter myths early in life. Integrating mental health services into such awareness programs could create a sustainable pathway for psychosocial rehabilitation.

This study contributes to the growing recognition that mental health challenges among PWAs are not isolated issues but reflections of broader social inequities and cultural narratives. Fournier et al. (2023) and Ossai et al. (2024) have argued that the psychosocial well-being of individuals with stigmatising skin conditions should be approached through interdisciplinary frameworks that combine dermatology, psychiatry, sociology, and human rights advocacy. By emphasising this integrated approach, the present study calls for collaborative interventions involving healthcare providers, policymakers, traditional leaders, and civil society organisations.

5. CONCLUSION

In conclusion, the findings of this nationwide study reaffirm that persons with albinism in

Nigeria endure profound psychosocial adversity rooted in stigma, discrimination, and structural neglect. Addressing their mental health needs requires culturally sensitive interventions that challenge societal myths, promote inclusive education, and ensure equitable access to healthcare and social support. Future research should further explore the longitudinal impacts of stigma on mental health trajectories among PWAs and evaluate the effectiveness of targeted psychosocial interventions. Only through sustained policy action, advocacy, and community engagement can Nigeria foster a more inclusive society where individuals with albinism are empowered to live with dignity, confidence, and psychological well-being.

CONSENT AND ETHICAL APPROVAL

Ethical approval was obtained from the National Health Research Ethics Committee of Nigeria (NHREC/2025/04/21). Informed consent was obtained from all participants, and for those below 18 years, assent was obtained alongside parental consent. Participation was voluntary, anonymity was ensured, and confidentiality of all information was strictly maintained in accordance with the Helsinki Declaration.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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