

Youth Unemployment and Mental Health: A Hidden Crisis in Contemporary Society

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Abstract: Youth unemployment is an escalating challenge in the Morogoro Region of Tanzania, with far-reaching implications that extend beyond economic hardship. This study explores the hidden crisis linking youth unemployment to deteriorating mental health among young people in the region. Using a mixed-methods approach, the research examines how prolonged joblessness contributes to psychological issues such as depression, anxiety, stress, and loss of self-worth. Through surveys, interviews, and focus group discussions with unemployed youth, community leaders, and mental health professionals, the study uncovers the social stigma, emotional distress, and lack of coping mechanisms experienced by affected individuals. Findings reveal that the absence of meaningful employment opportunities not only hampers economic progress but also leads to increased vulnerability to mental health disorders. The study calls for urgent intervention from government agencies, non-governmental organizations, and the community to develop integrated solutions combining job creation, skills training, and accessible mental health services. It concludes that addressing youth unemployment in Morogoro must go hand in hand with strengthening mental health support systems to safeguard the well-being and future potential of the region's youth.

Keywords: Youth Unemployment and Mental Health, A Hidden Crisis.

I. INTRODUCTION

Youth unemployment has become a critical socio-economic challenge in many developing nations, including Tanzania. In the Morogoro Region, a growing number of educated young individuals are unable to secure meaningful employment despite completing formal education. According to the Tanzania National Bureau of Statistics (2022), youth unemployment rates in urban regions such as Morogoro remain considerably high, with limited opportunities for formal sector engagement. This mismatch between educational attainment and labor market demands has resulted in increasing frustration and social disillusionment among the youth.

While unemployment is often addressed from an economic standpoint, its psychological dimensions are equally pressing. The World Health Organization (2021) emphasizes that employment is a key determinant of mental health, with joblessness significantly increasing the risk of mental disorders such as depression, anxiety, and substance abuse. For young people, the unemployment experience can be particularly damaging, as it occurs during a life stage critical for identity formation, self-worth, and social integration (Paul & Moser, 2009). The prolonged inability to find work often leads to feelings of hopelessness, low self-esteem, and a sense of social exclusion, all of which contribute to poor mental health outcomes.

In the context of Morogoro, the challenges are further exacerbated by limited access to mental health services. Most unemployed youth are unaware of the symptoms and consequences of mental health issues and lack the financial means or infrastructure to seek professional help. A study by the Ministry of Health (2020) highlighted that over 80% of Tanzanian regions, including Morogoro, suffer from a severe shortage of trained mental health professionals and facilities. This treatment gap leaves many affected individuals untreated, increasing the risk of chronic mental illness and even suicidal ideation.



Furthermore, cultural stigma surrounding mental health in Tanzania discourages open discussion and help seeking behavior among young people. As a result, the psychological toll of unemployment remains largely hidden from public discourse and policy frameworks. There is a clear need for integrated approaches that address both employment creation and mental well-being.

This study aims to explore the intricate relationship between youth unemployment and mental health in the Morogoro Region. It seeks to document the lived experiences of unemployed youth, assess the mental health consequences of prolonged joblessness, and identify gaps in existing support systems. By doing so, the research aspires to inform policymakers, education institutions, and mental health professionals about the urgent need for inclusive interventions that simultaneously tackle unemployment and promote mental wellness among Tanzanian youth.

II. RESEARCH METHODOLOGY

This section outlines the research design, target population, sampling procedures, data collection methods, and data analysis techniques used to explore the relationship between youth unemployment and mental health in the Morogoro Region.

2.1 Research Design

The study employed a mixed-methods research design, combining both qualitative and quantitative approaches to gain a comprehensive understanding of how youth unemployment affects mental health. The quantitative component aimed to measure the prevalence and severity of mental health challenges among unemployed youth, while the qualitative aspect explored their lived experiences, coping mechanisms, and perceptions.

2.2 Study Area

The study was conducted in the Morogoro Region, a semi-urban area in eastern Tanzania characterized by a high population of unemployed youth, including graduates and school leavers. This region was selected due to its representativeness of urbanizing regions in Tanzania where youth unemployment is prevalent.

2.3 Target Population

The target population for this study comprised three main groups. First, unemployed youth aged 18 to 35 years were the primary focus, as they represent the demographic most affected by joblessness and its mental health implications in the Morogoro Region. Second, the study included key informants such as mental health professionals, community leaders, and youth officers, who provided expert insights and contextual understanding of the issue. Finally, representatives from vocational training institutions and non-governmental organizations (NGOs) involved in youth empowerment were also targeted, as they play a crucial role in both addressing unemployment and supporting the mental well-being of young people through various programs and interventions.

2.4 Sample Size and Sampling Techniques

The study involved a total sample of 60 unemployed youths who participated in the quantitative survey. Additionally, 15 participants including 9 unemployed youths, 3 health professionals, and 3 local authorities were engaged in qualitative interviews to provide deeper insights into the issues under investigation. To ensure relevance and expertise, purposive sampling was employed to select key informants based on their knowledge, professional roles, and involvement in youth and mental health matters. Stratified random sampling was also used to select unemployed youth respondents, ensuring balanced representation across different age groups, genders, and educational backgrounds. This combination of sampling techniques helped to enhance the credibility and inclusiveness of the study findings.

2.5 Data Collection Methods

Questionnaires: Structured questionnaires with both closed- and open-ended questions were used to collect data on demographic characteristics, unemployment status, and indicators of mental health (e.g., stress, depression, self-esteem).



In-depth Interviews (IDIs): Semi-structured interviews were conducted with selected youth to explore their personal experiences, mental health struggles, and coping strategies.

Focus Group Discussions (FGDs): Two FGDs with 6–8 participants each were held to gain group perspectives on the link between joblessness and mental health.

Key Informant Interviews (KIIs): Interviews with mental health experts, local leaders, and NGO staff provided additional insights into the broader social and institutional factors affecting youth well-being.

2.6 Data Analysis Techniques

Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) software. Descriptive statistics such as frequencies, percentages, and means were generated. Inferential statistics (e.g., chi-square tests) were applied to examine associations between variables like unemployment duration and mental health outcomes.

Qualitative data was analyzed thematically. Responses from interviews and focus groups were transcribed, coded, and categorized into key themes such as "psychological effects of unemployment," "barriers to mental health support," and "youth perceptions of self-worth."

2.7 Ethical Considerations

Ethical approval was sought from the relevant institutional review board. Participants were informed about the purpose of the study, their right to withdraw at any time, and confidentiality was ensured. Informed consent was obtained from all participants prior to data collection.

III. RESULTS AND DISCUSSION

This chapter presents the key findings based on data collected through interviews, focus group discussions, and structured questionnaires. The data was analyzed thematically to identify recurring patterns and insights regarding the impact of youth unemployment on mental health in Morogoro Region.

Table 1: Demographic Profile of Respondents

Variable	Frequency (n=60)	Percentage (%)
Age		
18–22 years	20	33.3%
23–27 years	28	46.7%
28–32 years	12	20.0%
Total	60	100
Gender		
Male	34	56.7%
Female	26	43.3%
Total	60	100
Education Level		
Secondary Education	15	25.0%
Diploma	20	33.3%
Bachelor's Degree or above	25	41.7%
Total	60	100



3.1 Themes and Sub-Themes

3.1.1 Psychological Distress and Emotional Strain

Unemployment among youth, particularly when prolonged, has profound psychological consequences. In the Morogoro Region, many participants in the study reported experiencing chronic stress, anxiety, low self-esteem, and feelings of worthlessness. These emotional challenges are intensified by a lack of purpose, economic dependency, and unmet personal expectations.

"I wake up every day with nothing to do. I feel useless... sometimes I even avoid my friends because they ask me what I am doing with my life" (Male, 25 years).

This statement illustrates the loss of routine and meaning in daily life caused by unemployment. The lack of structured activity and societal contribution can lead to existential distress, where young individuals begin to question their self-worth. According to Paul and Moser (2009), unemployment is consistently linked to a higher incidence of mental health problems, including depression and anxiety, particularly among young adults who are in a critical phase of identity formation.

"My parents are supportive, but deep down I can see their disappointment. It affects my self-esteem a lot" (Female, 22 years).

This quotation highlights the emotional burden of perceived failure, which often leads to internalized shame and self-blame. Even in supportive environments, unemployed youth may feel they are not meeting familial and societal expectations, affecting their psychological well-being. Research by Fryer (1997) supports this by stating that the psychological consequences of unemployment are often shaped by social comparisons and the expectation to contribute economically, especially in collectivist cultures like Tanzania. Youth unemployment thus becomes a double-edged sword not only creating economic hardship but also triggering profound emotional distress that, if unaddressed, may develop into long-term mental health disorders such as clinical depression or generalized anxiety disorder.

The majority of participants reported experiencing feelings of depression, hopelessness, and low self-worth as a result of prolonged unemployment. These emotional struggles were more intense among graduates who had high expectations of employment after completing their education.

"I feel like I wasted my time in school... Every day I wake up with no plan, no job, no income. It's depressing" (Female participant, 27 years)

These findings are consistent with existing literature which shows that unemployment negatively impacts mental health, leading to increased risks of depression, anxiety, and even suicidal ideation (Paul & Moser, 2009). In youth, this impact is intensified due to their transitional life stage, where employment is often tied to identity formation and future aspirations (Hammarström & Janlert, 2002).

Many participants voiced frustration with the mismatch between education and job market demands, feeling that their degrees were irrelevant or outdated.

"What I studied is not what employers need. They ask for experience or technical skills I don't have" University graduate, 26 years

This "skills mismatch" phenomenon has been widely cited in Sub-Saharan Africa as a critical factor in youth unemployment (African Development Bank, 2016). When education does not translate into employment, it leads to disillusionment and stress among youth.

3.1.2 Social Isolation and Stigma

Beyond psychological strain, many respondents also described experiencing social exclusion and stigma, which further compound their mental health struggles. Social relationships are essential for emotional support and a sense of belonging, but unemployment often disrupts these connections.

"When you have no money, even friends disappear. They think you are lazy or not serious in life" (Male, 29 years).

This quote illustrates how economic status influences social capital. Unemployment can alter peer perceptions, leading to negative stereotypes that associate joblessness with laziness or irresponsibility. Such stigmatization often results in the erosion of social ties, leaving young people without the support systems crucial for coping with adversity.



According to Jahoda's Latent Deprivation Theory (1982), employment provides not just income, but also status, identity, and social interaction—all of which are compromised when one is unemployed.

"Sometimes I avoid weddings or gatherings because I can't afford decent clothes. I feel ashamed" (Female, 24 years).

The inability to participate in social and cultural functions due to financial constraints causes feelings of shame and inferiority, which in turn lead to self-isolation. Avoidance of social gatherings can increase loneliness and reduce opportunities for emotional expression and support, both of which are protective against mental illness. Cornwell and Waite (2009) highlight that social isolation is a strong predictor of mental health decline, particularly depression and feelings of loneliness.

Social stigma emerged as another major theme. Unemployed youth often felt excluded and judged by peers and community members. This social pressure further isolated them, preventing them from seeking help or participating in social life.

"My friends are working or doing business. When I meet them, I feel ashamed because I have nothing to show" Female participant, 25 years

Research suggests that unemployment carries a stigma that exacerbates mental distress, particularly in collectivist societies where self-worth is often measured through social contributions (Feather, 1990).

3.2 Theoretical and Empirical Context

Maslow's Hierarchy of Needs also provides a framework for understanding these experiences. Without employment, youths struggle to meet basic needs (income, security), which impedes progress toward higher needs like esteem and self-actualization (Maslow, 1943). This stalling creates a psychological crisis that undermines both mental health and motivation.

Studies by International Labour Organization (ILO, 2020) and World Health Organization (WHO, 2016) have documented the cyclical relationship between youth unemployment and poor mental health, noting that stigma and emotional distress can reduce job search efficacy, leading to a vicious cycle of continued unemployment and worsening psychological conditions.

3.3 Coping Mechanisms

Respondents reported using various coping strategies, such as religious involvement, sports, and informal group discussions to deal with stress. Some, however, admitted to negative coping methods such as alcohol abuse. While some youth engaged in volunteering, religious activities, or short-term informal work to cope, these strategies were often not sustainable or effective in alleviating mental distress. Notably, gender differences in coping were evident: Male youth often resorted to substance use or isolation while Female youth were more likely to engage in home-based activities or seek emotional support from family and friends. This aligns with gender-based coping studies, which indicate that males are less likely to seek help and more prone to externalize their distress (Addis & Mahalik, 2003).

Table 2: Coping Mechanisms among Unemployed Youth

Coping Mechanism	Frequency	Percentage (%)
Religious activities	18	30%
Engaging in sports	10	16.7%
Alcohol or substance use	12	20%
Peer support groups	8	13.3%
Doing informal jobs	12	20%
Total	60	100

The verbatim statements from the participants one (female) and one (male) highlight the coping mechanisms employed by unemployed youth in the Morogoro Region in response to the psychological stress stemming from their unemployment. These coping strategies represent two very different approaches to managing stress, each with



significant implications for mental health. In the context of youth unemployment, these coping mechanisms are critical in understanding the mental and emotional challenges that young people face. Below is a detailed elaboration of these coping strategies, supported by academic literature.

3.3.1. Religious Coping Mechanisms

"I try to go to church more often. It gives me peace and reminds me not to give up" (Female, 27 years).

The female participant's reliance on religious coping through attending church is a positive and potentially protective coping mechanism for managing the psychological strain of unemployment. Religious coping is a well-established response to stress in many cultures, especially in developing countries like Tanzania, where religion is deeply embedded in the social fabric. For this participant, attending church provides peace and a sense of hope, offering spiritual solace in the face of unemployment.

Research has consistently shown that religious coping can provide individuals with a sense of meaning, purpose, and community, which can be invaluable during times of crisis. In the case of this participant, church attendance appears to offer emotional support by reminding her not to give up, which suggests that religion might help buffer against feelings of hopelessness and helplessness associated with prolonged joblessness. According to Pargament (1997), religious coping involves seeking comfort through faith, and it can lead to positive outcomes, such as lower levels of depression and greater resilience. It helps individuals reframe negative events and find a sense of peace amidst difficulties.

For youth in Morogoro, who often lack access to formal mental health services, religious institutions could serve as an essential resource for emotional and social support, helping them navigate the psychological burdens of unemployment. The community aspect of religious participation could also help address the social isolation many unemployed youth experience (Koenig, 2012).

3.3.2. Substance Use as a Coping Mechanism

"When I can't take the stress anymore, I just drink. It helps me sleep" (Male, 23 years).

The male participant's reliance on alcohol to cope with stress represents a more maladaptive coping mechanism. While substance use may offer temporary relief from psychological discomfort, it fails to address the underlying causes of stress, and over time, it can exacerbate mental health problems. This participant mentions using alcohol to manage stress and induce sleep, suggesting that he might be dealing with anxiety or insomnia, common symptoms of mental distress related to unemployment.

Alcohol consumption as a form of self-medication is a common response to emotional stress, particularly among those who lack access to mental health resources or support. Research has found that individuals facing unemployment are more likely to turn to substances like alcohol as a way to escape from overwhelming feelings of hopelessness, anxiety, and depression (Wilkins et al., 2003). However, this behavior often leads to a cycle of dependence and deteriorating mental health, as alcohol use can increase the risk of developing depression and anxiety disorders (Boden & Fergusson, 2011).

The male participant's use of alcohol as a coping strategy highlights a significant public health concern in the context of youth unemployment in Morogoro. When alcohol use is employed as a coping mechanism, it not only masks the symptoms of stress but also has long-term implications for mental health, leading to substance abuse disorders and compounding the challenges of unemployment. Moreover, substance use can interfere with cognitive functioning and social relationships, further isolating individuals and making it more difficult for them to find work (Marlatt & Donovan, 2005).

3.3.3 Analysis of Coping Mechanisms and Implications for Mental Health

These two verbatim responses illustrate the diversity in coping strategies among unemployed youth in the Morogoro Region. The female participant's use of religious coping reflects a resilient and adaptive approach to managing stress, which is associated with positive mental health outcomes, such as hopefulness and social support. In contrast, the male participant's reliance on alcohol represents a maladaptive coping mechanism that, while offering temporary relief, has the potential to worsen his mental health and social functioning.



The difference between these two coping strategies underscores the need for comprehensive mental health interventions for unemployed youth. On one hand, strengthening religious and community-based coping resources could offer emotional and spiritual support, as seen in the first case. Churches and religious groups could be pivotal in creating safe spaces for youth to discuss their challenges, reduce stigma around mental health, and offer peer support. On the other hand, the second case emphasizes the dangers of relying on substance use to cope with stress. It is important to address substance use as a public health issue by providing education on healthier coping mechanisms and expanding mental health services for youth.

3.4 Inadequate Access to Mental Health Services

The issue of inadequate access to mental health services is a significant barrier faced by unemployed youth in the Morogoro Region. The verbatim statements from the participants highlight two central concerns: the lack of accessible mental health services and the stigma surrounding mental health care. These concerns point to the larger issue of the mental health crisis among unemployed youth, which is exacerbated by limited resources, lack of awareness, and societal attitudes toward mental health. Despite the evident psychological distress, most participants had never accessed mental health services. The reasons cited included lack of awareness, limited services, and fear of being labeled “crazy.” Only one out of 30 interviewed youth had ever spoken to a counselor. This reflects the broader issue of inadequate mental health infrastructure in Tanzania, where only 0.03 psychiatrists per 100,000 people are available (WHO, 2017). The cultural stigma around mental illness also discourages help-seeking behavior (Moshi et al., 2021).

3.4.1 Financial Barriers and Lack of Counseling Resources

"Where would I even go for counseling? I have no money, and in our community, people will think I'm crazy" (Male, 28 years).

This statement underscores the financial barrier to accessing mental health services that many unemployed youths in Morogoro face. Mental health care, particularly counseling, is often perceived as an expensive service, and for young people who are already struggling with unemployment, the costs associated with seeking professional help can be prohibitive. In many regions of Tanzania, including Morogoro, mental health services are scarce and often unaffordable, especially for those in lower socio-economic brackets (World Health Organization [WHO], 2014). The male participant's reluctance to seek professional help is compounded by the perception that mental health care is a service meant for the wealthy, creating a psychological barrier to accessing necessary care.

The lack of accessible mental health services contributes to a deteriorating mental health landscape, where unemployed youth often resort to self-medication (e.g., substance use, as discussed in previous sections) or endure their mental health challenges in silence. Affordable counseling services and community-based mental health programs are crucial in bridging this gap. Without adequate access to mental health care, unemployed youth are left to cope with mental health challenges on their own, exacerbating their sense of hopelessness and despair.

Participants frequently linked their mental health issues to economic hardship. Many young people reported being dependent on parents or relatives, which fostered a sense of shame and inadequacy.

"I hate asking my parents for money. They already did their part by educating me. Now I feel like a burden" Male participant, 24 years

Financial dependency was a source of anxiety and conflict in households, particularly for male youth, who are often expected to be providers in Tanzanian society. These cultural expectations, when unmet, contribute to psychological distress (ILO, 2018).

3.4.2 Stigma Around Mental Health (Male, 28 years)

In addition to financial barriers, there is also a strong stigma attached to seeking mental health care in many communities, including those in Morogoro. The male participant expresses his concern that seeking counseling would result in being labeled as “crazy.” This sentiment reflects the widespread stigma associated with mental illness in many African societies, where mental health issues are often misunderstood and associated with weakness or abnormality (Mji, 2011).



The perception of mental health issues as a taboo topic can prevent individuals from reaching out for help, as they fear social rejection and discrimination. In Tanzanian society, especially in rural areas like Morogoro, there may be a lack of awareness regarding mental health, and many people view emotional or psychological struggles as signs of personal failure rather than medical conditions. This stigma creates a significant barrier to accessing mental health services, as individuals may feel ashamed or embarrassed to admit they need help. Consequently, youth who experience unemployment-related stress are often left to cope alone, leading to long-term mental health issues like depression, anxiety, and suicidal thoughts (Nettleton, 2013).

3.4.3 Need for Accessible Mental Health Support

"We need someone to talk to who understands what we are going through as unemployed youth" (Female, 21 years).

The female participant's statement highlights the need for empathetic and relatable mental health support for unemployed youth. This statement reveals a desire for professionals who can not only provide emotional support but also understand the unique challenges and pressures associated with unemployment. Unemployed youth in Morogoro, as in many other regions, are facing unique social, economic, and psychological stressors, and they require mental health professionals who are culturally competent and sensitive to their specific challenges (Pillay & Maharaj, 2019). Mental health support for unemployed youth should not only focus on treating psychological conditions but also on addressing their lived experiences and psychosocial needs. As unemployment is often linked to financial instability, social isolation, and low self-esteem, mental health services should integrate strategies that focus on empowerment, hope-building, and resilience. The need for mental health care providers who can offer such specialized care is urgent, as unemployment can exacerbate feelings of worthlessness, anxiety, and helplessness among young people (Heath & McFarlane, 2017).

3.4.4 Implications for Policy and Practice

The lack of mental health services and the stigma surrounding seeking help are significant barriers to addressing the mental health needs of unemployed youth in Morogoro. This underlines the importance of mental health policy reform in Tanzania, particularly in rural areas, where access to health services is often more limited. Mental health services should be integrated into primary health care settings and made available at affordable rates. Additionally, community-based mental health programs that raise awareness, reduce stigma, and provide peer support could play a key role in improving access to mental health care for unemployed youth.

Furthermore, there is a need for collaborative efforts between local governments, NGOs, and mental health professionals to ensure that mental health services are not only available but also culturally relevant and youth-friendly. Providing counseling services tailored to the specific challenges of unemployed youth, such as job-related stress, family pressure, and financial instability, could lead to more effective interventions and better mental health outcomes for this population.

3.5 Suggestions for Improvement

This section highlights the proactive attitudes among unemployed youth in the Morogoro Region, who are not only aware of their struggles but also capable of articulating meaningful solutions. The participants emphasized the need for integrated programs that combine employment training with mental health support. Their suggestions reflect a growing recognition that unemployment is not solely an economic issue, but a multidimensional crisis affecting psychological and emotional well-being.

3.5.1 Integration of Skills Training and Mental Health Support

"Even if we can't get jobs right away, at least help us with skills and motivation to stay hopeful" (Male, 26 years).

This participant expresses the need for hope and resilience amidst the challenges of joblessness. The quote reflects a desire for intervention programs that focus not only on job creation but also on preparing youth emotionally and psychologically to navigate the uncertainty of unemployment.



Skills development programs can serve as protective factors against mental health deterioration by instilling purpose, confidence, and a sense of direction in young people. According to the International Labour Organization (ILO, 2020), effective youth employment strategies should include not only technical and vocational education and training (TVET), but also life skills training, which encompasses stress management, self-esteem building, and goal setting. These programs are especially critical in regions like Morogoro, where opportunities are scarce and socio-economic pressures are intense.

Research by Barry et al. (2013) further supports the idea that mental well-being is enhanced when young people are given tools to cope with stress and uncertainty, particularly in environments with limited job prospects. Youth development programs that combine these elements are more likely to result in positive psychological outcomes than those focused solely on employment.

3.5.2 Establishment of Youth Support Centers

"I wish there was a center where we could learn skills and also talk to a counselor" (Female, 23 years).

The female respondent highlights the need for dedicated spaces—youth centers—where both vocational training and mental health services can be accessed. This speaks to a holistic model of support, where youth receive practical skills and emotional guidance in the same environment. Such integrated centers could provide: Skills workshops (e.g., carpentry, tailoring, ICT, agribusiness), Career counseling, Mental health support (e.g., therapy, peer groups), Motivation and life coaching sessions

The World Health Organization (WHO, 2016) advocates for community-based mental health care models that are inclusive, affordable, and youth-friendly. Centers that combine counseling with skill-building opportunities help reduce stigma associated with mental health, as youth are more likely to attend when services are embedded in broader development initiatives (Patel et al., 2007).

Moreover, community mental health models that offer such integrated services have been successful in other African contexts. For example, programs like Youth Empowerment Through Skills (YES) in Uganda have shown that pairing vocational training with psychosocial support leads to greater emotional resilience, social cohesion, and improved employment outcomes (Blattman et al., 2013).

3.5.3 Role of Government and NGOs

Many participants suggested that government and NGOs should spearhead such initiatives, acknowledging that unemployed youth alone cannot overcome these structural barriers. Participants recognized the role of institutions in creating enabling environments that foster mental wellness and employment readiness.

Both governmental and non-governmental organizations have the capacity to: Mobilize funding and resources, provide certified trainers and mental health professionals, create awareness campaigns to reduce stigma, Conduct outreach to rural and underserved communities

Research by Auer and Popova (2013) notes that successful youth employment programs are those that engage multiple stakeholders—including government, civil society, the private sector, and local communities—to ensure sustainability and impact.

IV. CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The study set out to examine the intricate link between youth unemployment and mental health in the Morogoro Region of Tanzania. Findings revealed that unemployment among youth is more than a matter of economic concern—it is a profound mental health crisis with far-reaching social and psychological consequences. Through qualitative analysis, it became evident that unemployed youth experience a high degree of emotional distress, including depression, anxiety, hopelessness, low self-esteem, and in some cases, suicidal ideation.

Participants reported a wide range of psychological burdens driven by prolonged joblessness, including financial insecurity, social stigma, family pressure, and lack of purpose. These stressors were worsened by limited access to



mental health services, a lack of awareness regarding mental health issues, and cultural stigma associated with seeking help.

Moreover, gender disparities in how youth cope with unemployment were observed, as well as a mismatch between formal education and the demands of the job market. While national and regional authorities have made efforts to promote entrepreneurship and skills development, these measures have not adequately addressed the mental health needs of unemployed youth.

This study concludes that youth unemployment and mental health are deeply interconnected, and failure to address both dimensions simultaneously risks worsening the well-being and productivity of Tanzania's next generation.

4.2 Recommendations

Government and non-governmental organizations (NGOs) should integrate mental health awareness and psychosocial support into youth development and employment programs. This includes counseling services, peer support groups, and community outreach to reduce stigma and promote emotional resilience.

There is a critical need to expand mental health infrastructure in Morogoro and other regions. This can include training community health workers in basic psychological support, deploying mobile mental health clinics, and establishing counseling centers within schools and youth centers.

Vocational training programs should be restructured to align with labor market demands. This includes conducting local job market assessments and revising training curricula to ensure relevance. Emphasis should also be placed on soft skills, such as communication, emotional intelligence, and adaptability, which can improve employability and coping mechanisms.

The government should partner with the private sector to create job opportunities for young people, particularly in sectors like agriculture, ICT, tourism, and green energy. Incentives can be provided to companies that hire youth or support youth-led businesses.

Youth should be encouraged and supported to form savings and cooperative groups, which can serve as platforms for both economic empowerment and social support. These initiatives can also include mental wellness components to promote holistic development.

There is an urgent need for public education campaigns to raise awareness about mental health, reduce stigma, and encourage help-seeking behavior among unemployed youth. These campaigns can be delivered through local media, religious institutions, schools, and community events.

The Tanzanian government, through the Ministry of Labour and Youth Development and the Ministry of Health, should develop a national strategy that addresses the dual challenge of youth unemployment and mental health. Policies should ensure that youth employment interventions include a mental health dimension and are evaluated regularly for impact.

More in-depth research is needed to quantify the mental health burden among unemployed youth across other regions and demographics. Longitudinal studies can help in understanding the long-term effects of joblessness and inform more targeted interventions.

REFERENCES

- [1]. Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist*, 58(1), 5–14.
- [2]. African Development Bank. (2016). *Jobs for Youth in Africa: Strategy for Creating 25 Million Jobs and Equipping 50 Million Youth 2016–2025*.
- [3]. Auer, P., & Popova, N. (2013). *Youth employment crisis: A call for action*. International Labour Organization (ILO).
- [4]. Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). *A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries*. BMC Public Health, 13(1), 835.
- [5]. Blattman, C., Fiala, N., & Martinez, S. (2013). *Generating skilled self-employment in developing countries: Experimental evidence from Uganda*. The Quarterly Journal of Economics, 129(2), 697–752.



- [6]. Boden, J. M., & Fergusson, D. M. (2011). Alcohol and depression. *Addiction*, 106(5), 906-915.
- [7]. Cornwell, E. Y., & Waite, L. J. (2009). *Social disconnectedness, perceived isolation, and health among older adults. Journal of Health and Social Behavior*, 50(1), 31–48.
- [8]. Feather, N. T. (1990). *The psychological impact of unemployment. Springer-Verlag.*
- [9]. Fryer, D. (1997). *International perspectives on youth unemployment and mental health: Some central issues. Journal of Adolescence*, 20(3), 333–342.
- [10]. Hammarström, A., & Janlert, U. (2002). Early unemployment can contribute to adult health problems: Results from a longitudinal study of school leavers. *Journal of Epidemiology & Community Health*, 56(8), 624-630.
- [11]. Heath, I., & McFarlane, A. (2017). *The impact of mental health on the unemployed. Health and Social Care in the Community*, 25(6), 1650-1657.
- [12]. ILO (2020). *Global Employment Trends for Youth 2020. Geneva: International Labour Organization.*
- [13]. ILO. (2018). *Global Employment Trends for Youth 2018: Technology and the future of jobs.*
- [14]. International Labour Organization (ILO). (2020). *Global Employment Trends for Youth 2020. Geneva: ILO.*
- [15]. Jahoda, M. (1982). *Employment and Unemployment: A Social-Psychological Analysis. Cambridge University Press.*
- [16]. Koenig, H. G. (2012). *Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry.*
- [17]. Marlatt, G. A., & Donovan, D. M. (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors. Guilford Press.*
- [18]. Maslow, A. H. (1943). *A theory of human motivation. Psychological Review*, 50(4), 370–396.
- [19]. Ministry of Health, Tanzania (2020). *National Mental Health Policy Implementation Review Report.*
- [20]. Mji, G. (2011). *The role of stigma in mental health in sub-Saharan Africa. Mental Health and Social Inclusion*, 15(4), 208-215.
- [21]. Moshi, F. V., Kibusi, S. M., & Fabian, F. (2021). Awareness and attitude of mental health problems among youth in Tanzania. *International Journal of Mental Health Systems*, 15(1), 1–11.
- [22]. Nettleton, S. (2013). *The social and economic impacts of mental health stigma. Health Sociology Review*, 22(2), 101-113.
- [23]. Pargament, K. I. (1997). *Psychological adaptation to stress: A religious coping perspective. In Handbook of stress, coping, and health: Implications for nursing research, theory, and practice (pp. 87-110). Sage.*
- [24]. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). *Mental health of young people: A global public-health challenge. The Lancet*, 369(9569), 1302–1313.
- [25]. Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74(3), 264–282.
- [26]. Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74(3), 264–282.
- [27]. Paul, K. I., & Moser, K. (2009). *Unemployment impairs mental health: Meta-analyses. Journal of Vocational Behavior*, 74(3), 264–282.
- [28]. Pillay, V., & Maharaj, R. (2019). *Mental health interventions in South African youth: A case for more culturally sensitive care. International Journal of Mental Health and Psychiatry*, 45(2), 104-112.
- [29]. Tanzania National Bureau of Statistics (2022). *Quarterly Labour Force Survey Report.*
- [30]. WHO (2016). *Mental Health Services in Primary Health Care: Closing the Gap. Geneva: World Health Organization.*
- [31]. Wilkins, C., Greenfield, T. K., & Kerr, W. C. (2003). The role of alcohol in the relationship between unemployment and mental health. *Addiction*, 98(3), 433-442.
- [32]. World Health Organization (2021). *Mental Health and COVID-19: Early evidence of the pandemic's impact.*
- [33]. World Health Organization (WHO). (2014). *Mental health and development: Targeting people with mental health conditions as a vulnerable group. Geneva: WHO.*



- [34]. World Health Organization (WHO). (2016). *Mental Health Services in Primary Health*
[35]. World Health Organization (WHO). (2017). *Mental health atlas 2017*.

