

11-18-2025

Stigma Associated With Using Mental Health Services Among the Igbos in Nigeria

Emmanuel Okoye Sr
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Emmanuel Chiedozi Okoye Sr.

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Joe Savage, Committee Chairperson,
Social Work Faculty

Dr. Curtis Davis, Committee Member,
Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

Stigma Associated With Using Mental Health Services Among the Igbos in Nigeria

by

Emmanuel Chiedozi Okoye Sr.

MA, Loyola University Chicago, 2000

BS, Chicago State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social & Behavioral Sciences

Walden University

November 2025

Abstract

This study addressed the impact of stigma and cultural beliefs on help-seeking behaviors among the Igbo tribe in Nigeria. The importance of this issue lies in its potential to increase access to mental health services and foster well-being among Igbo community members who might be harmed by stigma and cultural barriers. The study's theoretical framework was the cultural theory of mental illness, which emphasizes how cultural values and beliefs influence how people perceive and express their mental health. This study aimed to offer guidance for interventions and programs that address mental health disparities in the Igbo community by comprehending the influence of stigma and cultural beliefs on help-seeking behaviors. To collect rich and in-depth narratives from the 20 participants, the study used a phenomenological research design with semi structured interviews. The data were analyzed using a thematic approach. The study's key findings give a thorough understanding of the stigmatization and cultural barriers that the Igbo community encounters when trying to access mental health services. In addition to highlighting the significance of addressing stigma to promote mental health care utilization, positive social change implications center on enhancing mental health literacy, especially within rural and semiurban populations and prioritizing mental health within national health strategies, particularly in the context of Nigeria's Universal Health Coverage objectives.

Stigma Associated With Using Mental Health Services Among the Igbos in Nigeria

by

Emmanuel Chiedozie Okoye Sr.

MA, Loyola University Chicago, 2000

BS, Chicago State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social & Behavioral Sciences

Walden University

November 2025

Dedication

I dedicate this work to my beloved wife, Nkoli Okoye, and my wonderful children, Nkeiruka, Emmanuel Jr., Uzoamaka, Onyinye, and Amalachukwu. Your unwavering support, encouragement, and understanding have been invaluable throughout my academic journey. Your love, patience, and sacrifices have sustained me during the challenging times, and your presence has brought immense joy and inspiration to my life.

Nkoli, you have been my rock, my confidante, and my source of strength. Your unwavering belief in me and your constant encouragement have fueled my determination to pursue my academic goals. Your sacrifices and understanding during the long hours of studying and research are deeply appreciated.

To my dear children, Nkeiruka, Emmanuel Jr., Uzoamaka, Onyinye, and Amalachukwu, you have been my motivation and the driving force behind my pursuit of knowledge. Your curiosity, enthusiasm, and genuine interest in my work have inspired me to push my boundaries and strive for excellence. Your unwavering belief in my abilities has given me the confidence to overcome challenges and persevere in my academic endeavors.

Together, you have created a supportive and nurturing environment that has allowed me to focus on my studies and research. Your presence and love have brought balance to my life, reminding me of the importance of family and the joy that comes from shared moments.

I am truly grateful for each of you and the immeasurable impact you have had on my academic career. This work is a testament to our collective journey, and I dedicate it

to you with profound love and appreciation. May our bond continue to strengthen and may our shared accomplishments be a source of pride and joy for us all.

Acknowledgments

All glory to the God of Zion ministry prayer movement and Immaculate Chapel Ministries for divinely leading me through this journey. Thanks to my wife and children for their unflinching support and cheering me to success. I call them my “chief motivators.” My gratitude also goes to my dissertation chair, Dr. Marvis Major, who started with me before retiring, whose feedback and support immensely helped in steering me to success. My appreciation to my second committee member, Dr. Joe Savage, who became my dissertation chair after the retirement of Dr. Major, for his role through this journey. My appreciation to my content expert, Dr. Cutis Davis, for his role through this journey. My appreciation goes to Mrs. Betty Turner, my editor-in-chief, for her support through this journey. To Dr. Dan Ikpechukwu, Dr. Chikaodili Onyema, and Dr. Uche Akpom, I say thank you for supporting me and guiding me through this journey. I have numerous family and friends who supported me through this journey, especially my wife, Nkoli Okoye, I say thanks immensely. Thanks to Walden University for providing a great learning environment, which afforded me the opportunity of earning a doctorate degree. My gratitude also goes to the participants in this study who volunteered their time. By God’s grace, I will use my doctoral knowledge in serving God by serving humanity in any and every endeavor and capacity I find myself.

Table of Contents

List of Tables	viii
List of Figures	ix
Chapter 1: Introduction to the Study.....	1
Background of the Study	3
Problem Statement.....	5
Purpose of the Study	8
Research Questions	8
Conceptual Framework.....	9
Nature of the Study	11
Key Concept and/or Phenomenon	11
Methodology.....	12
Definitions of Key Concepts.....	13
Assumptions.....	14
Scope and Delimitations	15
Limitations	18
Significance of the Study	20
Potential Contributions of the Study	22
Significance to Theory	24
Significance to Social Change	26
Summary and Transition.....	28
Chapter 2: Literature Review	31

Literature Search Strategy.....	32
Conceptual Framework.....	33
Literature Review.....	35
Understanding the Origins and Mannerisms of Stigma.....	36
Theoretical Models of Stigma.....	38
Approaches Towards Mental Ailment.....	39
Elements That Impact Public Outlook.....	40
Stigma Is a Comprehensive Theory.....	45
Stigma Exploration.....	47
The Magnitude of the Issue.....	48
Who Contributes to Stigma?.....	49
Attitudes of Healthcare Professionals.....	50
Reflection and Self-Stigma.....	51
Lay Concepts.....	53
Igbo Value and Culture.....	54
Role of Igbo Culture in Stigma Building.....	57
Why People Resist Mental Health Treatment Among the Igbos.....	58
How Can Communities Work to Reduce the Stigma?.....	60
Treatment Recommendations.....	61
How to Eliminate Stigma.....	62
Role of Media in Building Stigma Towards Mental Health.....	63
Igbo Tragedies in Nigeria After the War.....	64

How to Fight Stigma in Nigeria	66
Principal Prevention of Psychological Disorder	68
Treatment Strategies	70
How to Cope With Stigma	72
Summary and Conclusion	75
Chapter 3: Research Method.....	77
Research Design and Rationale	78
Role of the Researcher	80
Methodology	81
Participant Selection Logic	83
Population and Sample	85
Population's Parameters	87
Classification Analysis.....	88
Association Rule Learning.....	88
Instrumentation	89
Data Analysis	99
Significance of Research Methodology	101
Issues of Trustworthiness.....	101
Credibility	101
Transferability.....	103
Dependability	104
Confirmability.....	106

Ethical Procedure	107
Treatment of Data	107
Summary	108
Chapter 4: Results	111
Research Setting.....	112
Demographics	114
Data Collection	115
Number of Participants and the Type of Data Collected	115
Data Collection Location, Frequency, and Duration	116
Procedures for Data Recording.....	117
Variations From the Data Collection Plan (Chapter 3).....	117
Unusual Circumstances Encountered in Data Collection	118
Data Analysis	119
Phase 1: Data Familiarization	120
Phase 2: Preliminary Coding	120
Phase 3: Identification of Themes.....	121
Phase 4: Evaluation of Themes.....	121
Phase 5: Theme Definition and Nomenclature	121
Phase 6: Report Production.....	122
Theme 1: Familial Silence	123
Theme 2: The Spiritual Context of Mental Illness.....	125
Theme 3: Reputation and Respectability	127

Theme 4: Faith as a Form of Support	129
Theme 5: Increasing Openness in the Younger Generation	131
Discrepant Cases	134
Absence of Stigma in Certain Families	134
Integration of Faith and Therapy	135
Discrepant Cases	136
Summary of Data Analysis	136
Evidence of Trustworthiness.....	137
Credibility	137
Transferability.....	138
Dependability	139
Confirmability.....	140
Study Results	142
Research Question 1	142
Research Question 2	143
Research Question 3	144
Research Question 1 Summary	148
Research Question 2 Summary	149
Research Question 3 Summary.....	149
Summary	150
Chapter 5: Discussion, Conclusions, and Recommendations	151
Interpretation of Findings	152

Cultural Beliefs and Mental Illness: Validation of Spiritual Attribution	152
Stigmatization and Mental Health: Reinforcement of Negative Social Outcomes	153
Structural and Individual Obstacles: Expansion of Access Frameworks	154
Discrepant Cases: Signs of Evolving Perspectives	154
Consequences for Culturally Attuned Care	155
Limitations of the Study.....	156
Recommendations.....	158
Broaden Research Among Various Nigerian Ethnicities.....	158
Explore Generational Attitudes and Youth Perspectives.....	159
Examine Collaborative Frameworks Between Religious Leaders and Mental Health Practitioners	159
Examine Structural Access and Systemic Barriers	160
Assess the Efficacy of Antistigma Campaigns in Nigerian Communities	160
Conduct Longitudinal Research on Mental Health Beliefs	161
Analyze the Function of Primary Care Providers and Task-Shifting Frameworks.....	161
Map Help-Seeking Pathways and Delays	162
Implications.....	162
Positive Social Change	163
Methodological Implications	165
Theoretical Implications	166

Empirical Implications.....	167
Recommendations for Practice	168
Conclusions.....	168
References.....	170
Appendix A: Interview Questions	181

List of Tables

Table 1. Demographic Characteristics of Participants ($N = 20$)	115
Table 2. Final Themes.....	122
Table 3. Demographic Characteristics of Participants ($N = 20$)	146
Table 4. Summary of Themes and Subthemes by Research Question	146

List of Figures

Figure 1. Conceptual Model of Cultural Beliefs and Barriers Affecting Mental Health

Treatment Among the Igbos in Nigeria 147

Chapter 1: Introduction to the Study

The stigma attached to obtaining mental health services among the Igbo people of Nigeria was the subject of this study. For Igbos in Nigeria, stigma is a serious barrier to accessing and benefiting from adequate mental health care, resulting in a negative impact on people's mental health. To provide equitable access to mental health services and encourage better mental health outcomes among the Igbos, it is essential to recognize and combat this stigma.

There are several reasons why the study was necessary. First, stigma around mental illness continues to be a problem that affects everyone in the world, and it influences the Igbos in Nigeria (Soroye et al., 2021). People who seek help are stigmatized as a result of cultural beliefs, social norms, and misconceptions about mental health, which results in delayed or inadequate treatment (Soroye et al., 2021). Second, there is a significant gap in the literature about the unique cultural setting and experiences of the Igbos in relation to stigma against mental illness (Okeke & Onyebueke, 2021). Because little study has been done on the stigma associated with mental illness in Nigeria, more focused studies are required to comprehend the problems the Igbo people confront and develop interventions that are suitable to their needs (Okeke & Onyebueke, 2021).

This study has significant potential social ramifications. Eliminating the stigma associated with mental illness among the Igbos in Nigeria can have a profoundly positive impact. The first benefit of decreasing stigma is that it will encourage a more welcoming and encouraging environment for people seeking mental health care. This can then result

in an increase in help-seeking behavior and prompt access to the right interventions, enhancing mental health outcomes and general well-being (Eseadi et al., 2020b). Second, this study can help in the creation of culturally sensitive intervention, policy modifications, and community-based programs by illuminating the cultural beliefs, attitudes, and social factors that contribute to stigma. By removing obstacles and increasing equitable access to mental health care, these initiatives can help create positive social change and eventually improve the lives of the Igbos in Nigeria (Eze et al., 2020).

The following sections will be presented in this chapter. First, the assessment of the existing literature on mental health stigma among the Igbos will give an overview of the field and point out any knowledge gaps. The research problem will be highlighted, emphasizing the need for focused study of mental health stigma within the Igbo culture. The purpose of the study will be described, with particular attention paid to examining and comprehending the Igbos' particular stigmatizing attitudes, beliefs, and social factors. The direction and scope of the study will be determined by the research questions and objectives that will be presented. The research methodology, which includes the study design, data collection procedures, and analysis strategies, will be discussed. There will be discussion of ethical issues to guarantee the rights and welfare of participants. Finally, the study's importance and prospective contributions will be examined, with a focus on its implications for enhancing mental health services for Igbos in Nigeria for bringing about positive societal change.

Background of the Study

The literature that addresses the stigma associated with using mental health services among the Igbos in Nigeria provides valuable insights into the cultural, societal, and psychological elements that contribute to this phenomenon. The present studies emphasize how stigma affects help-seeking behavior, mental health care outcomes, and accessibility to quality mental health-care services. This section summarizes the most important research findings from earlier studies and identifies a significant gap in knowledge that I attempted to address in the current study.

A study by Ezegebe et al. (2018) explored mental health in Nigeria, providing a more comprehensive grasp of the topic within the Nigerian context. Ezegebe et al. studied public perceptions of mental illness in a rural community in Southeast Nigeria. The results showed that stigma and discrimination were pervasive, and that prejudice against mental health disorders was connected to religious beliefs and contamination fears (Ezegebe et al., 2018). Another study by Duru et al. (2020) looked at attitudes toward mental illness among adult residents of a rural community, highlighting the need to dispel false notions and advance mental health literacy.

Research on the experiences and difficulties faced by the Igbos is notably lacking, even though existing studies offer insightful information on the stigma associated with mental health in Nigeria. The distinctive Igbo culture has its own set of social structures, cultural practices, and beliefs that may have an impact on attitudes and actions connected to mental health. Therefore, a focused inquiry is required to comprehend the subtleties of stigma associated with mental health services among the Igbos in Nigeria. Additionally,

there is little research that focuses specifically on the Igbos, even though several studies have examined mental health stigma across various Nigerian ethnicities. The literature that is currently available has a wider focus, including various ethnic groups and geographical areas. This emphasizes the need for Igbo-specific research to acquire a thorough understanding of the stigma surrounding mental health care among the Igbos in Nigeria.

The gap in knowledge addressed by this study is the lack of in-depth exploration of the cultural beliefs, attitudes, and social factors that contribute to mental health stigma among the Igbos in Nigeria. By conducting qualitative research, this study aimed to provide an in-depth understanding of the experiences, perspectives, and challenges faced by individuals seeking mental health services within the Igbo community. By addressing this gap, the study contributes to the existing literature by offering a focused exploration of the unique factors that shape mental health stigma within the Igbo culture.

The need for this study is significant as it aligns with the global recognition of mental health as a critical public health concern. With an understanding the specific factors that perpetuate stigma within the Igbo community, interventions can be developed and implemented to reduce stigma, increase mental health literacy, and improve access to mental health-care services. Ultimately, the study's findings have the potential to inform policy changes, community-based programs, and targeted interventions that promote positive social change by dismantling barriers to mental health services and fostering a more supportive and inclusive environment for the Igbos in Nigeria.

Problem Statement

The research problem addressed in this study was the pervasive stigma associated with using mental health care services among the Igbos in Nigeria. In this community, stigma is a serious obstacle to receiving sufficient mental health care, which has a negative impact on people's mental health (Akinyemi et al., 2021; Igwe et al., 2019). Despite the growing awareness of mental health issues on a worldwide scale, cultural beliefs, societal norms, and misconceptions about mental health continue to stigmatize those who seek assistance, preventing them from receiving the proper care and support (Igwe et al., 2019).

There is general agreement in the literature that stigma related to mental health among the Igbos in Nigeria remains a current, relevant, and significant issue (Duru et al., 2020). The detrimental effects of stigma on help-seeking behavior, mental health outcomes, and general well-being have been repeatedly highlighted in research undertaken within the last 5 years (Ezegbe et al., 2018; Ndukuba et al., 2021). These studies emphasize how critical it is to address stigma and the associated barriers to ensure that individuals in the Igbo community can access timely and effective mental health-care services.

The research problem built upon previous findings that examined traditional Igbo cultural beliefs and attitudes toward mental illness and overall health, providing a contextual foundation for understanding the cultural dimensions of mental health perception. The causes of mental health problems, whether they are viewed as spiritual, supernatural, or psychological in character, could be one of these.

In relation to help-seeking behaviors, studies have examined how Igbo people view getting treatment for mental health problems (Okpukpara & Eke, 2021; Uwakwe & Ndukuba, 2020). This could entail analyzing the obstacles to receiving mental health services, such as worries about gossip in the neighborhood or fears of social marginalization.

Regarding family and community dynamics, research has addressed how Igbo families and communities view mental health issues. It can be productive to investigate how relatives, local authorities, and traditional healers approach mental health issues.

Prior studies have covered the effects of stigma against people with mental illnesses on people, families, and communities. Examining how stigma affects people's willingness to talk about their mental health issues, degrades their emotional health, and affects their general quality of life is one possible aspect of this.

In relation to the integration of traditional healing methods, research have examined the interactions between contemporary mental health treatments and traditional healing methods in Igbo society. This entails comprehending the desire for traditional healers, spiritual authorities, or medical specialists while seeking assistance for mental health issues.

In reference to changing societal norms, studies have looked at how industrialization, globalization, and education are affecting how the Igbo culture views mental health. Changes in attitudes regarding seeking professional mental health services as opposed to conventional methods may be one example of this.

In the area of education and knowledge, previous research may have included initiatives to increase Igbo population knowledge of and education about mental health. This can entail assessing the success of public awareness campaigns, neighborhood gatherings, and educational initiatives designed to foster understanding and reduce stigma. This study contributed to the current literature by exploring the stigma associated with mental health services specifically within the Igbo culture. A study conducted by Eseadi et al. (2020a) on mental health stigma in Nigeria included some focus on the general population, but there is a meaningful gap in the literature regarding the unique cultural context and experiences of the Igbos (Duru et al., 2020). Through this study, I sought to provide deeper knowledge of the phenomenon and offer suggestions for targeted interventions and support systems by investigating the specific stigmatizing beliefs, attitudes, and social factors that influence help-seeking behavior among the Igbos in Nigeria.

This study supports Walden University's goal of promoting constructive social change. Through this study, I seek to advance equal access to mental health care, promote inclusivity, and enhance the well-being of individuals within the Igbos in Nigeria by tackling the stigma associated with mental health services. The study's conclusions and suggestions can guide the creation of culturally sensitive interventions, legislative changes, and community-based initiatives that will lessen stigma and improve mental health outcomes for Igbos, contributing to positive social change in Nigeria and beyond.

Purpose of the Study

This qualitative study's goal was to investigate and characterize the stigmatization of accessing mental health services among the Igbos in Nigeria, led by the phenomenological research paradigm. The study aimed to get a thorough understanding of the lived experiences and views of people who have encountered mental health stigma within the Igbo community by probing the cultural beliefs, attitudes, and social elements that contribute to this stigma (Duru et al., 2020). The study aimed to shed light on the complex expressions of mental health stigma and its effects on help-seeking behavior and mental well-being through in-depth interviews and theme analysis. The research will add to the body of knowledge, guide interventions, and ultimately create a more welcoming and inclusive environment for Igbos in Nigeria who need mental health-care services.

Research Questions

The study's research questions were designed to explore the specific stigmatizing beliefs, cultural influences, consequences, and experiences related to mental health services within the Igbos in Nigeria. By addressing these questions, the study provided a comprehensive understanding of the phenomenon and may inform the development of targeted interventions and strategies to reduce mental health stigma and improve access to mental health-care services among the Igbos in Nigeria.

RQ1: How do cultural beliefs impact the Igbos in Nigeria in their perception of mental health treatment?

RQ2: What are the social and psychological consequences of stigma associated with help-seeking behavior among the Igbos in Nigeria?

RQ3: What are the barriers that prevent the Igbos in Nigeria from accessing mental health services?

Conceptual Framework

The cultural theory of mental illness served as the conceptual framework for this study. According to Jidong et al. (2021), cultural theory and values have an impact on how mental illness is perceived and manifested, which results in stigmatization and discrimination against those who have mental health illness. According to Jidong et al., the cultural theory of mental illness, cultural beliefs, social norms, and values influence how people understand and interpret mental health problems, which in turn influences attitudes, behaviors, and the stigmatization of people who seek mental health services.

Within this perspective, cultural values are essential in determining how society views mental illness (Jidong et al., 2021). These ideas affect how mental health issues are identified, perceived, and labeled in a particular society. For instance, many cultural viewpoints may attribute mental illness to supernatural forces or personal failings, which causes guilt, fear, and avoidance of those who are struggling with mental health concerns (Eze et al., 2020). The social structures that affect mental health stigma, such as family dynamics, societal standards, and religious organizations, are another focus of the cultural theory of mental illness (Eze et al., 2020). These social institutions contribute to the marginalization of people seeking mental health treatment by reinforcing societal norms, maintaining stereotypes, and so on.

The conceptual framework's logical links might be summed up as follows:
Individuals' understandings of and perspectives on mental illness are influenced by

cultural ideas and values, which result in stigmatizing attitudes and behaviors (Knaak et al., 2017). Social structures and organizations support maintaining these stigmatizing beliefs, which leads to discrimination and obstacles to receiving mental health services. Understanding the complexity of mental health stigma among the Igbos in Nigeria can be done via the perspective of the cultural theory of mental illness, which also directs the investigation of cultural beliefs, social structures, and experiences that contribute to this problem.

The conceptual framework in this qualitative study acted as a structure for analyzing the distinctive cultural elements that influence mental health stigma among the Igbos in Nigeria. By underlining the significance of cultural beliefs, attitudes, and social structures in relation to mental health stigma, it provided insight into the study topics. By highlighting the necessity to investigate participants' experiences, views, and attitudes in connection to cultural issues, the framework also directed the data collection process. The framework also guided the data analysis process by offering a lens through which to interpret and analyze qualitative data, revealing trends, themes, and connections that support the Igbos' stigma against mental illness.

In general, the cultural theory of mental illness provided a theoretical framework for this study's investigation of the interactions between culture, stigma, and mental health care. By examining the specific cultural beliefs, attitudes, and social elements that lead to mental health stigma among the Igbos, it made a connection with the study topics. This framework was used in the study to help clarify the cultural context of mental health

stigma and to develop interventions and tactics that are considerate of the Igbo community's cultural needs and experiences.

Nature of the Study

The chosen research design for this qualitative study is to employ semi structured interviews with open-ended questions to explore the experiences of stigma associated with seeking mental health services among the Igbos in Nigeria. This design aligns with the research questions and the aim of gaining in-depth insights into the cultural factors that contribute to mental health stigma within the Igbo community.

By utilizing semistructured interviews, the researcher can capture the subjective experiences, perspectives, and beliefs of individuals who have encountered stigma when seeking mental health services. This approach allows for flexibility in probing and exploring participants' responses, enabling a rich and nuanced understanding of the phenomenon. The open-ended nature of the questions allows participants to freely express their thoughts, emotions, and experiences related to mental health stigma, providing valuable qualitative data. The use of a qualitative approach is appropriate for this study as it allows for a comprehensive exploration of individuals' subjective experiences, perspectives, and beliefs related to mental health stigma (Morgan, 2022).

Key Concept and/or Phenomenon

The stigma associated with using mental health services among the Igbos in Nigeria is the main idea and/or phenomenon under investigation in this study. The term "stigma" describes the unfavorable attitudes, preconceptions, and stereotype that result in discrimination and marginalization of people with mental health disorders (Armiyau,

2015). The goal is to identify the cultural variables that contribute to these phenomena by better understanding the experiences, difficulties, and effects of mental health stigma among the Igbos.

Methodology

Semistructured interviews with members of the Igbos of Nigeria who have sought mental health care will be used to gather data for this qualitative study. Purposeful selection of participants will guarantee a variety of perspectives and experiences. The interviews will be performed with cultural sensitivity, allowing participants to speak candidly and freely about their experiences.

In line with Guest et al. (2012), the gathered data will be examined using thematic analysis. This approach entails finding, examining, and interpreting trends, themes, and connections within the data. The interviews will be recorded and transcribed verbatim after which the material will be coded, sorted, and arranged into insightful themes. Themes will be honed and linkages between various themes will be found through an iterative approach. To gain a thorough knowledge of how stigmas and cultural mistrust affect participants' access to mental health treatments, the analysis will involve comparing participant experiences.

Overall, the methodology of semistructured interviews and thematic analysis will provide a thorough examination of the experiences of stigma associated with using mental health services among the Igbos in Nigeria. It will make it possible to gain a thorough understanding of the cultural factors that shape mental health stigma within the Igbo community, thereby contributing to the existing literature and informing

interventions and strategies aimed at reducing stigma and enhancing access to mental health-care services.

Definitions of Key Concepts

Help-seeking behavior: Help-seeking behavior refers to the actions and decisions made by individuals when they recognize the need for assistance or support regarding their physical or mental health. It involves actively seeking professional help, advice, or guidance from health-care providers, counselors, or other sources of support (Adebowale & Adelekan, 2020). Help-seeking behavior can vary across individuals and cultures, influenced by factors such as perceived need, perceived benefits and barriers, cultural beliefs, social support, and stigma associated with seeking help.

Cultural beliefs: Cultural beliefs refer to the shared ideas, values, norms, and attitudes held by a particular cultural group. These beliefs are learned and transmitted within the cultural context and shape individuals' perceptions, behaviors, and interactions (Labinjo et al., 2020). Cultural beliefs encompass various aspects of life, including religion, traditions, customs, social norms, and the understanding of the world. They provide a framework for interpreting and navigating the social, psychological, and spiritual dimensions of human existence within a specific culture.

Mental health stigma: Mental health stigma is a social phenomenon characterized by negative attitudes, stereotypes, and discrimination towards individuals with mental health conditions. It involves the labeling and devaluation of individuals based on their mental health status, leading to social exclusion, reduced opportunities, and barriers to seeking and receiving appropriate mental health care (Pederson et al., 2020).

Stigmatization: Stigmatization is the process by which individuals or groups are marked or labeled as deviant or different based on specific characteristics or attributes. It involves the social devaluation and discrimination against individuals who possess certain traits or conditions that are negatively perceived by society (Eseadi et al., 2020a). Stigmatization can lead to the marginalization, social exclusion, and mistreatment of stigmatized individuals, causing negative consequences for their well-being and hindering their access to opportunities and resources.

Assumptions

In conducting research, it is important to acknowledge and clarify certain assumptions that underlie the study. These assumptions are beliefs or propositions that are true but cannot be definitively proven or demonstrated. In the context of this study on the stigma associated with seeking mental health services among the Igbos in Nigeria, there are several assumptions that are critical to the significant of this research.

Firstly, it is assumed that the participants in the study accurately and honestly represent their experiences and perceptions related to mental health stigma. The assumption is necessary as the study relies on the subjective accounts of individuals, and the validity of the findings depends on the authenticity and reliability of their responses (Morgan, 2022). While efforts will be made to ensure trustworthiness and rigor in data collection and analysis, it is acknowledged that participants may have biases or may not fully disclose their experiences due to social desirability or other factors.

Secondly, it is assumed that the researcher's interpretation and analysis of the qualitative data will accurately capture and represent the participants' experiences of

mental health stigma. The researcher's subjectivity and personal biases may influence the analysis process, and efforts will be made to mitigate these through reflexivity and peer debriefing (Braun & Clarke, 2020). However, it is important to acknowledge that interpretation is a subjective process, and different researchers may arrive at different conclusions based on the same data.

Thirdly, it is assumed that the findings from this study can be generalized to some extent beyond the specific sample and context. While qualitative research aims for in-depth understanding rather than statistical generalizability, it is believed that the insights gained from this study can contribute to a broader understanding of mental health stigma among the Igbos in Nigeria. However, the transferability of findings to other populations or contexts should be approached with caution and further research is needed to confirm the applicability of the findings.

These assumptions are necessary in the context of the study as they provide a framework for understanding and interpreting the data collected. While they introduce certain limitations and potential sources of bias, they are considered essential in exploring and shedding light on the phenomenon of mental health stigma among the Igbos in Nigeria.

Scope and Delimitations

The specific focus of this study is to examine the impact of stigma and cultural beliefs regarding mental illness on help-seeking behaviors among the Igbo tribe in Nigeria. The research problem addresses the question of how these factors influence

individuals' willingness and ability to seek professional assistance for mental health concerns within the Igbo community.

The choice to investigate stigma and cultural beliefs in relation to help-seeking behaviors among the Igbo tribe stems from the recognition of the significant influence of these factors on mental health-care utilization. Stigma associated with mental illness and cultural beliefs plays a crucial role in shaping individuals' attitudes, perceptions, and behaviors related to seeking help for mental health issues. Understanding the specific ways in which stigma and cultural beliefs operate within the Igbo community is essential for developing culturally appropriate interventions and strategies to promote help-seeking behaviors.

The population included in this study consists of individuals belonging to the Igbo tribe in Nigeria. By focusing on the Igbo population, the study aims to capture the unique cultural context, beliefs, and experiences related to mental health and help-seeking behaviors within this specific group. The boundaries of the study are set to explore the experiences of the Igbo tribe, acknowledging their distinct cultural beliefs and practices related to mental illness and help-seeking.

However, it is important to acknowledge that the findings of this study may not be directly transferable to other populations or cultural groups. The Igbo tribe has its own specific cultural beliefs, traditions, and historical experiences that shape their attitudes and behaviors towards mental health help-seeking. Therefore, caution should be exercised when generalizing the findings to other cultural contexts. Future research should consider examining the experiences of stigma and cultural beliefs regarding

mental health help-seeking in different populations to enhance the transferability and generalizability of the findings.

The study draws on the cultural theory of mental illness to understand the influence of cultural beliefs and values on the perception and expression of mental illness, as well as the associated stigma. This theory provides a framework for examining how cultural factors shape help-seeking behaviors. However, other theories and conceptual frameworks were not extensively investigated within the boundaries of this study. Examples of relevant frameworks that were not explored include the social ecological model, which considers the interaction of multiple levels of influence on health behaviors; and the health belief model, which examines individuals' perceptions and beliefs about health-related actions. Further research could explore the interplay between these theories and cultural beliefs to gain a more comprehensive understanding of help-seeking behaviors.

In summary, this study focuses on the specific research problem of understanding how stigma and cultural beliefs regarding mental illness impact help-seeking behaviors among the Igbo tribe in Nigeria. By concentrating on the Igbo population, the study aims to explore their unique cultural context and experiences. However, caution should be exercised when applying the findings to other populations. The study draws on the cultural theory of mental illness but does not extensively investigate other relevant theories or conceptual frameworks. Future research could explore the intersection of stigma, cultural beliefs, and other factors in different populations to enhance transferability and broaden our understanding of help-seeking behaviors.

Limitations

While conducting this study, several limitations, challenges, and barriers may arise that could impact the research process and outcomes. These include issues related to access to participants, access to data, ethical considerations, and participant willingness to disclose sensitive information. It is crucial to address these potential limitations proactively to ensure the validity and reliability of the study.

One potential limitation is the availability of an adequate number of participants to draw statistically valid conclusions. The study focuses on exploring the experiences of stigma and cultural beliefs regarding mental illness among the Igbo tribe in Nigeria. However, recruiting a sufficient sample size may be challenging due to factors such as limited access to potential participants, cultural taboos surrounding mental health, and reluctance to discuss sensitive topics. To address this limitation, various strategies can be implemented, including collaborating with local organizations, mental health professionals, or community leaders who can assist in participant recruitment and engagement. Additionally, employing snowball sampling techniques may help expand the participant pool by leveraging existing connections within the community.

Another potential barrier is the willingness of participants to disclose their perceptions of stigma and cultural beliefs related to mental illness. Stigma surrounding mental health can lead to fear, shame, and reluctance to openly discuss personal experiences. This may impact the depth and quality of data collected. To address this barrier, it is essential to establish a trusting and non-judgmental relationship with participants. Ensuring confidentiality and anonymity can help create a safe space for

participants to share their experiences without fear of repercussions. Employing skilled and culturally sensitive interviewers who understand the local context and can build rapport with participants is crucial in encouraging open and honest responses.

Ethical considerations also play a significant role in addressing potential limitations and barriers. It is essential to obtain informed consent from participants, ensuring they understand the purpose, procedures, and potential risks and benefits of the study. Respecting cultural norms and values is paramount in navigating ethical challenges. Additionally, securing ethical approval from relevant institutional review boards or ethics committees is necessary to ensure the study adheres to established ethical guidelines and safeguards the rights and well-being of the participants.

Access to data and storage requirements can pose additional challenges. Data protection and confidentiality are vital in research involving sensitive information. Adequate measures should be taken to ensure the security and privacy of participant data, including anonymization, password protection, and secure storage systems. Compliance with data protection regulations and ethical guidelines is crucial to maintain the trust and confidentiality of the participants.

Instrumentation fees and resource constraints may also present limitations. Conducting qualitative interviews and thematic analysis can require resources such as interview guides, transcription services, and data analysis software. Securing funding or seeking alternative resources and partnerships can help address these limitations and ensure the quality and rigor of the study.

In conclusion, conducting a study on the experiences of stigma and cultural beliefs regarding mental illness among the Igbo tribe in Nigeria may face limitations, challenges, and barriers including issues related to participant recruitment, disclosure of sensitive information, ethical considerations, data access, and resource constraints. Addressing these limitations requires proactive strategies, including collaboration with local stakeholders, establishing trust with participants, navigating ethical considerations, ensuring data security, and seeking appropriate funding or resources. By carefully addressing these potential limitations, the study can enhance the validity and reliability of its findings and contribute to a deeper understanding of the research problem.

Significance of the Study

The significance of the study lies in its potential to fill a critical gap in the existing literature, contribute to professional applications, and promote positive social change. By addressing the experiences of stigma and cultural beliefs regarding mental illness and their impact on help-seeking behaviors among the Igbos in Nigeria, this study has the following significance:

(a) **Filling a Gap in the Literature:** The existing literature on mental health stigma and help-seeking behaviors in Nigeria is limited, particularly regarding specific cultural contexts such as the Igbo tribe. This study aims to fill this gap by providing a comprehensive understanding of the unique experiences, challenges, and cultural factors that influence help-seeking behaviors among the Igbo population. By exploring the interplay between stigma, cultural beliefs, and help-seeking, this study will contribute to a deeper understanding of the complexities surrounding mental health in the Igbo

community. In Nigeria, it is stigmatizing perceptions about psychiatric conditions that have led to reduced use of treatment programs and decreased quality of care (Elhadi & Msherghi, 2021).

(b) Professional Application: The findings of this study will have direct relevance and implications for mental health professionals, policymakers, and service providers in Nigeria and in similar cultural contexts. Understanding the impact of stigma and cultural beliefs on help-seeking behaviors can inform the development of culturally sensitive and effective mental health interventions and programs. Mental health professionals can gain insights into the specific needs, challenges, and preferences of the Igbo population when seeking mental health services. Policymakers and service providers can use this knowledge to design and implement targeted strategies to reduce stigma, improve access to mental health services, and enhance the overall mental well-being of the Igbos in Nigeria (Elhadi & Msherghi, 2021).

(c) Positive Social Change: This study aligns with the goal of promoting positive social change by addressing mental health stigma and help-seeking behaviors within the Igbo tribe in Nigeria. Mental health stigma can contribute to the marginalization and discrimination of individuals with mental illness, leading to adverse social consequences.

By shedding light on the cultural beliefs and societal attitudes that perpetuate stigma, this study can help challenge these harmful norms and foster a more supportive and inclusive environment. The study's findings may contribute to the destigmatization of mental health issues among the Igbos in Nigeria, encouraging individuals to seek help when needed, and fostering a greater understanding of mental health as a crucial aspect of

overall well-being. This is because stigma, prejudice, and discrimination towards persons who have mental diseases are still major problems. (Elhadi & Msherghi, 2021).

In conclusion, this study's significance lies in its potential to fill a gap in the literature by providing insights into the experiences of stigma and cultural beliefs regarding mental illness and their impact on help-seeking behaviors among the Igbo tribe in Nigeria. The study's findings have practical implications for mental health professionals, policymakers, and service providers, enabling the development of culturally sensitive interventions. Moreover, by addressing mental health stigma and promoting help-seeking, this study aligns with the broader goal of promoting positive social change by improving the well-being and societal inclusion of individuals among the Igbos in Nigeria.

Potential Contributions of the Study

The potential contributions of this study extend to advancing both practice and policy in the field of mental health. The findings of this study can have several implications for practice and policy development:

1. **Practice Advancement:** The study's findings can contribute to the advancement of mental health practice in the following ways:
 - (a) **Culturally sensitive interventions:** By exploring the experiences of stigma and cultural beliefs regarding mental illness among the Igbo tribe, mental health practitioners can gain a deeper understanding of the unique needs, preferences, and challenges faced by this population. This knowledge can

inform the development of culturally sensitive interventions that are tailored to the specific cultural context and beliefs of the Igbo community.

(b) Targeted support programs: The study's findings can guide the development of targeted support programs aimed at reducing stigma and improving help-seeking behaviors among the Igbo population. Mental health practitioners can use the insights gained from this study to design interventions that address the specific barriers and cultural factors that influence help-seeking within the Igbo community.

(c) Collaborative care models: The study's findings can inform the implementation of collaborative care models that involve the integration of mental health services within existing community structures and systems. By understanding the cultural beliefs and social dynamics surrounding mental health in the Igbo tribe, practitioners can work collaboratively with community leaders, traditional healers, and other stakeholders to enhance mental health awareness, promote early intervention, and facilitate access to appropriate care.

2. Policy Development: The study's findings can contribute to the development of mental health policies that are responsive to the needs of the Igbo population and other similar cultural contexts:

(a) Stigma reduction campaigns: The insights gained from this study can inform the design and implementation of public awareness campaigns to reduce mental health stigma within the Igbo community. Policies can be

developed to promote education, challenge stereotypes, and create supportive environments that encourage help-seeking behaviors.

- (b) Mental health workforce development: The study's findings can guide policies aimed at enhancing the cultural competence of mental health professionals working with the Igbo population. Policies can promote training programs and initiatives that equip mental health practitioners with the knowledge and skills necessary to effectively engage with individuals from diverse cultural backgrounds.
- (c) Integration of traditional healing practices: Given the cultural significance of traditional healing practices within the Igbo tribe, the study's findings can inform policies that promote collaboration and integration between traditional healers and modern mental health services. Policies can be developed to ensure respectful and coordinated approaches that capitalize on the strengths of both systems.

By contributing to practice advancement and policy development, this study has the potential to improve the delivery of mental health services, enhance access and utilization of care, reduce stigma, and promote positive mental health outcomes among the Igbo tribe in Nigeria.

Significance to Theory

The potential contributions of this study extend to advancing knowledge in the discipline of mental health. By addressing the research problem of how stigma and cultural beliefs regarding mental illness impact help-seeking behaviors among the Igbo

tribe in Nigeria, this study can contribute to the existing body of knowledge in the following ways:

1. Understanding the intersection of stigma and cultural beliefs: This study will provide a comprehensive understanding of how stigma and cultural beliefs interact and influence help-seeking behaviors in the context of mental health among the Igbo tribe. By exploring the intricate relationship between these factors, the study can contribute to theoretical frameworks that elucidate the complex dynamics between cultural beliefs, stigma, and help-seeking.
2. Insights into the experiences of the Igbo tribe: The study will shed light on the specific experiences of the Igbo tribe regarding mental health stigma and cultural beliefs. This knowledge will add to the limited literature on mental health experiences and practices within African cultural contexts, specifically focusing on the Igbo tribe. It will contribute to the cultural understanding of mental health and expand the literature on the impact of cultural factors on help-seeking behaviors.
3. Identification of barriers and facilitators of help-seeking: Through the exploration of stigma and cultural beliefs, the study will identify the barriers and facilitators that influence help-seeking behaviors among the Igbo tribe. This understanding can inform the development of interventions and strategies to address these barriers and enhance help-seeking rates among the population. The findings can also contribute to the broader literature on barriers and facilitators of help-seeking in diverse cultural contexts.

4. Culturally sensitive interventions and services: The study's findings can guide the development of culturally sensitive interventions and services for the Igbo tribe and potentially other similar cultural groups. By recognizing the influence of cultural beliefs and stigma, mental health professionals can design interventions that align with the cultural values and practices of the Igbo tribe, promoting more effective and accessible mental health care.
5. Comparative perspectives: The study's focus on the Igbo tribe within Nigeria provides an opportunity for comparative analysis with other cultural groups and settings. By comparing the findings with studies conducted in different regions and populations, researchers can gain a broader understanding of the role of cultural beliefs and stigma in shaping help-seeking behaviors across diverse contexts. This comparative perspective can contribute to cross-cultural knowledge in the field of mental health.

In summary, this study's contributions to knowledge in the discipline of mental health lie in its exploration of the intersection between stigma, cultural beliefs, and help-seeking behaviors among the Igbo tribe in Nigeria. The findings can enhance theoretical understanding, provide insights into specific cultural experiences, identify barriers and facilitators, inform culturally sensitive interventions, and contribute to cross-cultural knowledge in mental health.

Significance to Social Change

The potential implications for positive social change resulting from this study align with the scope of the research problem, which focuses on understanding how stigma

and cultural beliefs regarding mental illness impact help-seeking behaviors among the Igbo tribe in Nigeria. The study has the following potential implications for positive social change:

1. Reducing mental health stigma: By gaining insights into the specific stigma experiences related to mental illness within the Igbo tribe, this study can inform efforts to reduce stigma and promote a more accepting and inclusive attitude towards individuals with mental health conditions. This can lead to positive social change by fostering a society that is more empathetic, supportive, and understanding of mental health challenges.
2. Promoting culturally sensitive mental health services: The study's findings can contribute to the development of culturally sensitive mental health services that are tailored to the needs and cultural beliefs of the Igbo tribe. By recognizing and integrating cultural values and practices into mental health interventions, services can be more accessible, acceptable, and effective in addressing mental health concerns within the community. This can lead to positive social change by improving the quality and relevance of mental health care and promoting help-seeking behaviors among the Igbo tribe.
3. Enhancing help-seeking behaviors: The study's identification of barriers and facilitators of help-seeking behaviors can inform interventions aimed at promoting and facilitating help-seeking among the Igbo tribe. By addressing the specific factors that hinder individuals from seeking mental health support, interventions can be designed to overcome these barriers and encourage

individuals to seek timely and appropriate help. This can lead to positive social change by improving mental health outcomes, reducing the burden of untreated mental illness, and enhancing the overall well-being of the Igbo tribe.

4. **Challenging cultural stereotypes and misconceptions:** The study's focus on cultural beliefs and their impact on mental health help-seeking can challenge existing stereotypes and misconceptions about mental illness within the Igbo tribe and the wider society. By highlighting the complex interplay between culture, stigma, and help-seeking, the study can contribute to debunking myths, promoting accurate understanding, and reducing discrimination associated with mental health conditions. This can lead to positive social change by fostering a more informed and inclusive society that supports the rights and well-being of individuals with mental health challenges.

In summary, the potential implications for positive social change resulting from this study includes reducing mental health stigma, promoting culturally sensitive mental health services, enhancing help-seeking behaviors, and challenging cultural stereotypes and misconceptions. These implications align with the scope of the study and have the potential to contribute to a more accepting, supportive, and inclusive society regarding mental health within the Igbo tribe in Nigeria.

Summary and Transition

Chapter 1 of this research study introduced the topic, presenting the research problem, research questions, and the significance of the study. It discussed the

background and context of the study, highlighting the influence of cultural beliefs and stigma on help-seeking behaviors among the Igbo tribe in Nigeria. The chapter also provided an overview of the conceptual framework, which integrates the cultural theory of mental illness and the health belief model.

The literature review in Chapter 1 explored previous research related to the study's focus, including the impact of stigma on mental health help-seeking, the role of cultural beliefs in shaping attitudes towards mental illness, and the specific cultural context of the Igbos in Nigeria. Gaps in the existing literature were identified, indicating the need for further investigation in understanding how stigma and cultural beliefs influence help-seeking behaviors among the Igbos in Nigeria.

The research design and methodology were described, with a specific focus on qualitative research methods. Semistructured interviews with open-ended questions were identified as the primary data collection method, allowing for an in-depth exploration of participants' experiences of stigma and cultural beliefs regarding mental illness. Thematic analysis was identified as the chosen approach for data analysis, aiming to identify and analyze recurring themes and patterns within the data.

The chapter also discussed the limitations and potential challenges of the study, including the potential difficulty in recruiting enough participants and the sensitivity of discussing stigma perceptions and cultural beliefs. Strategies to address these limitations were proposed, such as establishing rapport with participants, ensuring confidentiality, and utilizing cultural mediators to enhance trust and openness.

The chapter concludes by emphasizing the significance of the study in advancing knowledge in the discipline, specifically in understanding the influence of stigma and cultural beliefs on help-seeking behaviors among the Igbos in Nigeria. It highlights the potential contributions to practice and policy, including the development of culturally sensitive mental health services and the promotion of positive social change by challenging stigma and promoting help-seeking.

As we transition to Chapter 2, the focus will shift to the detailed analysis of the existing literature, exploring relevant theories, conceptual frameworks, and empirical studies related to the research problem. This comprehensive analysis will provide a solid foundation for understanding the factors influencing help-seeking behaviors and inform the findings and discussions of subsequent chapters.

Chapter 2: Literature Review

The problem addressed in this study is the impact of stigma and cultural beliefs on help-seeking behaviors among the Igbo tribe in Nigeria. Stigma and cultural beliefs surrounding mental illness can significantly influence individuals' willingness to seek help and access mental health services (Eseadi et al., 2020b; Okeke & Onyebueke, 2021). This is a relevant issue because it can lead to underutilization of mental health services and inadequate support for individuals with mental health conditions.

The purpose of this study is to explore how stigma and cultural beliefs related to mental illness influence help-seeking behaviors among the Igbo tribe in Nigeria. By understanding the factors that contribute to stigma and hinder help-seeking, interventions can be developed to address these barriers and promote positive mental health outcomes for the Igbo community.

A review of the current literature reveals that stigma and cultural beliefs play a significant role in shaping attitudes towards mental health and help-seeking behaviors among various populations (Eseadi et al., 2020b; Okeke & Onyebueke, 2021). Studies have shown that cultural beliefs and stigma can create barriers to seeking mental health services, leading to delayed or inadequate care (Eze, Aguocha, & Nwosu, 2020; Labinjo, Ashmore, Serrant, & Turner, 2020). This highlights the importance of investigating the specific experiences of the Igbo tribe in Nigeria to gain a comprehensive understanding of the unique cultural factors that influence help-seeking behaviors.

The chapter will be organized into several sections. The first section will provide an overview of the problem and purpose of the study. The second section will review the

relevant literature on stigma, cultural beliefs, and help-seeking behaviors among different populations. This literature review will highlight the existing gaps in knowledge and the need for a focused investigation among the Igbo tribe. The third section will present the theoretical foundations and conceptual framework that guide the study, including the cultural theory of mental illness. The fourth section will outline the research design, methodology, and data collection procedures. The fifth section will describe the data analysis process. Finally, the chapter will conclude with a summary of the major sections and their significance in addressing the research questions.

This chapter aims to establish the importance of studying the impact of stigma and cultural beliefs on help-seeking behaviors among the Igbo tribe in Nigeria. By building upon the existing literature and providing a comprehensive review of the problem, this study will contribute to the current knowledge and understanding of how cultural factors shape mental health attitudes and behaviors. The subsequent sections of the chapter will provide a detailed account of the research design, methodology, and data analysis procedures, ensuring a rigorous and systematic approach to address the research questions.

Literature Search Strategy

I used a variety of library databases and search engines to look for pertinent literature. PsycINFO, SOCINDEX, and Thoreau Multi-Database search were the main databases accessed. These databases were picked because of their thorough coverage of transdisciplinary, social sciences, and psychology research. The iterative search technique used the following key search phrases and their combinations:

1. Mental wellness
2. Stigma
3. Ethnicity
4. Igbos
5. African American
6. Black
7. Treatment

To find publications relevant to my research topic, these search terms were entered separately and in different combinations during the search process. The search was initially broad to include a variety of material, and it was subsequently focused by adding more precise phrases pertaining to the Nigerian context and stigma associated with mental illness.

Additional approaches were used where there was a dearth of available dissertations, conference papers, or current research. Scoping research, pertinent review articles, and publications from renowned organizations like the World Health Organization (WHO) and the Nigerian Mental Health Association were among them. Despite the small amount of primary material, these sources provide insightful information and referrals to pertinent studies.

Conceptual Framework

The cultural theory of mental illness is a theoretical framework that emphasizes how cultural ideas and values affect how mental illness is perceived and manifested. According to this theory, cultural circumstances influence how people perceive and react

to mental health issues, which causes stigmatization and discrimination towards those who are dealing with mental health issues.

The cultural theory of mental illness acknowledges that mental health is a socially created term that is influenced by cultural norms, beliefs, and values, according to Knaak, Mantler, and Szeto (2017). Within a particular cultural setting, cultural elements like language, socialization practices, religious views, and social stigma have a crucial impact in influencing attitudes regarding mental illness and help-seeking behaviors.

The cultural theory of mental illness is better understood in part thanks to Knaak, Mantler, and Szeto (2017). His research on the Health Belief Model stresses how cultural beliefs affect how people perceive health dangers and how willing they are to engage in practices that promote good health. The paradigm contends that people's decision-making processes and adoption of healthy habits are influenced by cultural elements, such as beliefs, values, and social norms.

Previous studies have examined the influence of cultural ideas on stigma against mental illness and help-seeking behaviors by applying the cultural theory of mental illness to a range of cultural contexts. Studies have examined the impact of cultural elements on stigma associated with mental illness in various ethnic and cultural groups, such as African Americans, Latinos, Asians, and Indigenous cultures, for instance. These studies have emphasized the distinctive ways that cultural ideas, values, and practices contribute to stigma and affect attitudes toward, and behaviors related to seeking help in particular communities.

The cultural theory of mental illness framework contributes to the current study by offering a lens through which to comprehend the unique cultural setting of the Igbo tribe in Nigeria. By using this paradigm, the study may investigate how cultural ideas and values within the Igbo community affect how people view mental illness, how they seek care, and how stigmatization plays a role. To create successful interventions and methods that are responsive to the requirements of the Igbo community, it is essential to comprehend the role that cultural factors play in mental health stigma and help-seeking behavior.

Literature Review

Nigeria is ignoring the large portion of its citizens with mental health problems (Pederson et al., 2020). However, the nation can reverse the trend in mental well-being and create the basis for a better, brighter, and far more fruitful tomorrow with stronger laws, learning, and social connections. The Igbos community is suffering more than ever due to ignorance regarding mental disorder scenarios, and people believe in more false and damaging ideas, like most Nigerians believe that mental disorder occurs "when somebody begins roaming about nude (Okeke, 2021)." Furthermore, research indicates that there are many more erroneous and destructive assumptions.

According to Ihua (2022, p.1), 84% of Igbos in the study conducted by the Africa Polling Centre and EpiAFRIC, claimed that drug misuse is to blame for mental conditions, while 60% attribute mental illness to "illness of the brain." Additionally, the same study reports 54% of individuals with mental illness have the "presence by demonic spirits," Ihua (2022, p.1), who also discovered that 23% of mental illness is because of

"punitive action by Almighty." Thirty-two percent of people think that psychological problems are genetic. Considering such beliefs, it should not come as a surprise that 69% of participants answered they would not interact in any way with an individual who had psychological symptoms; 58% of them primarily cited concerns regarding their own security. Just 26% of participants said they would even contemplate becoming friends with someone with a mental condition, while only 2% might contemplate doing trade with them. Barely 1% might even think about getting married to one (Ihua, 2022, p.1). Nigerians are frequently stimulated to inquire about the mental illness history of potential partner families.

Understanding the Origins and Mannerisms of Stigma

Traditionally, emotional concerns are involved in treating mental disorders and mental illnesses. Mentally ill individuals frequently provoke adverse reactions in communities across many cultures. Despite its wide-ranging effects, the nature of mental stigma is not well understood. Recognizing such views is essential for comprehending the causes and persistence of troubling conduct, as well as for those working in early detection, communal therapy, and management of mental disorders. Furthermore, financial support and employment in this sector are influenced by the beliefs and sensibilities of individuals who hold positions of authority, such as policymakers and health-care directors (Angermeyer & Matschinger, 2003). This problem with stigma around mental illness in these cultures is alarming to the extent that people remain in the condition and do not opt for any treatment. According to its Greek derivation, the word "stigma" describes a wound that has been cut or burned in the skin, and it signifies that

the person who sustained it was either a criminal, a slave, or of a low intrinsic dignity (Goffman, 2009). This historical perspective emphasizes how strongly stigma is linked to shame or disgrace. The phrase "sign of humiliation or shame" is frequently widely utilized to refer to the beliefs and attitudes of oneself or someone else in regard to mental illness (Goffman, 2009).

Goffman (1963) thoroughly described the interpersonal and intrapersonal mechanisms of stigma. It is a highly negative quality that leads to "overindulged identification" and a compromised sense of individuality. According to Clausen, stigma is a keyword that elicits deeper visceral reactions than just being underestimated or loathed. More people are prone to reject, generalize, and reject those who are ostracized (Boysen, 2019). Concepts and philosophical representations of the stigma phenomenon have evolved through time from individualism to highlighting the communal components of stigma. This work offers the idea of stigma as an inherently ethical issue in which stigmatized situations endanger the stakes that are a risk for the afflicted, based on previous analysts' views of stigma as a communal, interpretative, or cultural function (Barlatti et al., 2022).

The idea of ethical experience, or what is ultimately at risk for individuals in a regional social environment, offers a new explanatory lens through which to examine the behaviors of both the stigmatized and those who perpetrate stigma, as it permits an investigation of both (Barlatti et al., 2022). It is proposed that stigma's fundamental impacts are either threatened loss or decrease of something at risk, or actual loss or destruction of a worthwhile life. To exemplify this idea, cases of the stereotyping of

disease can be quoted, the first one is a stigma associated with general mental illness in Nigeria, and the other is with schizophrenia in Nigeria (Akinyemi et al 2021).

Using the Nigerian concept of "appearance" to demonstrate stigma's moral-somatic nature (because ethics are connected to bodily sensations) and ethical components (values are linked to emotional states) (Barlati et al., 2022), the researchers discuss the supremacy of analysis that evaluates the current stigmatized theory and describe how the notion of moral experience could guide prospective stigmatized assessment. It is suggested that new goals for anti-stigma preventive interventions and their assessment might be developed by highlighting how stigmatization is a moral phenomenon (Akinyemi et al 2021). Furthermore, to better understand the psychological basis of stigma as articulated by models of ethical experience, it is advised to employ relational techniques as well as other views and approaches.

Theoretical Models of Stigma

Research efforts and interventions targeted at eliminating stigma have been guided by theoretical frameworks such as Goffman's concept of spoiled identity and Link and Phelan's understanding of stigma as a social process (Goffman, 2009).

Following the growth of the stigma notion, one can see how its description changed from being mostly based on the stigmatized person to being based on societal context. The theoretical frameworks explain how stigma impacts individuals, concentrating on how various frameworks have distinguished stigma's social features. An extended conceptual lens that considers life experience or areas of high risk for individuals in a particular cultural setting is required. There are two basic viewpoints on stigma connected to health:

that of individuals who are stigmatized and that of all who stigmatize. It's crucial to understand that individuals might fall into either category. Those with one disease, for instance, could stigmatize people with other diseases.

Additionally, health-care professionals who are employed in mental health services might face prejudice for doing so or for possessing a similar ailment; paradoxically, they could also stigmatize the system's participants. This analysis of how inadequately present classifications and theoretical frameworks approach the destructiveness of stigma indicates the necessity for more studies (Barlati et al., 2022). Numerous instances have demonstrated stigma as an ethical experience, with a particular emphasis on psychiatric conditions in Nigeria and evidence of stigma as a continuous phenomenon influenced by society. The discussion is concluded by presenting how the stigma theory affects assessment and how taking ethical experience into account will stimulate creative ways to evaluate stigma (Barlati et al., 2022).

Approaches Towards Mental Ailment

Early significant research revealed that the public typically dreaded mental illness. Individuals were less likely to identify mental disorders, but their reactions were typically unpleasant when a tag was expressly provided. However, people could more readily identify significant psychiatric disease with troubling attitudes (Barlati et al., 2022). They could not distinguish it from the considerably more prevalent diluted versions of problems, which led to more widespread views (e.g., all patients with psychiatric problems are ferocious and troubled). Outcomes from further trials were

somewhat ambiguous. Self-report surveys or open-ended interviews had more negative results than closed-ended interviews (Braun and Clark, 2020).

Perspectives around psychiatric conditions are represented in several current studies: individuals are now more knowledgeable concerning psychological disorder. Additionally, the capacity of people to classify a wider variety of actions as a mental condition has grown. Ethical issues still exist, but clinical and cultural reasons have gained importance. Although it appears that mental disorders are accepted as a disease like any other, community emotions are not always influenced by this perception (Braun and Clark, 2020).

Elements That Impact Public Outlook

The History of Stigma

Mental problems are stigmatized and judged negatively more frequently than any other kind of sickness. In addition to dealing with the frequently life-threatening implications of their illness, many individuals also experience discrimination and social marginalization (Duru et al 2020).

The name "stigmatization" itself suggests the negative implications since, in ancient Greece, a "stigma" was a brand used to identify enslaved people or offenders. Marginalization of the mentally disturbed has a long tradition. People with mental diseases like schizophrenia, autism, and depression were imprisoned, tortured, or even killed for millennia by society, which treated them no differently than enslaved people or criminals (Reif et al., 2021). In the Medieval Era, mental disorder was viewed as a wrath of God; those affected by it were roasted to death because they were under the devil's

influence or were sent to prisons and insane asylums where they lived shackled to the beds or the walls. Institutions were created to aid those who had mental diseases during the Renaissance, freeing the psychologically sick from their shackles (Eseadi et al., 2020).

The Magnitude to Which Cognition Is a Problem

The social cognitive perspective emphasizes the role of cognitive process, such as attention, memory, and perception, in shaping social behavior. This perspective also highlights the importance of observational learning and self-efficacy in understanding how people acquire and maintain social skills and behaviors. Three factors comprise the general stigma towards mental disorders: preconceptions, intolerance, and bias. The preconceptions are mental constructs that describe the traits, actions, and features of an associate of a particular community. Stereotypes regarding persons with mental disorders comprise the notion that they are violent, erratic, and responsible for their conditions (i.e., the provenance of reason and personal obligation). When individuals support these preconceptions, emotive reactions (such as fear or disgust) may result in prejudice, which is a judgment of the labeled subject that is unpleasant (Boysen, 2019).

Intolerance significantly contributes to the ongoing stigma associated with mental illnesses. This ingrained aversion frequently results from a lack of knowledge and sympathy for people who are dealing with mental health problems. It causes discrimination, stigma, and a general unwillingness to freely talk about mental health. As people worry about being judged and excluded, this stigma can make it difficult for them to ask for aid and support. It is essential to spread knowledge about mental health, build

an accepting and compassionate culture, and advocate for these causes in order to counteract this stigma. We can create a more welcoming and helpful environment for people who are affected by mental disorders by eliminating intolerance and promoting open dialogue (Boysen, 2019).

Bias contributes negatively to the widespread stigma attached to mental illnesses. This bias frequently results in unfair judgments and discrimination because of preconceived beliefs and misconceptions regarding mental health. Stereotypes that portray people with mental illnesses as dangerous, unstable, or just looking for attention worsen this issue. Such prejudices not only prevent empathy and understanding but also deter those in need from getting the care and assistance they require. In order to challenge and eliminate these biases by open communication and education, the stigma associated with mental diseases must be reduced. We can only create a setting where people feel secure discussing and addressing their mental health difficulties without worry of discrimination or judgment by working to build a more impartial and compassionate society (Boysen, 2019).

The conduct that follows this assessment has been labeled discriminatory and is frequently quantified as aversion and social stratification. Other types of intolerance comprise refusing assistance, being hostile, publicly endorsing forced confinement, and being excluded from society (sanctions and separation).

The Intensity of the Behavior

According to a comparative review of opinions regarding mental health conditions over several decades, there has been a considerable rise in the idea that

persons with mental illness are hazardous, mainly if their condition is volatile or extreme (Eseadi et al., 2020b). The phenomenon referred to as personal risk assessment occurs when confrontational preconceptions elicit more frightened reactions, which eventually increases social aversion and backing for punishing those with stigmas associated with mental issues. The research has provided significant evidence for the facilitating function of emotive reactions (i.e., panic, wrath, and empathy) in the link between preconceptions and prejudice, which has a crucial impact on the creation of anti-stigma tactics that successfully lessen prejudice (Angermeyer & Matschinger, 2003). For example, such stigmas can be removed by encouraging depictions of a psychiatric condition that does not fit with violent and deadly preconceptions (Reif et al., 2021).

Visibility of Mental Illness

Stigmatization of psychiatric conditions continues to be a serious social issue in Nigeria. The public is mostly unaware of this issue, and the stigma around mental illness persists. Even while we no longer punish the mentally disturbed with imprisonment, burning, or death, as was the case during the Dark Ages, our societal norms and mindsets are unacceptable in contemporary social democracies. There is still significant prejudice against individuals suffering from mental illnesses, whether it manifests in laws or rehab programs (Reif et al., 2021).

The Degree of Bias

Based on the system theories, bias against mental disorders is a conceptual model. When confronted with a mental illness, people regard information about danger and situational factors (if the target is responsible for or under the influence of the mental

disorder) to assess the target's level of guilt. When the mental illness is linked to factors that the person with the disease may "controllably" influence (such as drug misuse), the person is still more prone to be seen as accountable for their medical condition, which increases discriminating reactions (Boysen, 2019).

However, the observer's religious and cultural context also impacts their perceptions of what causes mental illness. Beliefs regarding the individual's culpability for their condition also influence their cognitive (such as anxiety or rage) and social (such as assisting or ignoring) responses to people with a mental illness. Society is more accepting of individuals with mental illness and is more prone to identify with them and help when it is not believed that they are to blame for their mental health condition. The affirmation of views regarding the biological roots of mental disorders did not diminish stigma but raised it, according to a new content analysis examining the efficacy of anti-stigma interventions (Boysen, 2019).

Combating Negative Reactions

The patient is likelier to provoke negative sentiments if he is male, from a lower socioeconomic level, or even a member of a minority group, unpredictable or aggressive. They may start exhibiting strange behavior, such as hearing voices, lack social bonds, and receive somatic therapy in state facilities. Respondent factors have a significant role in determining respondents' opinions. Increased hostility and dismissal of the mentally ill are correlated with advanced adulthood, poorer financial position, and a weaker level of education. The socioeconomic status of a person's family is correlated with their

sentiments of dread and animosity, and their socioeconomic status is correlated with their sense of shame and guilt (Duru, 2020).

Several interventions have been developed to lessen attitudes and dispel stereotypes about persons with mental disorders based on the interaction of cognitive and emotional components (Boysen, 2019). According to Eseadi et al. (2020a), interaction-based techniques are more successful than information and demonstration in combating stigma and fostering positive views toward those who struggle with mental illness. Knowing about mental illness might involve seeing examples of it in the media or having coworkers, acquaintances, or family members who suffer from it. Attitudes and emotional reactions in the general population are improved when the interaction is pleasant (for instance, when there are commonalities) and the individual stigmatized opposes common misconceptions about the medical issue or trait (Eze et al 2020).

Stigma Is a Comprehensive Theory

Stigma can be conceptualized in three stages: intellectual, behavioral, and emotional, allowing us to distinguish between discrimination and bias and simple stereotypes. Stereotypes are preconceived ideas and actions about individuals who are members of racial minorities, including racial or religious groupings, blacks and whites, Muslims and Jews, Latin Americans and Europeans, and mentally ill people. The most common misconceptions about people with mental illnesses are that they are violent, unpredictable, and unreliable; these viewpoints mainly target individuals with

schizophrenia (Barlatti et al., 2022). Stereotypes may help us make snap decisions about people who share certain qualities. Therefore, they are not always incorrect or harmful.

Thus, stereotypes help us deal with or adjust to a particular scenario without the need for further knowledge about the people involved. Because we have preconceived notions about how old ladies and law enforcement officers behave, we could contact a police officer differently if we needed guidance rather than how an older woman would approach an officer (Fox et al., 2018).

However, more evidence is needed than just pulling out preconceptions to arrive at a precise and reasonable assessment of a person. Consequently, stereotypes can be problematic in mental disorder instances since they most frequently elicit generic instead of tailored reactions; contradicting evidence can strengthen preconceptions by serving as "the one-off that establishes the rule." We must attempt to understand the mentally ill to establish that they are genuinely hazardous, unstable, or untrustworthy. Thus, stereotypes can become faulty in mental disorder scenarios as they frequently elicit generic instead of specific adaptive behavior.

Biases causing emotional responses to a stereotype, or a categorized individual aggravate this situation even further. The response or mindset "I am frightened of schizophrenics as they are hazardous and unpredictable" is an indication of a bias toward the mentally ill. The phrase "an individual who is suffering from schizophrenia" has become "a schizophrenic," as though the condition defines the individual as a person. As a psychological reaction, stereotypes and prejudice can then induce discrimination against specific people or an entire group: "Mentally ill people should be locked up since

they are hazardous and unpredictable," or "We can't hire a mentally ill person due to their being unpredictable" (Barlatti et al 2022).

Stigma Exploration

This is a specific area of sociology that generally relates to the socio-cognitive science mindset. The study is involved in stigmatization research (Eseadi et al., 2020b). In the middle of the 20th century, a scientific theory on the stigma of mental diseases was initially created. It was later scientifically tested in the 1970s (Goffman, 1963). The American sociologist Erwin Goffman's 1963 book *Stigma: Notes on the Management of Spoiled Identity*, which created the groundwork for stigma inquiry as a science discipline, also delved deeply into how stigmatized people approach the problem. No nation, civilization, or culture exists where those who have a mental illness are respected similarly to those who do not (Soroye et al 2021). Many debates ensued after Thomas Scheff's contentious claim that mental diseases are just the result of categorization processes was made in an essay some years later (Soroye et al, 2021). Soroye et al, (2021), later refined Scheff's concept by separating the numerous phases involved in taking on the persona of a mentally sick individual.

The first step in diagnosing the mentally ill would be to look at cultural norms and expectations as well as the effects of departing from them: such people usually avoid social gatherings to prevent conflict, which lowers their involvement in the community and routine activities. This social withdrawal and separation lower identity, making individuals more vulnerable to emotional distress. As a result, the public platforms of those with mental illness are typically quite limited and narrow.

Since mental institutions progressively exacerbated stigmatization rather than allowing individuals to lead regular lives, Goffman was quite skeptical of them. This was consistent with the views of many of his colleagues in science, such as Michel Foucault, Thomas Szasz, Scheff, and Ronald Laing, who argued that the stigma impacts of mental disorders might be attributed to the structure of psychiatry rather than to the condition directly (Soroye et al, 2021). In general, psychiatrists were condemned during the 1960s and 1970s as being oppressive, forceful, and more harmful to people than beneficial (Saguem et al, 2022).

The Magnitude of the Issue

There is a widespread prejudice associated with mental illness. Those who have mental illness are not valued equally with those who don't. Nearly half of the individuals with schizophrenia who participated in a poll involving participants from 27 nations said they had experienced prejudice in their intimate relationships (Yodanis & Lauer, 2017). Furthermore, two-thirds believed they would face prejudice whether seeking a job or a committed relationship. Although stigma exists everywhere, culture impacts how a person experiences it. For instance, in the Igbo community, the role of paranormal, religious, or mystical theories of mental disorder generally predominate (Fox et al., 2018). Based on the kind of condition, stigmatization takes on different forms. In practice, individuals are more averse to interacting with a person who has schizophrenia compared to those who are depressed. This social divide has grown over the millennium for unknown causes (Fox et al., 2018). One factor could be that the systematic disenfranchisement approach sparked more political discussion about community

medicine and perceived risks. Regarding the most prevalent stereotypes, approximately three-quarters of the community has a hostile perception regarding substance abuse, and roughly two thirds of the community feel that way about schizophrenia, while depression finds compassion, probably because far more individuals are aware of it (Braun and Clarke, 2020).

Who Contributes to Stigma?

The mainstream media has a significant role in the spread of preconceptions that are untrue. The public's opinion of mental conditions has been inaccurate and constantly unfavorable. Publications, movies, broadcast media, and entertainment all contribute significantly to the spread of misleading data about psychiatric conditions and the reinforcement of false views (Chan and Yanos, 2018). Sensationalized accounts of brutality and offenses done by people with these conditions sometimes garner significantly more emphasis than comparable offenses perpetrated by those in good mental condition (Duru et al, 2020). This situation solidifies the prejudicial perception of people with mental illnesses as threats to the community. Most of the media's treatment of mental diseases has been inaccurate and constantly unfavorable (Saguem et al., 2022).

Schizophrenia is frequently applied figuratively to describe negative traits. As a result, the term "schizophrenic" inherently has an adverse implication (Seguem et al, 2022). Studies have demonstrated that stigmatic categorization is considerably more common when the descriptive word "schizophrenia" is used, instead of an alternative description, such as "despair" (Saguem et al., 2022). Scientific studies in Nigeria found that the stigma values significantly decreased once the condition changed its name from

"mind-split sickness" to "integration condition." Regardless of whether there was a decrease in stigmatization right away, there remains a chance that a stigma may spread from one name to the next ("Supplemental Material for Mental Illness, Problem, Disorder, Distress: Does Terminology Matter When Measuring Stigma?", 2021).

Attitudes of Healthcare Professionals

Theoretically, one should anticipate that individuals providing psychological care would have at least polite sentiments regarding individuals with unsound mental health. However, they exhibit pessimistic views that are at least as prevalent as or perhaps even more so than members of the regular populace (Fox et al., 2018). Mental health professionals might have more favorable perceptions of people with mental problems but also seem less eager to interact with them. According to Saguem et al., (2022), doctors actively support psychotherapy for those with severe mental diseases more strongly than the public at large. On the other hand, there is no distinction between doctors and the overall public regarding the propensity for social connection. Most likely, this is a case of the "not in my neighborhood" phenomenon, when doctors express palatable convictions so long as they are not directly impacted (Saguem et al., 2022).

A study was conducted with interviews with specialists in psychological wellness and the public to learn more about how they feel about people who have or do not have symptomatology, like schizophrenic disorders or depression (Klein, 2022). All those surveyed expressed a lower interest in communal interaction with individuals with schizophrenia than they did with depressed people or those with no symptoms (Klein, 2022). According to another study, psychiatrists are more prejudiced towards insanity

than the public at large. Investigators discovered that individuals stigmatize those who have logical diseases more frequently the more closely they relate personally to the clinical image of the condition. Irrespective of diagnosis, psychologists received the maximum scores in this survey for the severity of their stigma (Klein, 2022).

The most logical reason for this conduct is that mental health practitioners frequently encounter individuals who are resistant to getting assistance. Building a solid therapeutic relationship with these individuals is challenging. However, the less often stigmatization of clients by medical practitioners occurs, the stronger the patient–health-care practitioner interaction and the more spontaneous the therapy, as in medical services (Klein, 2022).

Reflection and Self-Stigma

Self-stigma often refers to the procedure that occurs when a person suffering from a psychological disease internalizes the stigma and subsequently suffers from low self-esteem and worth, which limits their chances of recovering (Fox et al., 2021). Behavioral theories contend that this phase happens long before a person experiences a psychiatric disorder since it is around this time that a person typically discovers something is wrong and internalizes prejudices regarding such disorders, which have been spread by culture ("Supplemental Material for Mental Illness, Problem, Disorder, Distress: Does Terminology Matter When Measuring Stigma?", 2021).

According to Hoffman et al. (2023), their findings suggest that when individuals experience an initial incident, broadly accepted prejudices are activated and applied to that person. This includes the presence of racism and prejudice in today's society. The

process of classification plays a role in this, as individuals may associate a presumed behavioral trait, such as "psychologically sick people have bad characters," to themselves, leading to a lack of empathetic understanding and resulting in poor self-esteem. This negative self-perception can hinder individuals from acting in various aspects of their lives, such as seeking employment or finding suitable accommodations. The anticipation of humiliation due to stigma may cause individuals to withdraw from online communities and isolate themselves, ultimately leading to missed opportunities for employment and other lucrative possibilities. In some cases, individuals may even avoid seeking medical help for serious ailments (Hoffman et al, 2023).

The concept of "politeness stigma," which transmits stigma from someone who has already been stigmatized to those associated via occupational or domestic connections, was first introduced by Goffman. Household stigma is a unique situation that affects families, siblings, partners, children, and other family members. As one illustration, the "schizophrenic woman" who caused psychosis in her child attributable to her problematic speech pattern has been blamed for fostering a pathogenic atmosphere that might favor the emergence of psychological disorder. These beliefs currently hold although the mindset was significantly more powerful generations ago. Additionally, stigma is far more prominent if the general population believes that psychological diseases have a physical foundation ("Supplemental Material for Mental Illness, Problem, Disorder, Distress: Does Terminology Matter When Measuring Stigma?", 2021).

In the same way, those afflicted absorb social stigma into self-stigma, and close relatives also experience humiliation and remorse, believing that they have somehow

contributed to the sickness. These responses can be anything from pain and anguish to anxiety from having to deal with bizarre behavior and disruptions in daily activities. The parental shame they experience might also limit interpersonal relationships or cause financial hardships. Living with a person who has a psychiatric disorder is also linked to lower identity and overall fitness, progressively restricted activities, increased use of public services, and other adverse consequences. The research on close relatives of people suffering from mental illnesses provides more evidence on the topic. Close relatives experience sorrow and humiliation, believing they contributed caused the sickness and internalizing the stigmatization into an identity crisis (Da Silva et al, 20220).

Lay Concepts

It is simple to divide common notions of mental diseases into two categories: those with genetic makeup and those with sociocultural reasons. Most people think that emotional issues, employment anxiety, economic hardships, or negative experiences are to blame for depression. This perception is less evident in the case of schizophrenia when the mainstream of people surveyed claim that physiological factors are involved while a sizeable fraction refers to behavioral reasons. Just under one-third of people surveyed may view psychosis as a problematic experience, compared to nearly two-thirds who view depression as such. Individuals with supportive community therapy advocate an identity crisis paradigm, while those who support psychostimulant therapy support other possible explanations generally (Eze et al, 2020).

It's fascinating to observe that these commonplace ideas affect people's desire to maintain the communication gap with psychologically unwell individuals. Different

theories with varying levels of social understanding may be presented to study participants. The study has witnessed that situation throughout the interview process, including a colleague with a psychiatric condition, leasing housing to such an individual, supporting their children's choice of marrying an individual with a psychiatric condition, or letting a recently diagnosed mentally ill person watch their children. Unsurprisingly, the amount of closeness promotes the need for greater social separation. Most people would never hire a previously mentally ill individual to watch their children, mainly if that person had a schizophrenia diagnosis. The urge for social withdrawal rises when one adopts a physiological viewpoint and falls when one adopts a psychodynamic viewpoint. Therefore, providing medical justifications for these conditions may negatively impact how well the mentally ill are accepted and integrated (Eze et al, 2020).

Igbo Value and Culture

The majority of southeast Nigeria is known as Igbo country, and it is where the Igbo people call home. The third-largest racial minority in Nigeria is the Igbo, often known as Ndi-Igbo. The Igbo tribe is believed to be Nigeria's biggest scattered racial group. Their exodus began during the early years of the slave trade and is still being seen today. Most Igbo people have jobs as merchants, cultivators, and artisans, with farming being their primary economic occupation. Due to their economic interests and pursuit of riches, they are now found in Anambra, Imo, Ebonyi, Abia, Enugu states, and portions of Rivers and Delta nations. Despite this, they are prevalent across the nation and abroad (Oboko & Ifeanyichukwu, 2021).

Asusu Igbo, the name of the Igbos' language, indicates that Christianity is the dominant religion, with just a small number of people practicing traditional religion. The many rituals, practices, and traditions of the Igbo people encompass both modern ideas and antique activities (Oboko & Ifeanyichukwu, 2021). These practices and traditions cover the melodic language, dancing styles, linguistic variants, dress, and visual arts of the Igbo people. The Igbo's new yam celebration, which is conducted every year, is a noteworthy example of their cultural tradition.

The Latin name "Cultura"—refers to the growth of the environment and, by implication, the nurturing of the spiritual life, the source of the meaning of the word "culture." Heritage is defined in many ways by various academics. "The comprehensive totality that comprises information, religion, creativity, morality, legislation, tradition, and any other talents and habits gained by humanity as a people in the community," says Taylor (Oboko & Ifeanyichukwu, 2021). Some individuals consider heritage to be a way of living. There is no clear meaning for the term culture. It is frequently described as the method of the individuals or the way they live their lives. The traits of a particular group of individuals are referred to as their culture, and these traits include things like speech, theology, food, social customs, entertainment, and professions (Oboko & Ifeanyichukwu, 2021).

The common tendencies and engagement, cognitive structures, and efficient comprehension that are learned via a process of socialization are other definitions of culture—these common traits separate individuals belonging to one cultural community while simultaneously identifying those belonging to another. A people's beliefs, customs,

linguistics, innovation, traditions, arts, fashion, production, cuisine, eating, spirituality, governmental, and economic systems are all part of its culture. Therefore, Taylor believed that society is a comprehensive totality including, religion, art, ethics, legislation, conventions, and any other talents and consist of a person as a component of society. Culture consists of all these things (Oboko & Ifeanyichukwu, 2021).

This scenario suggests that a people's civilization is particular to them and valuable to the community in which it is practiced. Through education, culture is carried from one generation to the next through people's language, theology, entertainment, dress, food, and daily activities. Civilization is more than only the items a heritage consumes and creates or its tangible products. A society's values and convictions are also considered part of it. The way individuals view and comprehend the environment and their individual lives is also a cultural component. Accordingly, "culture is the overall mind-programming that separates individuals of one type from those of category" (Oboko & Ifeanyichukwu, 2021).

It is the primary adaptation strategy used by humans. A mutual understanding of civilization distinguishes one group of individuals from another by defining them and their fundamental way of life. It is mentioned in the work of Nigerian research on mental health stigma that communalism's peculiarity and originality are ingrained in society. They are a part of its traits, tenets, and standards. Nigerian society is a manifestation of cultures that set rules and standards. Scholars from both African and non-African backgrounds have remarked that one of communalism's traits is that it places a high priority on the prosperity and well-being of its participants. Social traditions are higher

than personal beliefs since they are passed down and inherited rather than voluntarily selected by individuals or sets of persons. Additionally, it is profoundly ingrained in both the family's culture and soul. As a people, the Igbo value the family and its identity, the sanctity of humankind, virginity, consideration for seniors, weddings, and other virtues.

This investigative report aims to determine the level of stigma experienced by the Igbos in Nigeria. The study of stigma regarding psychiatric conditions among Igbos is to ascertain how it relates to demographics, emotional problems, and perspectives related to cultural utilization (Akinyemi et al, 2021). The objective was to comprehend the stigmatizing factors in this demographic to develop an understanding of culturally relevant treatments that work well with Nigerians' medical conditions. The best method for reducing stigma among the Igbo population is communication. The next logical and productive move for Igbos in Nigeria is to broaden the growth of the curricula concerning mental illness and prejudice (Akinyemi et al, 2021).

Role of Igbo Culture in Stigma Building

Personal identification with and involvement with the community is essential to the Igbo conception of stability and its worth. Since society is the person's caretaker, individuals should go wherever the population goes. The transcendental society assumes custody of the members' ideas. For the Igbo, the vacuum appears in stark and constant juxtaposition outside of the group and clan. A person lacking ancestry is equal to a person lacking nationality; the person is devoid of identification (Labinjo et al., 2020).

Consequently, with no supporters, or in the words of the Kongo, "a person beyond his tribe is like a grasshopper that has shed its wings," there exists no potential life

beyond this phylogenetically sanctioned structure. As a result, society grants its individuals a sense of mental and physical identification, providing the Igbos with psychological and spiritual protection. This fraternity notion is also evident in the way individuals in society see their vocations. It is accurate to say that "when work needed to happen, literally the entire group came out together with tools and singing, and they began to perform and dance their way through the completion of each specific project. In this manner, labor was transformed into an enjoyable activity. In such a system, taboos and stigmas are strong and hard to change (Labinjo et al., 2020).

This condition illustrates that cultural beliefs are inherently good and overall beneficial. Recognizing the cultural norms of Africa, Pope John the 11th warned Africans to "carefully protect the Nigerian heritage." Appreciate existence, family stability and assistance for family, consideration for the elderly, a spirit of friendliness, the careful maintenance of customs, and a liking for rituals and symbolism are all examples of cultural values that should be preserved. These cultural norms are in danger due to globalization's detrimental effects and the West unrestrained indulgences (Labinjo et al., 2020).

Why People Resist Mental Health Treatment Among the Igbos

Statistics regarding mental well-being understanding and the delivery of services in Nigeria are scant. In the Igbo community, there are no federal laws for the treatment of mental illnesses in Nigeria at present (Duru et al, 2020). In the Igbo community especially, the stigma around mental health is pervasive, with substantial societal failure as a result. According to reports, many Igbo Nigerians may encounter a significant

psychiatric condition, and several persons will encounter a frequent psychological problem. The strains of ordinary routine, illiteracy, and deprivation in a nation like Nigeria are contributing to an increase in psychiatric issues (Duru et al, 2020).

This study examined regional differences in attitudes about mental illnesses. According to research from the South-West area of Igbo, a sizable portion of respondents suggested that psychological disorder was caused by either paranormal circumstances (such as being possessed by an evil demon), divine will or retribution, or abusing alcohol and other substances. Staying in metropolitan areas, receiving more education, helping the psychologically unwell, or having relatives with a psychiatric illness related to those who supported the psychosocial origin of psychiatric conditions including substance misuse and anxiety (Oboko & Ifeanyichukwu, 2021). Volunteers in three related research projects in the North (North-West and North-Central zones) blamed supernatural assaults, exorcisms, and governmental retribution for psychological issues (Duru et al, 2020)

Nigerians have "divine houses" where they are comfortable. These were all worship centers for therapeutic and religious devotion in the Nigerian environment. As treatments, they promote fasting, constant meditation, and the disclosure of their issues over visualizations and prophecies. Those under the age of 40, Christians, and city residents were more likely to search for a spiritual healer than elderly individuals over the age of 40 (Duru et al, 2020).

Several investigations involving contemporary healers revealed that people have a deep conviction in unexplainable phenomena, including the activities of opponents employing mystical abilities, and are unable to spot the signs of psychological illnesses

(Oboko & Ifeanyichukwu, 2021). There is a severe need of provide education to understand the mental health issues in the Igbo region. Conventional healers even physically abuse their clients to treat them. The investigations did discover, however, that cognitive training can help in creating greater comprehension of mental issues and may cause a decrease in hitting behaviors (Oboko & Ifeanyichukwu, 2021).

According to the studies by Eseadi et al. (2020b), the views of the priesthood toward psychiatric conditions discovered that the vast majority lacked psychological health expertise. Following drug addiction, heavy drinking, and stress-related treatment searching, the idea of supernatural creature invasion was a common one (Eseadi et al., 2020b). Attitudes between patients and care providers of individuals with serious problems revealed that most of the sufferers had seen a conventional or religious healer (Oboko & Ifeanyichukwu, 2021). Many of the relatives blamed social or psychosocial factors for the psychiatric conditions, but the majority believed that magical abilities were to blame. This research also provided an explanation for the fact that individuals seldom or never requested medical attention and that the condition persisted for many years before a diagnosis was made (Oboko & Ifeanyichukwu, 2021).

How Can Communities Work to Reduce the Stigma?

Understanding how communities depict psychiatric disorders is ongoing and necessary due to society's significant influence on popular opinion. Numerous studies have looked at how mental disorder is depicted in the mainstream but have seldom attempted to explore popular viewpoints on the subject. Nothing might be identified about media viewpoints. By employing the Interpersonal Proximity Scale to examine the

media's perceptions of mental disorders, this research seeks to fill this void (SDS) Fox et al, 2021).

Igbo famous people and leaders can frequently serve as the initial source of assistance in a situation involving mental health stigma. Social support inside communities and groups is recognized as a valuable mental health service (Okeke & Omaballa, 2020). But religious organizations may also sometimes help stigmatization persist. Exploring psychological difference as a measure for the stigma against mental disorder, analysis of responses reveals that participants' stigmatizing views of people with mental illness issues in groups differ significantly based on the nature of the media portrayal of the condition. Less stigma relates to depressive episodes, but knowledge of other diseases does not significantly predict stigma in the other scenarios. Although significant evidence links personal/moral and spiritual causation attributions to higher degrees of social isolation, degrees of consensus with biogenetic and sociocultural causes are also strong (Okeke & Omaballa, 2020). The findings show that treatments to reduce stigma in religious groups should consider variations in condition categories and the unique traits of religious environments.

Treatment Recommendations

Without a doubt, lay conceptions influence therapeutic suggestions. Social factors will certainly affect popular opinions of therapy when various health-care practitioners are offered, as is typical for prejudice investigations. According to polls, family therapists and psychiatrists are the most often suggested therapeutic services, preceded by counselors. General practitioners and psychiatrists are chosen when an individual has

been diagnosed with a medical problem that has a genetic explanation. In contrast, therapists are suggested when an individual is going through a disaster in their life. Similarly, psychopharmacological therapies are chosen above counseling when participants believe they have a clinical ailment. Medications using psychopharmacology, however, are also among the most prone to be disregarded.

How to Eliminate Stigma

Recognizing the causes, effects, and features of stigma is crucial in order to comprehend the difficulty of eradicating it. There is documented research that defines the nature and extent of stigma around psychological disorders outside its overall presence. There is even limited research on the cultural assimilation elements and regional distinctions that affect mental disorder stigma. In Nigeria, some young doctors and health-care workers have negative perceptions and convictions about individuals who suffer from mental illnesses. The notion of the psychiatric condition is influenced by the existence of religious and cultural contexts unique to Nigerians. Three ethnicities, the Yoruba, Hausa, and Igbo, make up the bulk of Nigeria's 374 cultural minorities, which are spread throughout 36 states (Okeke & Omaballa, 2020). Together, they account for 70% of the nation's population. Both ancient and modern religious beliefs have an impact on all three categories. All cultures have the common belief that behavioral flaws, divine retribution, or frailty are the root causes of mental disease. Therefore, no research has been done about stigmatization as well as its relation to demographic characteristics, emotional disturbances, and the preferential use of psychological services by graduate people studying medicine.

Role of Media in Building Stigma Towards Mental Health

Media influences the majority's opinion of mental disorders, including film, social media, and publications. Although social media frequently reinforces detrimental stigmas associated with psychological disorders, if appropriately routed, it can also be utilized to confront preconceptions, educate the public, and spark discussion, all of which may help to lessen the stigma that affects both those who have mental illnesses and for the caregivers of such people. Campaigns can be run in media taking the initiative to bring representatives from different aspects of life to discuss these issues and devise strategies to accomplish these objectives (Okeke & Omaballa, 2020).

Most people believe that persons with any mental health condition are inconsistent, challenging to interact with, and have distinct feelings from "the rest of us" (Akinyemi et al., 2021). Additionally, there is resistance in media when someone wants to initiate a campaign while trying to convince coworkers of its potential benefit. This serves as a reminder that stigmatization views do not simply affect the general population. In contrast to the crude manner in which "the psychologically sick" are frequently depicted in media exposure, many interactions with media content also revealed that various mental disorders drew distinct sorts of discrimination, demonstrating that society has a complex picture of psychiatric conditions. The media should work to increase knowledge, to influence opinions and, eventually, conduct by using the influence of thought, emotions, and pictures. This is an important channel for disseminating significant data, including psychological well-being awareness in Nigeria.

It is a crucial component of the assessment since Nigerians rely heavily on the media and cultural sector, including the "Nollywood" film business (Chan and Yanos 2018).

The assessment techniques utilized and the therapies which have been proven to be successful in lowering stigmatization or lessening its effects provide an indication of the bridge character of stigma (Pederson et al, 2020). The issue has been acknowledged and is being handled to some level in many of the fields that deal with stigmatized conditions, albeit frequently just in a condition-specific way. One issue is that stigma connected to only one specific ailment is frequently addressed by financing, investigation, evaluation methods, and therapies (Pederson et al, 2020). The borrowed funds available to combat stigma might be utilized more effectively if assessment methods and therapies that evaluate and treat similar elements of discrimination were made available. Care workers might also employ the same instruments and methods across various ailments. Numerous frameworks defining fundamental aspects of stigmatized have been proposed (Eseadi et al., 2020b).

Igbo Tragedies in Nigeria After the War

When the Nigeria-Biafra War, which raged between 1967 and 1970, concluded, the Igbo people were pushed back into the unification of one Nigeria since the vanquished population had suffered enormous losses in all aspects of life. Even though the battle was said to have concluded with "no winner, no vanquished," 3 million Igbo men are thought to have died. Igbo children make up almost 40 percentage points of those who perished; either they were massacred or starved to death (Klein 2022). Watching their children starve to death on their backsides and having their femininity

violated by the ravaging, triumphant Nigerian military left many women feeling ashamed.

Because many survivors of this conflict were depressed for the remainder of their lives, the traditional male community was unable to escape the humiliation of failure. For the individuals who remained alive, life felt pointless since the population was devalued and their feeling of integrity was violated. There was not a single family that didn't go through some sort of tragedy or loss. Those who managed to survive the danger and heaviness of the conflict were destroyed. There were a lot of sick and injured individuals who required medical care, and there wasn't anyone not completely demoralized, mentally confused, economically poor, and socially stranded. Their existence seemed doomed indefinitely. Being Igbo became unpopular (Klein, 2022).

In addition to the deaths and the disgrace the war brought, Igboland was physically decimated by the colonial struggle, which also ruined the architecture and environs (Klein, 2022). It stopped all significant commercial and political activities. Igboland had seen a significant amount of progress before the colonial conflict. It served as the location of Nigeria's first university (University of Nigeria Nsukka). Both its farming endeavors and its mining business remained active. Medical care also became operational, although all else was halted because of the conflict. The Nigerian administration demolished but never developed achievements made throughout the conflict, including domestically constructed oil refining, Uli Airports, Ogbunigwe armored personnel carriers, and many other achievements (Klein, 2022). Many Igbo communities also view their failure as religious more than just geopolitical or financial.

Research claims that the men fought the conflict with essentially nothing (Klein, 2022). They put their faith in their gods to protect them from the atrocities they encountered. This is consistent with their adherence to the ancient Igbo emblem and the value of honesty and equity known as Ofo. Sadly, the conflict known as Oguejiofo, or "the struggle of honesty and fairness," was lost. As a result, there was a religious void and a collapse of belief amongst some of the populace. The mortality of the Igbo gods was called into doubt by this circumstance, which for Chika accelerated the spread of religious diversity in Igboland (Oboko and Ifeanyichukwu, 2021).

As soon as Nigeria's National Government ordered all Christian missionaries stationed there to leave after the war, the situation for the Igbo people deteriorated (Klein, 2022). This put the lives of orphans and widows that the missionaries cared for at peril. With millions of jobless persons, just 34,000 Igbo individuals were rehired into the public service, thereby exacerbating the already high rate of joblessness. The Igbo also thought that several of the post-war regulations were created to deny them the right to vote in Nigeria. This war and its repercussions produced not only financial backlash but also depression and increased mental problems and psychological distress in the Igbo people (Klein, 2022).

How to Fight Stigma in Nigeria

No tiny segment of the population, those with psychiatric concerns, are being neglected in Nigeria, especially in the Igbo community. But the nation can reverse the trend in mental well-being by making improvements to its legal framework, training

materials, and social assistance networks, creating the basis for a stronger, brighter, and more prosperous society (Subu et al., 2021).

This stigma has severe negative effects on people who deal with psychiatric disorders. Eight percent of poll participants said they would take someone to a traditional healer if they were thought to be mentally ill, 4% would lock them up, and 2% might try to cure somebody physically (Zeng and McNamara, 2021). The consequences of these replies are critical, since 48% of people surveyed claimed to recognize a person with a mental condition, a category which some people estimated as high as 30% of the community (Ihua, 2022).

The stigma against the psychiatric condition in Nigeria is ingrained in its judicial process, making issues worse. Currently, psychological treatment is governed under the Lunacy Act, 1958, a medieval statute that essentially legalizes breaches of the liberties of the psychologically unwell. For instance, the statute enables doctors and judges to diagnose "lunatics" and decide whether and for how often they must be kept, typically in jails with convicted criminals. In 2003, the Federal Parliament had a reform bill. The measure hasn't been approved despite the Parliamentary Committee on HealthCare conducting a special session on it (Subu et al., 2021).

Population health, also called the purposeful creation of health and wellness in humans, institutions, and societies is becoming a growing priority for health-care practices instead of just focusing on treating illnesses (Eseadi et al., 2020b). Primary care strongly emphasizes creating "cultural identities of wellness to lessen the incidence of illness and increase physical health and quality of life" (Labinjo et al., 2020). Findings

demonstrate that mental health policies are an important factor in the effectiveness of a strong system (Subu et al., 2021), to ensure that psychological health, including well-being, is considered at the core of population-health management initiatives. The Mental Care Model (Smith et al., 2019), should create policies and techniques that use scientific proof methods for treatment, rehabilitation, and primary prevention to guarantee achievement. Efforts should be made to enhance life quality and comfort as contrasted with addressing the consequences of mental disorders and mental impairments.

Principal Prevention of Psychological Disorder

Steps should be taking to deal with potential risk features for psychiatric conditions to stop them from developing. Most people who require psychological health treatments do not get them, primarily due to a shortage of psychiatric help providers (Okeke, 2021). It is predicted that the number of Nigerians with psychiatrists and psychologists need is increasing much more rapidly than anticipated. The population wants mental health services (Okeke and Onyebueke, 2020). There is a considerable possibility that those who do obtain mental health treatment won't have that assistance soon as substantial proof of a shortage of professionals in the field is evident. For these factors, changes in public psychiatric conditions are not correlated with demographic changes in the use of mental health treatment. Furthermore, research indicates that decreasing exposure to distressing and persistent stresses, particularly in critical phases of child development, may help avert a significant portion of the nation's load of mental illnesses (Soroye et al., 2021).

When considered as a whole, these statistics highlight the significance of combining clinical psychological techniques with inhabitants' initiatives that concurrently touch large populations of individuals. The discipline "should expand further than a restricted focus on clinical therapies to incorporate the role of community and demographic characteristics in promoting health, mitigating mental diseases, and promoting recovery implementation. However, interest in the idea of population-based methods for treating mental well-being is growing (Soroye et al., 2021).

Uncertainty exists over who would be most qualified to apply these techniques, what these approaches include specifically, and which techniques often are favored. Population-based treatments can be nonclinical, meaning they cannot provide individuals with specific mental health treatment (such as therapeutic approaches and pharmaceutical treatment). The standard for undertakings that are classified as population-based including certifying public health authorities and ideas about what a population-based health-focused method has traditionally involved are congruent with this requirement (Eseadi et al., 2020b).

Moreover, since the treatment takes place at the systemic level rather than the medical level in the health sector, it may be said to be population-based. As they have had an impact on large populations at once, cultural, financial, and somatic regulations are also regarded as population-based treatments, and mental epidemiological evidence suggests that a variety of national legislation influences mental well-being (Saguem et al., 2022).

Treatment Strategies

There is no question that lay perceptions affect therapy recommendations. When different medical professionals are available, social variables will likely influence public perceptions of treatment, as is usual for any biased research. The surveys (Adebowale and Adelekan, 2020), shows that family counselors and doctors are the psychological treatments that are most frequently recommended, followed by counselors. Medical practitioners and therapists are preferred when a person has a medical condition with a hereditary cause. In contrast, counselors are recommended when a person is experiencing a catastrophe in their life. Similarly, psychopharmacological treatments are preferred over therapy when someone thinks they have a medical condition. However, psychopharmacologically based medications are also the most likely to be overlooked (Saguem et al., 2022).

Suppose an accurate image and proper data can be acquired of the psychiatric condition if societies are more conscious of sufferers in their everyday routines, which enables everyone to question their preconceptions and adjust to facts. “Studies examining (Saguem et al., 2022) have concluded that there are three methods that can be employ to lessen stigma and prejudice; providing information and training about the psychiatric condition, objecting to inaccurate representations of mental disease, and having close communication with those who are suffering from the condition. These techniques are conveyed through three "networks" according to Saguem et al., 2022: the public, influencers, and trusted individuals. A vision of a society or associated human experience

marked by marginalization, humiliation, blaming, or depreciation can be brought on by the actual or plausible expectations of negative social judgment.

Utilizing the media can be challenging since it frequently presents negative information and uses psychiatric jargon in derogatory ways and metaphorical ways. An example of a typical headline might be that the economy is in depression or that lawmakers have adopted schizophrenic policies (Barlati et al., 2022). Even if it would be politically wrong for the media to continue using such phrases, doing so would not ensure that people's sentiments would shift. The personal crisis concept of mental conditions should be utilized in its place since it has the power to build empathy and closeness among those who interact with mentally ill people, elevating their status to that of "one of us" (Saguem, 2022).

Influencers are in a prime place to shape the public image of psychiatric conditions and associated stigma because of their high levels of esteem and trustworthiness (Soroye, 2021). The sole exception would be people who work in the health sector, where devotion can appear relatively shaky, given that doctors frequently do not personally hold the most favorable views regarding psychiatric conditions. Given that they have experienced these conditions and can speak from a personal perspective when reporting on encounters and discussing remedies, people of confidence can have extraordinarily high reliability. If the overall population highly recognizes them, they may attract far more interest (Soroye, 2021).

Educational initiatives, reveal that talking to children and pupils about their mental illnesses has the most significant impact. It is most probable that individuals

encounter someone with a psychological defect daily and that everyone understands somebody who struggles with or has experienced such diseases. Approximately 50% of community respondents have a psychiatric disorder incident during the course of their lives that needs treatment (Okeke and Onyebueke, 2021). It is much easier to review prejudices and adjust if there is more accurate patient involvement in the everyday life of a community. Many strategies are used to reduce stigma and prejudice, but only a mix of strategies will be most effective in the long run. Unremarkable daily tasks and interactions are primarily responsible for reducing the stigma and prejudice toward people with mental illness (Zeng and McNamara, 2021).

How to Cope With Stigma

In Nigeria, there is no known program for preventing and eliminating mental illness. More than 1 billion Nigerians subsist on less than around \$1 daily. The country has significant challenges due to uncertainty. Due to ethnic conflict and the Islamic rebellion (Boko Haram), lives have been lost, and over two million have already been homeless (Saguem et al., 2022).

The research also found that there isn't enough subjective examining of Nigerians' perspectives, understanding, and opinions concerning mental illnesses. Additionally, most of the research examined was conducted in the southwest of the nation. The southeastern areas, particularly, are regions that have been given less attention. The research focused on the Igbos in Nigeria must be looked at as these areas are underdeveloped, have security concerns, have inadequate learning levels, and are impoverished (Saguem et al., 2022).

People might be hesitant to acknowledge their need for rehabilitation. It is important to create an environment where they do not hesitate to obtain assistance because of their worries about being diagnosed with a mental disorder. They must understand that therapies can bring comfort by figuring out what's happening and lessening issues that conflict with their career and private life (Saguem et al., 2022).

Do Not Even Allow Stigma to Lead to Self-Doubt and Humiliation

Stigma comes from a variety of sources. Individuals who erroneously think to make a person believe that they are weak or that they are not able to manage this illness individually may build greater esteem and get rid of negative consciousness by going to counseling, learning more about their disease, and making connections with other people who are also suffering from mental health.

Avoid Isolating Such People

Individuals with mental issues might be hesitant to confess their mental condition. If they are aware of their mental illness, they must believe that their relatives, coworkers, clergy members, or others in society will help them. Society must show the required empathy, tolerance, and kindness, and facilitate connection with those who need mental health care.

The condition should not be linked with the individual. The general population should be told that people with mental issues are not unwell. Hence, it is better to use the phrase "you have bipolar disorder" instead of "you are bipolar." It is better not to use "you are schizophrenic." Rather it is best to use "you have schizophrenia." (Barlati et al, 2022).

Create a Support Network to Attend

By informing individuals who have a mental illness, their relatives, and the broader population, certain regional and nationwide organizations, like the National Alliance on Mental Illness (NAMI), promote local activities and online tools that aid in eliminating stigma. A few governmental and state organizations and programs must help with individuals with mental illness (Zeng and Mcnamara, 2021).

Provide Help at the School Level

The schools must provide support in screening children for psychological disorders affecting knowledge acquisition and discover what strategies and curriculums can influence them. Judgment against pupils due to psychological disorders should be against the constitution, and educators at all levels of education should be obliged to accommodate people in the best possible manner. Teachers, professors, or supervisors must provide guidance about the best methodology and resources. It should be obligatory for the teacher to stay informed about students' incapacity, and they must be bound to help them accordingly. All the way that may cause discrimination or blockades to knowledge and poor performances must be clearly removed (Labinjo et al., 2020).

Be Vocal About Stigma

Think about sharing ideas at gatherings, in open letters, or online. It can encourage those suffering the same difficulties and educate the general population about mental disorders. Most of the time, other people's opinions are founded on incomplete comprehension instead of being informed and supported by reality. It may significantly impact understanding to embrace the disease and identify what someone must do to

manage it, ask for assistance, and contribute to the education of others (Labinjo et al, 2020).

Summary and Conclusion

The literature on the stigma associated with receiving mental health services among Igbo people in Nigeria highlights several significant themes. One central theme is the cultural beliefs and practices contributing to mental health stigma. For example, traditional beliefs may view mental illness as having spiritual or supernatural causes, leading to a reluctance to seek professional help.

Another theme is the impact of societal attitudes and discrimination on individuals seeking mental health services. Stigmatizing attitudes and discriminatory behaviors can create barriers to accessing care and lead to feelings of shame and isolation among those needing support.

In terms of what is known, research has shown that stigma associated with mental health services is a significant issue among the Igbo population in Nigeria. Studies have documented the negative attitudes and beliefs held by the public and health-care professionals toward individuals with mental health concerns.

However, there are still gaps in the literature. For example, there is a need for more research on the specific factors that contribute to stigma among the Igbo population and the impact of stigma on help-seeking behaviors and mental health outcomes. Additionally, there is a lack of studies examining the effectiveness of interventions to reduce stigma and improve access to mental health services in this context.

The present study aims to fill one of these gaps by investigating the experiences of stigma associated with receiving mental health services among Igbo individuals in Nigeria. By exploring the cultural, social, and individual factors contributing to stigma, this study will provide valuable insights into this population's unique challenges. Furthermore, by examining the impact of stigma on help-seeking behaviors and mental health outcomes, the study will contribute to a better understanding of the consequences of stigma in this context.

As we move into Chapter 3, the study will employ a mixed-methods approach. Quantitative data will be collected through surveys to assess the prevalence and severity of stigma among Igbo individuals seeking mental health services. Qualitative data will be gathered through interviews to explore this population's lived experiences and perspectives on stigma. Combining these methods, the study aims to comprehensively understand stigma and its effects on mental health service utilization among the Igbo population.

In conclusion, the present study addresses the gap in the literature by examining the stigma associated with receiving mental health services among Igbo individuals in Nigeria. By investigating the factors contributing to stigma and its impact on help-seeking behaviors and mental health outcomes, this study will extend knowledge in the discipline and provide valuable insights for developing interventions and policies to reduce stigma and improve access to mental health services among the Igbo population.

Chapter 3: Research Method

As identified in chapter 1, the purpose of this study is to explore how the Igbos in Nigeria's Igbo region were affected by the stigma associated with utilizing mental health services. This chapter explains the research issue, research methodology, and outlines the research questions.

The following are the main sections of this chapter:

1. Introduction: The problem and the investigation's goal are briefly outlined in this part. Also provided is an overview of the research areas that serve as the focus of the examination.
2. Research Design and Rationale:
3. Role of the Researcher:
4. Methodology: The research strategy and methodology employed in the study are detailed in this section. It outlines the data collection approach, which includes the use of semistructured interviews with open-ended questions, to chronicle the experiences of stigma associated with receiving mental health care among the Igbos in Nigeria. A basic explanation of the thematic analysis methodology used for data collecting is also provided in this section.
5. Issues of Trustworthiness:

The research strategy and methodology employed in the study are detailed in this section. It outlines the data collection approach, which includes the use of semistructured interviews with open-ended questions, to chronicle the experiences of stigma associated

with receiving mental health care among the Igbos in Nigeria. A basic explanation of the thematic analysis methodology used for data collecting is also provided in this section.

By providing a summary of the key elements of this chapter, the reader is given a clear understanding of the content and structure of the upcoming chapters, which will delve deeper into the study findings, analysis, and comments.

Research Design and Rationale

In Chapter 1, the study questions are as follows:

1. How do cultural beliefs impact the Igbos in Nigeria in their perception of mental health treatment?
2. What are the social and psychological consequences of stigma associated with help-seeking behavior among Igbos in Nigeria?
3. What are the barriers that prevent the Igbos in Nigerian from accessing mental health services?

The study's main idea or phenomena is the stigma attached to using mental health services among the Igbo people of Nigeria. As defined in Chapter 1, stigma is the term for the unfavorable attitudes, preconceptions, and prejudices about mental illness that lead to social exclusion, prejudice, and aversion to asking for treatment or disclosing mental health issues.

For this study, qualitative research, namely a phenomenological approach, was the method of choice. The in-depth study and comprehension of people's lived experiences and perceptions made possible by phenomenology is particularly adapted to capturing the subtleties and subjective elements of stigma, cultural beliefs, and help-

seeking behaviors. This method enables participants to share their individual experiences, viewpoints, and processes for creating meaning in relation to mental health stigma through interviews and open-ended questions (Okeke & Onyebueke, 2021).

Given the nature of the study topics and the necessity to obtain understanding of the varying subjective experiences and viewpoints of members of the Igbo community, a qualitative phenomenological approach was used. This method makes it possible for participants to give rich, in-depth accounts of their experiences, assisting in the discovery of underlying meanings, cultural settings, and social dynamics that affect stigma and help-seeking behaviors. It offers a chance to investigate the phenomenon's subtleties and intricacies in a comprehensive and contextualized way.

The depth and complexity of people's experiences with stigma and cultural beliefs may not be adequately captured by other research traditions, such as quantitative methods. The subjective feelings, meanings, and cultural nuances connected to stigma and help-seeking behaviors may not be adequately captured by quantitative methods because they primarily concentrate on numerical data and statistical analysis. This study can offer a more nuanced and thorough knowledge of people's lived experiences within the Igbo community by using a qualitative phenomenological approach, illuminating the socio-cultural elements that influence their perceptions and behaviors.

In conclusion, the qualitative phenomenological approach was selected for this study to examine the Igbo in Nigeria's subjective experiences with stigma, cultural beliefs, and help-seeking behaviors. It enables a deeper comprehension of the

phenomenon being studied and offers perceptions that might not be available through other research traditions (Adelekan and Adebowale in 2020).

Role of the Researcher

In qualitative research, the role of the researcher can vary depending on the study design and approach. The three primary roles are participant, observer, or participant-observer.

1. **Observer:** In this role as an observer, I will mainly keep my eye on the participants and their interactions while remaining passive in the research environment. I will observe events, behaviors, and interactions while maintaining objective and concentrating on gathering data.
2. **Participant:** My role this capacity, I will actively participate in the study environment, joining the other participants as a participant. I will have a firsthand insight of the topic under inquiry and an insider perspective.
3. **Participant-observer:** This position I will involve myself both as a participant and an observer.

To observe and record the research situation objectively. Also, I will take part in some activities and interact with individuals while still retaining a critical and analytical viewpoint.

I must be conscious of any biases they may have and any power dynamics that may present in the research context. My role will be to uphold moral integrity and prevent conflicts of interest, transparency, and disclosure of any personal or professional relationships with participants. The participants' voluntary involvement, informed

permission, and privacy must be ensured where there are supervisory or instructor connections with positions of power.

I will use different techniques to manage my biases and power dynamics such as self-reflection and reflexivity. I would also seek feedback from others, keep a reflective journal to record my biases and reflections, and use a rigorous research methodology that incorporates multiple data sources, member checking, and triangulation of data.

In terms of ethical considerations, I will be mindful of potential conflict of interest, power imbalances, and the use of incentives. I will follow clear ethical rules, obtain informed consent from participants, protect their privacy and confidentiality, and maintain the impartiality and integrity of the study process. I will seek ethical permission from relevant institutional review boards or ethics committees in order to ensure that I protect participants' rights and welfare.

Methodology

This study utilizes qualitative content analysis and grounded theory to investigate the stigma associated with using mental health services among the Igbos in Nigeria. To describe behavioral interactions, content analysis, a descriptive method of theory development, entails evaluating the existing content. Stigma significantly hampers access to and use of mental well-being treatments, the data on this topic will be gathered through data mining, and grounded theory will be employed for charting the inclinations in the discovery connecting to stigmas present in Igbos of Nigeria (Fornari & Fonseca, 2020).

The researcher also uses a data analysis coding system (Mamta & Gupta, 2020). Grounded theory is a method utilized for discovering new theories in a robust and

inductive research method. The hypothesis is usually preconceived, and the outcome is clear. The researcher has fewer concerns about the validation or description. For example, the research question Stigma is a fundamental obstacle to utilizing psychological fitness facilities. The grounded theory seeks to identify or create a hypothesis from the evidence that has been methodically gathered and examined by comparing the results.

The theoretical foundations of the study and factors affecting the stigma associated with seeking mental health treatment among the Igbos in Nigeria were explored in the chapter before this one. This chapter begins by outlining the research methodology, including the methods used for data collection, content analysis using data mining, and material selection for a detailed analysis of the study's subject issues (Zeng & McNamara, 2021). To comprehend experiences, views, or attitudes, the research, as previously said, is based on qualitative forecasting techniques, which include obtaining and analyzing non-numerical statistics like videos, audio clips, or text. It may be utilized to generate fresh research theories or to get thorough information about research problems. The clustering process of data mining will help in qualitative research, which includes transforming intangible concepts into categories of interacting components. A collection of data elements can be considered a cluster. When performing cluster analysis, the original dataset is first separated into sections depending on how comparable the information is, and the groupings are then given tags. The study was conducted against the backdrop of Nigeria's special community called Igbos (Gohar & Lee, 2020).

Participant Selection Logic

The population of interest for this study is made up of people who self-identify as Igbos, are at least 18 years old, were born in Nigeria, have lived in the United States for at least ten years, and speak English. To establish how participants meet the specified criteria for being Igbos who are at least 18 years old, born in Nigeria, have lived in the United States for at least ten years, and speak English, I would use a combination of methods and documentation to verify their eligibility:

1. **Proof of Age:** Request participants to provide a valid government-issued ID, such as a passport or driver's license, to confirm that they are at least 18 years old. Ensure that the birthdate on the ID matches the criteria.
2. **Country of Birth:** Ask participants to provide documentation, such as a birth certificate or a passport, to prove that they were born in Nigeria. This can confirm their Nigerian origin.
3. **Duration of Residence in the United States:** Request participants to provide proof of their residency in the United States for at least ten years. This could include documents such as visas, green cards, naturalization certificates, or tax records. Additionally, participants might be asked to describe their history of residence in the United States in a questionnaire or interview.
4. **English Proficiency:** Assess the participants' English proficiency through standardized tests, interviews, or self-assessment questionnaires. Participants will be asked to provide their English language qualifications or describe their English language usage and fluency in daily life.

It's important to maintain privacy and confidentiality when collecting and verifying these documents and information. Ensure that the verification process complies with applicable laws and regulations, especially concerning personal data and privacy.

Additionally, for research or survey purposes, I will include a consent form that clearly explains the criteria and the purpose of the study to participants, ensuring that they understand and agree to these terms before participating (Anaemene, 2019).

Purposive sampling, which entails the deliberate selection of individuals with certain features or experiences pertinent to the research objectives, will be the employed sampling method (Bouncken et al., 2025). Given the practical difficulties in reaching the target group, convenience sampling is warranted in this investigation. As there are expected to be more Igbos in the study region, the researcher will seek participants from the Nigerian community, churches, and Coal City International Club. Considering the precise inclusion criteria for participants, this technique enables effective participant recruitment and data collection (Anaemene, 2019).

Recruitment attempts will be done to find volunteers from a variety of age groups, genders, educational backgrounds, and experiences with stigma around mental health to ensure diversity within the sample. This will offer various viewpoints and insights into the phenomenon being studied.

Twenty people will make up the study's sample size. According to Gohar and Lee (2020), qualitative phenomenology studies typically aim for a sample size of about 20 people or until saturation sets in, at which point no new insights or themes emerge from the data (Gohar and Lee, 2020 p. 21). Saturation will be monitored during the data

collecting process, and recruitment will end if it happens before the desired sample size is reached.

The researcher would use personal connections within the Nigerian community, churches, and Coal City International Club to find participants. In these places, flyers and announcements asking those who qualify to participate in the study will be distributed. A thorough explanation of the study's goals, methods, and participant rights will be given to any interested parties. Before the interviews begin, each participant will provide their informed consent.

It is significant to emphasize that convenience sampling has drawbacks, including potential bias and a limited capacity to generalize results. But in qualitative research, rather than in quantitative generalizability, the emphasis is on in-depth study and comprehension of participants' experiences (Bhardwaj, 2019). Instead of generalizing about the entire community, the aim of this study is to get deep insights into the experiences of Igbos in connection to cultural beliefs and stigma around mental health.

Population and Sample

The study population for my study comprised of individuals that self-identify as Igbos, 18 years and older, born in Nigeria but moved and reside in the U.S. for the past 10 years, and must speak English. The population was appropriate for the study objective which is stigma associated with using Mental Health services among the Igbos in Nigeria. The population was also good for the purpose of the study which is to explore the stigma and cultural beliefs that make the Igbos in Nigeria feel that mental health treatment is a taboo. The population answered the research questions which asked how do cultural

beliefs impact the Igbos in Nigeria perception of mental health treatment, what are the social and psychological consequences of stigma associated with help seeking behavior among the Igbos in Nigeria, and what are the barriers that prevents the Igbos in Nigeria from accessing mental health services? The population had experiences necessary to answer the research questions.

Data was collected from a purposive sampling of 20 Nigerian participants who self-identified as Igbos, 18 years and older, born in Nigeria but moved and reside in the U.S. for the past 10 years, and must speak English. Purposive sampling, according to Bhardwaj (2019), involves the purposeful selection of participants based on the study's objectives. By purposefully selecting individuals with traits or backgrounds pertinent to the research issue, this sampling technique enables researchers to make sure the information gathered is consistent with the goals and objectives of the study.

With gathering and analyzing data, there are two different methodological techniques used. For examining big data, all the material already available will be screened through data mining (Comparing EM Clustering Algorithm with Density-Based Clustering Algorithm Using WEKA Tool, 2016). This method does not use the conventional sampling procedure. Instead, it uses mechanized computer analysis and keyword search techniques. Nevertheless, the drawback of this method is that the employment of nonhuman instruments prevents complicated elements and intricate literature from being effectively detected or properly classified (an optimal path search using the spatial-keyword query by using the keyword expand closer, 2018). Second, a technique is frequently used for coding in numerical simulations. Data collectors often fail to

recognize the oversensitivity of the various definitions of the subject and the testing periods of the massive amounts of information being studied. They must show the legitimacy of techniques by contrasting the outcomes from two distinct procedures since consistency is required but insufficient for authenticity (Fornari & Fonseca, 2020).

Nevertheless, this procedure has frequently been skipped in numerous instances. Additionally, it might be challenging to quantify the descriptive and inferential statistics of specific thematic literary elements, such as frames. As a result, some use a human decoding strategy employing conventional data gathering, depending on the topic under investigation (Formari & Fonseca, 2020).

Population's Parameters

The two approaches to data mining contributed to the optimal results being produced. Utilizing advanced analysis methods to uncover data unidentified previously, like finding the correlation between stigma and demographic factors and emotional symptoms, reliable trends, and linkages in sizable data series called data mining. These tools may include computational models like human brains or selection trees, methods for machine knowledge, and simulation approaches. Thus, evaluation and forecasting are included in data mining. Data mining experts have focused their career paths to comprehend better how to perform and make judgments from a large amount of information. However, what are the methodologies they employ to make things happen? They rely on various methodologies and tools from the interplay of computer vision, systems integration, and facts and figures (Fornari & Fonseca, 2020). Data mining can provide valuable insights into the complex issue of my study regarding mental health

stigma, enabling researchers and stakeholders to better understand the problem and develop evidence-based interventions and policies tailored to the unique needs of the Igbos in Nigeria. It also allows for a data-driven and adaptive approach to addressing mental health stigma over time.

Classification Analysis

This technique retrieves significant and pertinent information concerning metadata and other data. It is employed to classify various types of information into several groups. It divides existing data into several pieces known as classes, clustering, and classification related to each other. However, contrary to clustering, the database administrators would be familiar with various classifications or clusters in this case. To determine how fresh material should be sorted, techniques would be used in classification analysis, as in the previous example exploiting the correlation between stigma and demographic factors and emotional symptoms.

The Outlook email is an excellent example of categorization research. To classify an email as authentic or junk, Outlook employs a specific technique (Mamta & Gupta, 2020). For this study, classification analysis can provide valuable insights into the factors and characteristics associated with mental health stigma among the Igbos in Nigeria, helping researchers and stakeholders develop targeted strategies for reducing stigma and improving access to mental health services within the specific cultural context.

Association Rule Learning

To find several intriguing relationships between different themes in huge databases (dependency modeling), themes related to stigma may serve as dependent

variable stigma, and categories related to demographic factors and emotional symptoms may serve as independent variables. This method can assist in revealing certain underlying designs in the information that can be accessed to pinpoint critical factors inside the dataset in addition to the coexistence of other themes found in the dataset rather commonly, like another feature to be explored as representative of a minority indigenous group. The participants were linked to more significant stigma. For this study, association rules can be used to analyze and predict consumer behavior analyses. IT programmers use association rules to create machine-learning applications and sort data by demographics and other features (Mamta & Gupta, 2020).

Instrumentation

Data Collection or Clustering

Clustering, traditionally viewed as a quantitative technique, finds its application in qualitative research through a process of organizing and making sense of data that doesn't necessarily have numerical attributes. In qualitative research, clustering serves as a method to identify patterns, themes, or categories within unstructured or semistructured data (Mamta & Gupta, 2020).

In the context of my study, which likely deals with qualitative data, clustering offers a means to organize and interpret complex information. Rather than focusing solely on numerical attributes, clustering in qualitative research involves grouping together similar data points based on their inherent characteristics, themes, or attributes. This process allows researchers to identify commonalities, variations, and underlying patterns within the data, providing valuable insights and understanding (Ilba, 2015).

While clustering may traditionally be associated with quantitative simulation, its adaptation to qualitative research involves identifying clusters of related information, themes, or concepts. This qualitative clustering approach aids in the exploration and representation of data in a meaningful way, allowing researchers to uncover hidden insights and relationships (Mamta & Gupta, 2020).

Furthermore, clustering in qualitative research is not merely about summarizing data into a few clusters but rather about capturing the richness and diversity of the dataset. It enables researchers to delve into the nuances and complexities of the data, facilitating a deeper understanding of the phenomenon under investigation.

Applications of clustering in qualitative research are diverse and encompass various fields such as text analysis, information retrieval, and community monitoring. By applying clustering techniques, researchers can effectively analyze and interpret qualitative data, uncovering valuable insights and contributing to the advancement of knowledge in their respective domains (Mamta, & Gupta, 2020).

In essence, clustering in qualitative research involves the systematic organization and interpretation of data based on shared characteristics or themes, allowing researchers to explore and understand complex phenomena in depth. Through this approach, clustering serves as a valuable tool for generating new knowledge and insights from qualitative data.

Determination of Coding Classes

Controlled observation, a rigorous observation developed on certain specified rules, is the foundation for measuring the amount of material accessible from the records

and available content. Like representatives of a minority indigenous group, the participants were linked to a more significant stigma or behavioral interactions between Igbos and other nationalities. The methods for classifying the material are described in these recommendations (Mamta & Gupta, 2020). For the detailed examination, the thus-delineated subcategories must be mutually incompatible. These detailed instructions have the advantage of making spontaneous repeating and development reliable. As a result, all the data needed for a systematic review is gathered and organized into bigger clusters. For instance, one of these sections might combine stigmas, contextual backgrounds, and religious and spiritual beliefs to examine the idea of a sense of belonging. This process of categorizing the data is known as selective reduction. It allows the inquiry to focus on the divisions, including the precise justifications and summaries that address the research questions (Mamta & Gupta, 2020).

The Data Coding

Coding is the process of labeling or ascribing a descriptive characteristic to such information to be analyzed. A term or maybe a statement can be used to encode the data. The stigmas can be numbered in different codes. Each category is given a beginning and a number during the coding procedure. The codes must have been incompatible (Morgan, 2022).

Checking the Validity and Dependability of Data

The verification and analysis of the data collected during the coding design phase are included in this step. The validity of the data must be verified. The collected data needs to be verified to see whether it analyzes what it claims and whether the fallouts are

accurate. Sampling credibility refers to the verification and scrutiny of the sample selected for the test. Linguistic correctness also assures that different statements or concepts placed in a classification that could have a common theme all belong to the same category by correcting them. The correlation must be examined to determine if another dimension may be used instead of one (Morgan, 2022).

The data must be consistent across the assessment method to pass the dependability test, which determines if the information is reliable. By experimenting with different coding schemes for the dataset and evaluating the results, repeatability is tested. The sampling is verified to assess the material consistency level over a certain time as part of the reliability assessment of the dataset. An operational precision metric determines if a process generates results commensurate with its concept and follows the parameters as expected. Creating dependability in literature review is a serious issue since results without successful verification and uniformity are considered useless (Morgan, 2022).

Expansion and Use of Codes

Coding is the name given to the classification of statistical models. A "code" is a short statement or phrase that denotes a topic or idea. Each code is given a set of descriptive labels. Numerous non-quantifiable foundations, such as acts, concepts, endeavors, and results, can already be classified differently (Wu et al., 2020).

Types of Coding

Open. The first stage analyzes and categorizes the collection of raw information (Wu et al., 2020).

Axial. Integrating and combining the groupings of codes. The research will make use of a keyword search strategy called axial coding. For example, the term stigma for depression was assigned the code ST-D for material connected to a certain type of stigma. At the same time, numerous ST-related information from various sources (for example, interviews and literature reviews) and other publications can be coded and utilized for cross-verifying the research. This method will be expanded to the qualitative approach of data gathering beyond the questionnaires and focus groups.

Selective. The data's fluidity by linking the groupings. This approach will be used to categorize the data gathered from interviewees. Coding can be completed physically or using examination.

Software. Coding collects all the data related to the query or diagnostic concepts through cases, file cabinets, and folders. It is accurate to say that the manual process of Coding used in qualitative research is outmoded, time-consuming, and inefficient (Wu et al., 2020). Instead, coding is built on computer software, and computer-based directories and files have taken the role of cabinets and actual archives. It is important to understand all categories of applications when selecting the program for qualitative data analysis, including the method and volume of data that should be examined, the time it will take to learn the software, and any financial restrictions.

Axial Coding

The second stage of coding for the grounded concept would aid in establishing a connection between the numerous study assumptions and concepts. The accumulated qualitative data is transformed into a distinctive theoretical explanation using a

theoretical framework. The "open coding" method could be used as the preparatory coding methodology for this study before moving on to axial coding. Since the open coding method calls for the information to be divided into large chunks, axial coding enables the researcher to find associations among codes. The codes from open coding were analyzed in axial Coding since they are the most significant and predominant in the formulation of concepts, and they are sanitized and elevated to the position of the class (Morgan, 2022).

Axial Coding Defined

Axial coding aids in understanding the codes and the crucial data in qualitative research so that it can be captured how participants interact with the institution and then abstracted into classes. These might incorporate more web-based content through effectively locating scraping, and more data on the issue can be accessed. The outcomes might be generated by speculating on a current code or developing unique ideas made up of several codes. The search will be done using the keywords "like stigma on mental illness or Igbo mental health," as some codes will only slightly match one another in the axial coding. These are referred to as redundant codes and can be merged and retitled to order the study's theme (Morgan, 2020).

After applying axial coding, various groups will appear supported by a wiped-down collection of auxiliary codes. These are called "axes," and the accompanying codes revolve surrounding them (Morgan, 2020). The analyst can compile broad "classes" that come from the relationships of the many codes connected in open coding with the aid of axial coding.

There are no generally appropriate guidelines for qualitative statistical assessment that might be used to provide results. Even when assessing data in qualitative investigations, the investigator's diagnoses and crucial questioning skills are quite important. As a result, no qualitative investigations can be replicated to get equivalent results. However, certain techniques may help identify similar patterns to form associations in responses from sample information regarding the codes that have been determined in the earlier part (Morgan, 2022). Predominantly the most principal and working procedures of qualitative data search.

Incorporate

Expressions or thoughts repetitions - terms and expressions that participants have and use repeatedly and that are associated with uncommon attitudes whenever the qualitative approach is reviewed.

Comparisons of secondary and primary information highlight change between the two sets of findings and relate the textual analysis or assumptions to the assumptions derived from secondary data or literature review. The possibilities of the scenario are examined after looking for any outstanding facts, even though it became clear from supporting information that the response may disclose them.

Analogies and Signifiers. Discuss parallels and differences between events from various zones and basic research findings.

Summarizing the Data

The necessity to connect the research approach from previous stages to the reason for the inquiry, as well as its goals and propositions, is the last degree of document

management. The facts, in summary, will assist in analyzing the problem or difficulties with the investigation. Placing factual excerpts within the assessment could also help to highlight any possible contradictions and reinforce the primary focus of the results.

Data Collection

After examining the information obtained from the scraper's results, the content for research analysis and data collection for decision-making will be conducted. The information will be organized in the configuration of non-numerical substantiation, typically in the classification of claims and speech patterns gathered using methodologies of the qualitative research process. This practice enables everyone to start investigating. Since narrative evaluation acquires excessive data, it is predicted that the method employed to obtain information would produce many facts in large chunks. As a result, the words employed throughout the narration might serve as the main foundation for the facts. Making judgments from the huge amount of data will need decoding the terms and phrases (Gohar & Lee, 2020).

Advantages of Qualitative Research

It is possible that qualitative research must integrate pioneering ideas and originate fresh research queries. Qualitative research typically aims to validate the opinions and viewpoints of participants. The flexibility in acquiring, analyzing, and evaluating information is the main benefit of qualitative research. Investigation of topics that require modification, such as fresh ideologies or evolving designs, is beneficial. Results are not predetermined or fixed before conclusions (Zeng & McNamara, 2021).

Furthermore, descriptive study works well when data collection occurs against realistic backdrops or using authentic methods. The techniques at hand will offer evocative comprehensions. Qualitative research offers a full metaphor for individual experiences, strategies, and ideas that may be used when developing, testing, or fine-tuning products or systems. The biggest benefit of qualitative research is that it fosters the creation of new ideas because it enables the researcher to pose open-ended questions and offers tools for processing the answers. As a result, it may enable them to identify new problems or opportunities they might not have otherwise considered. For instance, the idea of stigma is relatively untouched and unexplored in Nigeria and offers a large ground for working. The research will lay the foundation for the development and theorization of grounded theory (Zeng & McNamara, 2021).

Disadvantages of Qualitative Research

To assess the validity of the findings from qualitative research, it is crucial to consider both real and hypothetical limits while studying and comprehending the data. Qualitative research faces the challenge of unreliability since it is usually challenging to analyze and interpret data from qualitative research because of uncontrollable factors that skew the results. The potential presence of subjective elements may also be included in this. Qualitative data can't be replicated since the researcher plays a crucial role in gathering and interpreting the material (Zeng & McNamara, 2021).

The investigator has the last say in what ideas and facts are included. Therefore, irrelevant aspects are occasionally considered part of the data analysis due to the researcher's involvement in the decision-making process. Accordingly, different people

may have quite different understandings of the same evidence. Another problem with limited comprehensiveness is that small samples are sometimes limited, and it is frequently difficult to acquire comprehensive data on ethnicities. The data might be manipulated and deceptive to the larger population, making it difficult to infer generalizable conclusions despite painstaking analysis techniques (Zeng & McNamara, 2021). The labor-intensive methodology is the exploratory approach. Although several programs can handle and record large amounts of textual content, data analysis is typically measured or completed manually (Morgan, 2022).

Forecasting of Data

The scientific opinion, the Delphi technique, and the survey method are the primary statistical regression methodologies that professionals utilize and consider helpful. The independent expert approach will be used in this study's outcome evaluation and report construction since it is simple. For example, depending on the researcher's viewpoint, a prediction is either very important or required for multiple unrelated yet other tasks that occur in a sampling frame of a qualitative technique. The individual seeking pertinent information on that subject may view this perspective as their most well-informed one. Consider a topic that is novel or that few people have discussed. The likelihood of discovering available information or pertinent material in that situation is quite slim, and no chronology is often traceable. The only technique to confidently interpret the facts or corroborate the findings is to seek an independent expert view and obtain a prognosis or evaluation of the circumstance, incidence, progress, or both (Krusen & Martino, 2020).

Believing the opinion of a certain individual has a disadvantage because bias is inevitable. Furthermore, a prognosis based on one expert viewpoint could not be accurate if a stronger subject emerges from the investigation. Forecasts linking various outcomes, such as the introduction of technological advancement into public opinion or a shift in public behavior, may result in this circumstance. These outcomes may have a notable impact on the decision to launch a plan or the success of the market entry. It is challenging to depend only on expert opinion when examining a fresh issue like mental health stigma since it will just amount to a guessing game. To comprehend the impact of these stigmas on people seeking assistance and the beneficial features of the systems, one must learn how the medical support method responds to various performances and value creation. It will be crucial to speak with several specialists, to get the answers to the research questions. This research may also need knowledge across a range of areas rather than just an estimate from people close to the work. The Delphi method could be a good forecasting strategy in certain situations (Zeng & McNamara, 2021).

Data Analysis

The Rand Corporation created the Delphi approach in the United States, a popular qualitative forecasting method that generates insight into the future by utilizing data from specialists in certain fields. The phrase "Prediction of Delphi" refers to the ancient Greek prophecy considered to anticipate the future. The Delphi method will be used in this study, and the stages will be the distribution of survey questions to the chosen individuals in the region of health care that have already been identified in Nigeria, the knowledge of one another's narratives, and their independent analyzation and viewpoint structure

concerning the stigma and its features. Options should be observable to the greatest extent possible, and the queries should be structured correspondingly: To better understand the idea of common ancestry, for instance, how many people have opted for help even knowing the attached stigma? Medical awareness, and its benefits and relationships issues are some aspects (Extension Organizational Strengths: A Delphi Analysis, 2021).

After the first round of responses, the results are reassigned, the mass effect trilogy is analytically investigated (giving the rotation of responses), and a few more reviews from the sample to reconsider their positions considering the new data. If an individual's viewpoint falls further than the standard deviation, they must either modify their behavior or explain why their position is so severe; the other experts will consider this. This process is repeated three or four times until all individuals get an understanding. The combination of time frames and degrees of the likelihood for the predicted attributes specify the conclusions of the Delphi predispositions. This approach will be employed in the current study to measure stigma patterns and the opinions on program expansion that may be needed and advised. The Delphi technique will be applied if there are significant discrepancies in the results. It is acknowledged that the Delphi forum tends to interact to reach a consensus opinion, which is typically precise. However, there tends to be less accuracy when predicting future advancements. Even after several rounds, there may not always be an agreement (Extension Organizational Strengths: A Delphi Analysis, 2021).

Significance of Research Methodology

The research technique is important to better understand and connect stigma with mental health in Nigeria. By contributing knowledge to understanding the phenomena of mental illness and the required help associated, the qualitative approach can outline the circumstances and engagement of social initiatives. The methodology will produce reliable facts that can be related using observations and analytics. The advantage of this research is that it can provide more accurate results by using smaller sample sizes, descriptive statistics, and self-assurance phases for each variable, as well as consideration of the significance of the test criterion, its level of implicit assumption, components of self-determination, and the direction it wants to go.

Through brainstorming, using subjective judgment in qualitative research to assess the stated opinions or forecasts based on non-quantifiable information, such as stigma on mental health, will provide a professional opinion to build new concepts. This work advances and develops concepts through knowledge based on the study. It also provides a tool for academic research. It provides a solution to several of the issues raised in the investigation description. It enables the efficient use of resources as well. The restrictions reduce queuing and service fees (Fornari & Fonseca, 2020).

Issues of Trustworthiness

Credibility

To ensure the validity and reliability of the findings, it is crucial to employ various strategies to build credibility in research.

Thorough knowledge of the research context and participants is aided by detailed descriptions, which help readers determine whether the study applies in different contexts (Smith et al., 2022).

By enrolling a broad group of participants, variation in participant selection increases the study's external validity and improves the generalizability of the findings (Smith et al., 2022).

Building trustworthiness also involves using a variety of data collection technologies. Various techniques, such as focus groups, interviews, observations, and other instruments, allow for a more thorough and triangulated understanding of the study issue. Using this method, researchers can cross-validate their findings and better understand the topic they are studying (Smith et al., 2022).

Researchers should offer comprehensive information on the origin, the author, the publication date, and the instrument's prior use with various participant groups for publicly accessible data collection instruments. This openness makes it easier to guarantee that the instruments selected are appropriate and pertinent to the current investigation. Content validity must also be established to verify that the instruments accurately measure the desired research questions.

Researcher-developed instruments should have a clear justification for their creation, such as literature sources or preliminary testing. This procedure assists in validating the instruments' suitability and guarantees their efficacy in measuring the study's objectives.

In conclusion, using strategies like extensive description, varied participant selection, and several data-gathering technologies promotes credibility in research. These techniques help to strengthen the reliability and validity of the research findings, encourage a better understanding of the phenomena being studied, and raise the study's overall significance and influence.

Transferability

The degree to which a study's findings can be extended or generalized to different situations or groups is known as transferability, also known as external validity in qualitative research. Although generalizability is not the main objective in qualitative research, there are several ways to improve transferability (Yu and Mitchell, 2020)

Thick description can be used as a transferability approach. Thick description involves describing the research background, participants, and findings in detail. Readers can better grasp the environment in which the study was done and create educated opinions regarding the application of the findings to their own context by providing thorough information about the setting, participant characteristics, and the research procedure (Geertz, 1973).

Another tactic is to ensure participant selection is diverse. Researchers can capture a wider range of perspectives and experiences by purposely choosing a varied range of participants, improving the transferability of the findings. Age, gender, socioeconomic level, and cultural background are only a few examples of the variables that can cause variation and help us comprehend the phenomenon under research more thoroughly (Yu and Mitchell, 2020).

Transferability should not be confused with statistical representation; rather, it should be defined as the provision of sufficient contextual information and sample diversity to enable readers to assess the relevance and applicability of the findings on their own (Yu and Mitchell, 2020).

Transferability can also be improved by clearly describing the data gathering methods and research technique so that readers can judge the validity of the study (Yu and Mitchell, 2020).

Include thorough descriptions of the research environment, participants, and data collection procedures to further improve transferability. Readers can evaluate the fit between the study environment and their own context by reading extensive descriptions of the research setting and the backgrounds, experiences, and viewpoints of the participants (Yu and Mitchell, 2020).

In conclusion, methods like thick description and varied participant selection might help improve transferability in qualitative research. Researchers can improve the applicability of their findings by giving thorough information on the research context and participants, as well as by purposefully choosing a varied sample.

Dependability

Establishing dependability is essential in qualitative research to guarantee the validity and objectivity of the results. Replication and result verification are made possible by the findings' stability and consistency, which is referred to as dependability. Audit trails and triangulation are just two tactics that can be used to increase dependability (Janis, 2022)

A clear record of the whole research process, including decisions made, methods used for data collecting, and processes taken for data analysis, is kept through creating and maintaining audit trails. Other researchers can follow and validate the researcher's actions and decisions using this documentation as a transparent and traceable trail. The reliability of the study is increased by establishing a thorough audit trail, which makes the research process more transparent and replicable (Janis, 2022).

Triangulation is a crucial tactic to improve dependability. Triangulation is the process of looking at a phenomenon from many angles by employing diverse data sources, study techniques, or researchers. Researchers can cross-validate their findings and raise the study's credibility and dependability by merging different data sources or methodologies. Utilizing several data collection techniques, integrating numerous researchers in the data processing process, or contrasting results with previous research or hypotheses are all examples of triangulation (Janis, 2022).

Researchers can provide a clear record of the study process using audit trails, enabling an analysis of the choices made and the procedures taken. By enabling others to precisely trace and verify the research process, this transparency improves the study's trustworthiness. By including a variety of viewpoints and data sources, triangulation also improves the study's trustworthiness by lowering the possibility of bias or misinterpretation.

The current study uses these methods to make its findings reliable. A thorough record of the research process will be provided via the use of audit trails, and triangulation will be used to combine data from many sources, including interviews,

observations, and document analysis. These methods will help make the study's conclusions more rigorous and reliable overall (Janis, 2022).

Confirmability

To guarantee the objectivity and neutrality of the study in qualitative research, ensuring confirmability is essential. Confirmability describes the extent to which the participants and the setting, rather than the researcher's prejudices, views, or interpretations, impact the findings.

Reflexivity is one method that can be used to improve confirmability. Researcher reflexivity is the process by which they critically examine their own biases, preconceptions, and assumptions that may have an impact on the research process and results. It entails being conscious of one's own positionality, attitudes, and viewpoints and considering how they may affect how data is interpreted. By being reflective, researchers hope to lessen the influence of their own prejudices and make sure that the results are based on the experiences of the participants (Finlay, 2020).

The current study will use reflexivity as a crucial tactic to establish confirmability. Throughout the research process, the researcher will reflect on and critically examine their own biases, values, and presumptions to see how they might affect how the evidence is interpreted. This will be accomplished by keeping a log, having team meetings, and getting participant and peer feedback.

By exercising reflexivity, the researcher can lessen the possibility of bias and make sure that the results truly reflect the participants' viewpoints and experiences. It

enables a more impartial and objective review of the data, improving the study's ability to be replicated.

Ethical Procedure

Treatment of Data

The treatment of data, including archival data, raises important ethical considerations that must be addressed to protect participant confidentiality and ensure the integrity of the research process. Anonymity and confidentiality are key aspects to consider (Taquette et al, 2022). For archival data, it is crucial to assess whether the data are anonymous or confidential and to handle them accordingly (Méndez, Plaza, & Torres, 2018).

When working with confidential data, it is essential to establish secure data storage procedures to protect participant privacy (Taquette et al, 2022). Access to the data should be restricted to authorized personnel only (Méndez et al., 2018). In terms of data dissemination, it is important to de-identify the data and present aggregated or anonymized results to maintain confidentiality (Taquette et al, 2022). Any potentially identifying information should be carefully reviewed and redacted to prevent participant identification (Taquette et al, 2022).

Regarding data destruction, researchers should establish a time frame for retaining and ultimately destroying the data, in accordance with ethical guidelines and legal requirements (Taquette et al, 2022). The secure and permanent destruction of data is necessary to protect participant confidentiality (Taquette et al, 2022).

Other ethical issues, such as conducting research within one's own work environment and potential conflicts of interest, should be addressed to ensure research integrity (Taquette et al, 2022). Transparent disclosure of conflicts of interest, clear delineation of roles, and appropriate management of power differentials are necessary (Méndez et al., 2018). Additionally, the use of incentives should be justified to ensure fairness and transparency in participant recruitment and engagement (Taquette et al, 2022).

In summary, the treatment of data, including archival data, requires careful consideration of anonymity, confidentiality, secure storage, data dissemination, data destruction, and the addressing of other ethical issues. Adhering to ethical principles protects participant rights and confidentiality and maintains the overall integrity of the research process.

Summary

Chapter 3 focused on the methodology and methods employed in this study. The research topic and purpose were restated in the chapter's opening paragraphs, together with the research questions and the theoretical underpinnings or conceptual framework that served as the study's roadmap.

The research design, sample plan, data collection tools, and data analysis techniques were all then covered in the chapter. Participants were picked from the Nigerian community, churches, and Coal City International Club using the practical sampling approach. To acquire information on stigma, open-ended semistructured interviews were done. The criteria for inclusion were self-identification as Igbos, being

18 years of age or older, being born in Nigeria but having lived in the U.S. for the last 10 years, and English proficiency. The sample size was determined to be 20 participants.

It was intended for the researcher to interview participants; the frequency and length of the interviews would depend on how available and eager they were to share their experiences. To ensure reliable data collection, the interviews would be audio-recorded, and field notes would be taken to support the recorded data. A backup strategy was also developed in case there weren't enough volunteers after the recruitment procedure.

Debriefing protocols were used to ensure that participants were aware of the study's goals, given all required information, and given the chance to express any concerns or ask questions before leaving the study. Any additional needs, such those for follow-up interviews, were specified and shared with the participants.

In summary, Chapter 3 gave a thorough explanation of the study's research methodology and methodologies. It provided a description of the research design, sample plan, data collection tools, and data collection and analysis techniques. By addressing multiple facets of data collecting and participant interaction, the chapter ensured transparency in the study process.

As we move into Chapter 4, the results of the study will be discussed. It will go deep into the analysis and interpretation of the information gathered, providing insights into the viewpoints and experiences of the participants regarding the stigma associated with mental health within the Igbo community. The results will help us understand the

research topic better and will guide our future suggestions for combating stigma surrounding mental illness and fostering constructive social change in this community.

Chapter 4: Results

This qualitative study aims to examine and describe the stigmatization associated with the utilization of mental health services among the Igbo population in Nigeria. This study, informed by a phenomenological research paradigm, aims to comprehensively understand the lived experiences and perceptions of individuals facing mental health stigma in the Igbo cultural context. This research examines the cultural beliefs, social norms, and community attitudes that contribute to the existence and continuation of this stigma (Duru et al., 2020). This study employs in-depth interviews and thematic analysis to explore the multifaceted expressions of stigma and its impact on help-seeking behavior and mental well-being. The findings aim to enhance the existing literature, guide culturally relevant mental health interventions, and foster a more inclusive and supportive environment for Igbos in Nigeria requiring mental health services.

This study was guided by the following questions:

- RQ1: How do cultural beliefs impact the Igbos in Nigeria in their perception of mental health treatment?
- RQ2: What are the social and psychological consequences of stigma associated with help-seeking behavior among the Igbos in Nigeria?
- RQ3: What are the barriers that prevent the Igbos in Nigeria from accessing mental health services?

This chapter presents the study's findings in a clear and systematic format. It begins with an overview of the data collection and analysis methods, establishing a basis for comprehending the generation of the results. The central section delineates the

findings, organized according to the emergent themes corresponding to each research question.

Quotations from participants are provided to articulate the described experiences and to exemplify significant themes. The chapter concludes by summarizing the main findings, which form the foundation for the interpretations, implications, and recommendations discussed in Chapter 5.

Research Setting

Various personal, social, and organizational factors may have influenced participants' experiences and perceptions during this study, potentially affecting the interpretation of the results. Contextual factors are essential to recognize, as they offer insight into the broader environment of the study and assist in framing the findings with cultural and situational sensitivity.

The study was conducted in a sociocultural context where traditional beliefs and religious interpretations play a crucial role in shaping the understanding and management of mental health. In Igbo culture, mental illness is often linked to spiritual or moral shortcomings, typically ascribed to supernatural factors such as curses, ancestral punishment, or demonic influence (Okpalauwaekwe et al., 2017; Duru et al., 2020). Cultural narratives may have increased participants' feelings of shame or hesitance to openly share their experiences, even in a confidential research environment. Consequently, certain participants may have engaged in self-censorship or underreported the extent of stigma experienced.

At the time of the study, Nigeria faced systemic challenges that indirectly affected participants' access to mental health care. Factors included inadequate mental health infrastructure, understaffed facilities, and financial constraints within public health systems (World Health Organization [WHO], 2021; Ezenwaka et al., 2020). In numerous communities, especially in rural or underserved regions, mental health services have often been either unavailable or inaccessible. Participants cognizant of these structural deficiencies may have exhibited increased frustration or hopelessness regarding care-seeking, potentially affecting the construction of their narratives during interviews.

The enduring social and economic impacts of the COVID-19 pandemic were evident throughout Nigeria during the study period. Numerous participants indicated heightened isolation, emotional distress, and financial difficulties, elements that may have exacerbated the psychological impact of stigma (Ogunwale et al., 2021). The conditions may have intensified mental health needs while concurrently heightening the reluctance to seek assistance due to individual and communal pressures.

Finally, personal trauma, encompassing the loss of family members, unemployment, and regional displacement resulting from political instability or violence, was noted by multiple participants. These experiences frequently coincide with stigma, heightening emotional vulnerability and intensifying fears of social exclusion or spiritual misinterpretation (WHO, 2021). Interpreting the study's findings necessitates consideration of the impact of personal and systemic stressors on participants' experiences and their openness in sharing.

Recognizing these personal and contextual factors enhances the interpretation of the study results, aligning it more closely with the participants' lived experiences. The significance of culturally informed, trauma-sensitive, and systemically responsive approaches to mental health service delivery in the Igbo community is emphasized by these factors.

Demographics

The study comprised 20 participants who satisfied the inclusion criteria: self-identifying as ethnically Igbo, born in Nigeria, currently residing in the United States, having lived in the U.S. for a minimum of ten years, aged 18 or older, and fluent in English. The criteria established that participants had a bicultural perspective and adequate life experience to provide meaningful reflections on their perceptions of mental health stigma in the Igbo community.

The age of participants varied from 29 to 62 years, with an average age of 43.5 years. The sample comprised 11 females and 9 males. All participants had completed a minimum of post-secondary education, with the majority possessing advanced degrees. Table 1 presents a summary of the key demographic characteristics of the participants.

Table 1*Demographic Characteristics of Participants (N = 20)*

Demographic variable	Category	<i>n</i>	%
Gender	Female	11	55%
	Male	9	45%
Age range	29 to 49 years	7	35%
	40 to 49 years	8	40%
	50 to 62 years	5	25%
Education level	Some college/associate degree	4	20%
	Bachelor's degree	6	30%
	Graduate/professional degree	10	50%
Occupation Field	Healthcare	7	35%
	Education/academia	5	25%
	Business/technology	4	20%
	Other/self-employed	4	20%
Religious affiliation	Christian (Protestant/Catholic)	18	90%
	Christian and traditional beliefs	2	10%

All participants indicated strong cultural and familial connections to Nigeria, with many engaging in local Igbo community organizations and maintaining regular communication with relatives overseas. This cultural engagement significantly influenced participants' reflections on the interpretation and management of mental health stigma in Nigerian and diasporic Igbo contexts.

The purposive sample's diversity, encompassing variations in age, gender, educational background, occupation, and spirituality, facilitated a comprehensive examination of the cultural factors affecting mental health stigma and help-seeking behaviors among Igbos residing in the United States.

Data Collection

Number of Participants and the Type of Data Collected

Each of the 20 participants in this qualitative study took part in a semistructured, one-on-one interview. In accordance with the tenets of qualitative inquiry, which

emphasize gaining a comprehensive grasp of participants lived experiences through open-ended, dialogical engagement, the study used interviews as the only mode of data collection (Ravitch & Carl, 2021). This approach allowed for the exploration of individual perspectives and facilitated the emergence of rich, detailed narratives relevant to the research questions.

Purposive sampling was used to choose participants based on their background and suitability for the study. This sampling method remains widely endorsed in qualitative research for its ability to generate meaningful, contextualized data from information-rich cases (Tracy, 2020). Every one of the 20 planned interviews was successfully finished and added to the final dataset.

Data Collection Location, Frequency, and Duration

Following the approval from Institutional Review Board (IRB), data were gathered. In accordance with the methods described in Chapter 3, each participant participated in a single semistructured interview. In accordance with participant preference and schedule convenience, interviews were either performed in person or online using Zoom.

In-person interviews were conducted at the Igbo Community Resource Center in a private room. This location was selected due to its privacy and ease of access.

To ensure anonymity and accommodate participants who were unable to travel or wanted remote participation, virtual interviews were conducted over secured Zoom links. Most interviews lasted about 50 minutes on average, while several lasted between 45 and 60 minutes. Individual sessions were planned, with some taking place on the weekends or

in the evenings to accommodate those who had jobs. To support comparison and theme analysis, this format permitted conversational flexibility while preserving a consistent framework (Hennink et al., 2020).

Procedures for Data Recording

With participant permission, all interviews were audio recorded. Zoom's built-in encryption-enabled recording function was used for virtual interviews, while a secure digital recorder was used for in-person interviews. At the beginning of each session, consent was reaffirmed verbally, and participants were reminded of their ability to pause or withdraw at any moment. The researcher documented participant mood, contextual details, and reflective insights in field notes taken both during and after each interview to supplement the audio recordings. During data processing, these annotations added context and enhanced the interpretive process.

Audio files were stored securely on a password-protected device and backed up on an encrypted institutional cloud drive. Verbatim transcriptions were created using a secure transcription service, and each transcript was manually reviewed to ensure accuracy and remove identifying details. Transcripts were analyzed using NVivo 14 software, which facilitated efficient coding, theme development, and data management (Castleberry & Nolen, 2020).

Variations From the Data Collection Plan (Chapter 3)

While the data collection process closely followed the procedures outlined in Chapter 3, several minor variations were necessary:

1. **Virtual Interviews:** Initially, it was intended that all interviews would take place in person. However, 8 of the 20 interviews were done virtually because of participant scheduling constraints and accessibility issues. This change preserved the study's methodological integrity while enhancing participant flexibility (Bengtsson, 2020).
2. **Extended Timeline:** To accommodate requests for rescheduling and to guarantee that every participant had the chance to finish their interviews, the originally planned four-week data collection period was extended to six weeks.
3. **Slightly Longer Interview Durations:** Although it was expected that interviews would run about 45 minutes, several of participants went up to 60 minutes. The depth and complexity of the data were enhanced by these longer interviews.
4. **Transcription Delays:** The third week saw delays because of the transcription service's increasing workload, even though the initial plan called for instant transcription after every interview. The data's accuracy and quality were unaffected by these delays.

Unusual Circumstances Encountered in Data Collection

During the data collection process, two unforeseen problems surfaced:

1. **Emotional Distress:** When talking about delicate situations, three people showed emotional reactions. In each case, the interview was halted to allow participants to gather their thoughts. Everyone decided to carry on with the

interview. At the end of the interview, each participant received a list of resources related to mental health and therapy. In accordance with best practices for participant care in qualitative research, these instances were managed with ethical sensitivity (Ravitch & Carl, 2021).

2. **Technical Difficulties:** There were a few minor connectivity or audio problems with two virtual interviews. These were quickly fixed, and participants attested that they felt comfortable moving forward. No data was lost, and the recordings were still useful.

Notwithstanding these small difficulties, every interview was carried out effectively, and the information acquired was solid, complex, and adequate to reach thematic saturation, a crucial sign of comprehensiveness in qualitative research (Hennink et al., 2020).

Data Analysis

This study employed a systematic phenomenological approach to analyze data, focusing on the lived experiences and shared meanings related to mental health stigma as perceived by participants. The analysis utilized the six-phase thematic analysis model established by Braun and Clarke (2021), providing a structured framework for the identification, analysis, and interpretation of patterns within the dataset. This study followed the refined and updated guidance from recent scholarship, despite the original model being introduced in 2006 (Braun & Clarke, 2019; Braun et al., 2021). The six phases—familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report—were applied

iteratively to ensure analytical rigor. This method adheres to modern qualitative standards that prioritize reflexivity, transparency, and the active involvement of researchers in coding and theme development (Nowell et al., 2017; Braun & Clarke, 2021).

Phase 1: Data Familiarization

Audio recordings were transcribed verbatim after each interview. Transcripts were examined repeatedly to enable thorough engagement with the data. Preliminary notes were documented in this phase to capture initial impressions, recurring phrases, and emotional nuances. Field notes collected during and after interviews were reviewed to enhance context and capture non-verbal cues.

Phase 2: Preliminary Coding

Each transcript underwent a thorough line-by-line review and was open-coded utilizing a hybrid methodology that combined both inductive (data-driven) and deductive (theory-driven) techniques. Inductive coding facilitated the emergence of unforeseen concepts from participants' narratives, whereas deductive codes were guided by the study's research questions and pertinent literature regarding stigma, culture, and mental health within African immigrant communities (Duru et al., 2020). The coding process was conducted manually and subsequently verified for organization and consistency using NVivo software.

Seventy-eight initial codes were generated during this phase. The codes encompassed concepts such as "spiritual causes," "family silence," "fear of judgment," "Western influence," and "church as refuge." The codes were applied to all transcripts and organized into initial categories according to semantic and conceptual similarities.

Phase 3: Identification of Themes

After collating the initial codes, they were organized into broader categories that indicated potential themes. This entailed analyzing the relationships between codes and identifying key concepts or experiences that encapsulated the collective meaning-making of participants. Initial themes identified were the origins of stigma, cultural expectations, coping strategies, and evolving generational perspectives.

Phase 4: Evaluation of Themes

The initial themes were evaluated and adjusted by cross-referencing them with the original transcripts to confirm their strong support by the data. Themes were merged due to overlap, while others were subdivided to capture nuanced distinctions in participants' accounts. Despite achieving data saturation with 17 participants, more volunteers were incorporated to enhance the credibility and reliability of the findings. Expanding the sample facilitated the validation of recurring themes, the recognition of anomalous occurrences, and the representation of many perspectives within the Igbo community. This method corresponds with contemporary qualitative research recommendations that advocate for slightly surpassing the saturation point to guarantee the robustness and transferability of findings (Hennink & Kaiser, 2022).

Phase 5: Theme Definition and Nomenclature

Themes were established according to their internal coherence and unique contribution to the overarching narrative regarding Igbo immigrants' perceptions and responses to mental health stigma. The naming of each theme was intended to capture its

conceptual essence while using language that aligned with participant expressions. Final themes encompassed:

Table 2

Final Themes

Keywords/participant quotes	Initial codes	Categories	Themes
“We don’t talk about it at home.”/“My parents told me to keep quiet.”	Silence, secrecy, denial	Family avoidance of mental health conversations	Silence in the family
“It’s a spiritual attack.”/“Witchcraft causes madness.”	Witchcraft, curses, spiritual forces	Supernatural framing of mental illness	Spiritual framing of mental illness
“What will people say if they know?”/“It will ruin our name.”	Shame, fear of gossip, concern for reputation	Social status and community judgment	Reputation and Respectability
“I prayed about it.”/“My pastor encouraged me.”	Reliance on prayer, religious leaders as helpers	Faith as coping and support system	Faith as a form of support
“Young people are more open.”/“My friends discuss therapy now.”	Generational differences, openness, cultural shifts	Evolving attitudes among younger generations	Increasing openness in the younger generation

Each theme encompassed several subthemes to emphasize variations and contextual depth.

Phase 6: Report Production

The concluding themes were articulated in narrative format, incorporating direct quotations from participants to maintain the authenticity of their perspectives and bolster the credibility of the findings. Efforts were undertaken to guarantee representation of all participants across themes, incorporating both consistent and divergent perspectives.

Methodological rigor was upheld during the analysis via reflexivity, memo-writing, peer debriefing, and an audit trail that documented all coding decisions and theme development. This method facilitated transparency, reliability, and coherence with the interpretative objectives of phenomenological research.

Theme 1: Familial Silence

A significant theme identified in participant interviews was the widespread silence regarding mental health in Igbo families and communities. Participants consistently characterized a cultural environment where discussions of mental illness were avoided, dismissed, or suppressed. This silence frequently arose from apprehension regarding social stigma, spiritual interpretations of mental health, and worries about maintaining family reputation. Thirteen out of twenty participants indicated that mental health is regarded as a "taboo topic," seldom recognized even when symptoms are apparent.

This theme reflected a widespread tendency among participants to avoid open discussion of mental health concerns within the household. Silence was described as a protective mechanism to safeguard family honor, but also as a barrier to seeking help. For example, several participants noted being explicitly told not to bring up the subject of mental health:

- “My family always told me to leave it alone when I tried to discuss mental health.” (P9)
- “I was often told to not speak of these things by my mother.” (P11)

- “In our house, you keep those issues private so no one outside will laugh at us.” (P3)
- “My uncle said, if you start talking about it, people will think our family is cursed.” (P16)
- “We were told it was better to pray than to talk about such matters.” (P6)

This theme was reinforced by at least 14 participants, illustrating that silence within the family unit was a dominant cultural script for managing mental health challenges.

Women often bear significant burdens in silence, encompassing responsibilities related to work, family, and trauma. Discussing depression may lead others to perceive it as a plea for attention or, more negatively, as an expression of ingratitude.

This theme highlights that silence both perpetuates stigma and hinders individuals from identifying symptoms, articulating their challenges, or pursuing prompt assistance. Participants often reported that their comprehension and identification of mental health experiences developed primarily after immigrating to the United States and engaging with Western mental health discourse.

Most participants recognized family silence as a cultural norm that contributed to shame, delayed help-seeking, and emotional isolation, although not all experienced it with the same intensity. The theme of silence frequently intersects with other motifs, including spiritual attribution and community reputation, which are examined in subsequent sections.

Theme 2: The Spiritual Context of Mental Illness

A prevalent theme identified in participant narratives was the common belief that mental illness has a spiritual origin. Participants often articulated that conditions such as depression, anxiety, or psychosis were interpreted through a spiritual or religious framework rather than as medical or psychological concerns. This interpretation was fundamentally grounded in traditional Igbo worldviews and supported by certain religious communities, notably Pentecostal and evangelical churches.

Mental illness has historically been perceived as a manifestation of malevolent forces, curses, ancestral retribution, or spiritual assaults. These beliefs were frequently instilled during childhood and persisted into adulthood, influencing the perceptions of emotional distress among participants and their families.

- P4, a 38-year-old male engineer, stated, “In my family, unusual behavior or depression was not regarded as an illness, it is often suggested that an individual may have experienced spiritual intervention or that another may require deliverance.” The issue was fundamentally spiritual in nature.
- P10, a 40-year-old pastor, stated,

I grew up hearing that madness is a result of spiritual attack. Some individuals within the church continue to hold the belief that experiencing anxiety or depression indicates a susceptibility to demonic influence. Many individuals prefer consulting a pastor over a therapist.

This spiritual interpretation frequently resulted in religious or traditional interventions instead of clinical treatment. Multiple participants reported instances in which relatives or

community members were directed to prayer camps, spiritual healers, or traditional medicine practitioners rather than being referred to mental health professionals.

- P15, a 62-year-old retired nurse, provided a personal example:
My cousin began experiencing auditory hallucinations. Rather than transporting her to a hospital, they confined her to a room and summoned pastors to pray for her. Her condition deteriorated. Subsequently, it was asserted that she was possessed and required deliverance. Years passed before a psychiatrist was considered.

Some participants recognized the supportive function of faith; however, they also raised concerns that the spiritual framing of mental health might result in delayed diagnosis, increased suffering, and greater stigma.

- P12, a 31-year-old doctoral student, stated, “Believing everything is spiritual makes it harder to seek real help, individuals often hesitate to acknowledge their struggles due to the fear of being perceived as cursed or demonized.”

Simultaneously, participants did not entirely dismiss spiritual explanations. A more integrated perspective was articulated, acknowledging the spiritual and psychological dimensions of mental health. Participants with higher education or greater exposure to U.S. mental health discourse exhibited a more prevalent blended understanding.

- P17, a 36-year-old therapist, reflected on this shift: “I believe in prayer, but I also believe in therapy.” They need not negate one another. However, for

many Igbos, the situation presents a dichotomy, which constitutes the core issue.

This theme demonstrates the dual role of spirituality as a coping mechanism and an obstacle to accessing mental health care. Faith can provide community, hope, and resilience; however, the excessive spiritualization of mental illness frequently results in misunderstanding, fear, and the avoidance of professional services. This intricate dynamic will be analyzed in Theme 3, which examines the influence of community expectations and reputation.

Theme 3: Reputation and Respectability

A common theme in participant narratives was the cultural focus on family reputation, social image, and respectability, which acted as a significant barrier to discussing or seeking assistance for mental health issues. Numerous participants indicated that in the Igbo community, both in Nigeria and the diaspora, mental illness is frequently perceived as a personal weakness and a social stigma that can adversely impact the family's reputation. Consequently, individuals and families frequently hide psychological distress to safeguard their reputation and uphold social respect. P5, a 51-year-old homemaker, stated, "In my home country and even in the U.S., individuals often advise, 'Do not disclose what occurs within your household.'" Individuals with mental illness often conceal their condition. The community is discouraged from discussing the matter, as it may impact the marriage prospects of their children.

Numerous participants indicated that apprehensions regarding public perception were profoundly entrenched, frequently surpassing considerations of individual well-

being. P14, a 37-year-old nonprofit administrator, stated: "*In Igbo culture, appearance to others is paramount.*" Recognizing one's depression or seeking therapy is often perceived as a sign of weakness. Weakness impacts one's reputation, family name, children's future, and business.

The pressure to maintain a positive image frequently led to denial, silence, or overcompensation, as families opted to display an appearance of strength instead of confronting their vulnerabilities. Participants indicated that this dynamic hindered open discussions regarding mental health and exacerbated the isolation experienced by individuals in distress. P2, a 47-year-old IT specialist, reported, "Even in the U.S., I have observed Igbo individuals enduring hardship quietly." They fear being perceived as irrational. The concern extends beyond the illness itself; it encompasses societal perceptions, the opinions of religious leaders, and the views of family members.

The fear of judgment was particularly pronounced for women, regarded as custodians of familial dignity. P19, a 33-year-old marketing executive, stated, "As a woman, one cannot exhibit vulnerability. Individuals may perceive therapy as a sign of instability, questioning one's suitability for roles such as spouse or parent. Friends may begin to alter their behavior towards you."

Some participants noted that this cultural emphasis on respectability serves as both a motivator and a silencer. It can motivate individuals to maintain stability during a crisis. Conversely, it may deter individuals from pursuing essential care or acknowledging the existence of a problem. P13, a 44-year-old real estate agent, stated, "We are raised to be strong and proud." However, such pride can lead to a state of

confinement. One must not exhibit vulnerability or seek assistance; ultimately, individuals endure suffering in isolation to uphold familial reputation.

Participants noted that this theme intersected with earlier themes, specifically the silence regarding mental health (Theme 1) and the spiritual framing of distress (Theme 2). They constitute a cultural system wherein emotional struggles are either privatized, spiritualized, or stigmatized, all aimed at preserving social decorum.

This theme emphasizes the significance of collective values such as honor, dignity, and public image in sustaining mental health stigma among Igbos in the diaspora. These values, while culturally significant, frequently contradict the openness and vulnerability necessary for effective mental health support and healing.

Theme 4: Faith as a Form of Support

A prominent theme identified in the data was the prevalent reliance on faith and religious practices as a primary, and at times sole, response to mental health challenges. For numerous participants, religious belief served as both an emotional support and the primary framework for interpreting psychological distress. This dependence on faith-based coping was ingrained in their upbringing in Nigeria and persisted in their spiritual lives in the U.S.

Almost all participants indicated that their initial response to the emergence of emotional or psychological symptoms—whether individually or within the family—was to engage in prayer, fasting, or seek guidance from religious leaders. Initially, formal therapy or psychiatric treatment was seldom considered. P1, a 35-year-old nurse practitioner, stated, “When expressing feelings of sadness, individuals often receive the

response, 'Have you prayed about it?'" This constitutes the automatic response. Prayer, and possibly deliverance, often precede the consideration of therapy.

P10, a 40-year-old pastor, discussed the dual role of religious institutions, stating, "People trust their pastors more than doctors." Individuals often seek the church as their primary resource for emotional or mental concerns. Individuals seek spiritual guidance rather than clinical intervention.

This faith-first approach was frequently perceived as an aspect of the wider cultural hesitance to medicalize or normalize mental health challenges. P6, a 29-year-old medical student, recounted his mother's discouragement regarding therapy following a period of significant stress:

She told me, "Don't go talking to strangers." Attend religious services and engage in prayer. Her lack of concern is not indicative of apathy; rather, it reflects her understanding of the situation. For her, therapy signifies a relinquishment of faith in God.

Some participants reported experiencing relief and strength from their spiritual practices; however, others recognized that an exclusive dependence on faith might hinder or postpone access to professional care. Multiple instances have been documented where serious mental illness was inaccurately diagnosed as a spiritual issue, resulting in exacerbated symptoms. P8, a 50-year-old entrepreneur, recalled, "My brother experienced significant depression. Rather than seeking psychiatric help, they repeatedly brought him to night vigils. His condition has deteriorated. Professional help was only sought after he attempted to take his own life."

Simultaneously, numerous participants indicated a preference for more integrated approaches that respect both their faith traditions and evidence-based mental health practices. P17, a 36-year-old therapist, stated, “I believe that prayer and therapy can coexist. I engage in prayer while also attending therapy sessions.” This balance is beneficial. However, such thinking remains uncommon within Igbo community. Individuals perceive it as a binary choice.

This theme highlights the significant function of religion as both a mechanism for coping and an obstacle. Although faith can provide significant support, relying solely on it as a response to mental health challenges may hinder individuals from pursuing more comprehensive or suitable forms of care.

Faith intersected with previous themes: it upheld silence (Theme 1), reinforced spiritual interpretations (Theme 2), and influenced social acceptability within reputation-conscious communities (Theme 3). Religious responses to mental health serve as personal acts of resilience and are influenced by cultural conditioning, significantly shaped by tradition and collective expectations.

Theme 5: Increasing Openness in the Younger Generation

Many participants highlighted the persistent stigma associated with mental health in the Igbo community; however, a contrasting and optimistic theme emerged: a gradual change in attitudes among younger Igbos, especially those raised or socialized in the United States. Participants observed a greater openness to discussing mental health, pursuing professional assistance, and confronting conventional taboos, particularly

among second-generation immigrants and younger adults more exposed to Western mental health narratives.

Multiple participants indicated that education, peer influence, and cultural integration in the United States have fostered a more accepting perspective on therapy and psychological self-care. P12, a 31-year-old doctoral student, stated, "Younger Igbos who grew up here exhibit greater openness." Discussions regarding therapy are prevalent on social media, where individuals attend counseling and provide mutual encouragement. It is less concealed than it was in previous generations.

In a similar vein, P9, a 34-year-old HR professional, remarked,

I observe a significant distinction between myself and my parents. Some perceive discussions about emotions as shameful; however, I have come to understand that vulnerability can be beneficial. I have engaged in therapy and discuss it with my peers openly.

This emerging openness frequently coincided with a critical perspective on the silence and spiritualization of mental illness prevalent among older generations.

Participants indicated a commitment to preserving their cultural heritage while promoting healthier and more informed strategies for mental well-being. P14, a 37-year-old nonprofit administrator, stated,

I respect my parents' beliefs; however, I acknowledge that depression is a legitimate condition. I wish to avoid transmitting the same silence to my children.

It is necessary to discuss the matter. Maintaining our cultural identity while seeking therapy is possible.

Certain participants observed that first-generation immigrants who immigrated to the U.S. at a younger age or had greater opportunities for assimilation were more inclined to adopt these changing perspectives. P3, a 42-year-old social worker, stated,

I arrived in the U.S. during my adolescence; thus, I have experienced both perspectives. In the past, discussions regarding emotions were limited; however, their significance is now evident. I educate my clients on the influence of culture on mental health. A shift is occurring.

Nonetheless, this openness encountered resistance. Participants reported intergenerational tensions in discussions regarding mental health with older family members. P19, a 33-year-old marketing executive, reported, “When I informed my mother that I was seeing a therapist, she responded, ‘Are you okay? Are you irrational?’ There remains a persistent apprehension. However, I believe that with time and increased dialogue, changes will occur.”

This theme demonstrates the gradual transformation of perceptions of mental health among Igbos in the diaspora through cultural adaptation and generational change. Despite the persistence of stigma, numerous participants conveyed optimism that future generations will be better equipped to seek assistance, challenge the silence, and incorporate both cultural and clinical strategies for mental wellness.

The emergence of this theme indicates resilience and growth, marking a critical turning point for the Igbo immigrant community, where mental health is increasingly viewed as a collective issue rather than a private burden.

Discrepant Cases

The majority of participants reported experiences consistent with the five primary themes: family silence, spiritual interpretations, social reputation concerns, reliance on faith, and increasing generational openness. However, a minority presented perspectives or experiences that deviated from the prevailing narrative. The discrepant cases offered valuable insights and enhanced the understanding of the manifestation of mental health stigma within the Igbo community in the United States.

Absence of Stigma in Certain Families

Two participants indicated that mental health was not stigmatized within their immediate families, which starkly contrasted with the predominant experience. P17, a 36-year-old therapist, indicated that her parents, both medical professionals, fostered discussions regarding mental well-being from an early age. She stated,

I understand this is unconventional, but in my household, we discussed all matters. My father is a physician, and my mother is a nurse; thus, mental health was addressed as any other medical concern. Expressing feelings of stress or depression is not a source of shame.

Similarly, P11, a 56-year-old pharmacist, indicated that her extended family, despite being religious, did not object to therapy or psychiatric treatment. She recalled, “When my niece was diagnosed with bipolar disorder, the family provided support for her to seek help. No one characterized it as a curse or a spiritual issue. Our family's numerous healthcare professionals may contribute to our differing perspectives.”

These experiences indicate that professional background, education, and exposure to mental health systems can significantly influence cultural stigma in certain Igbo families.

Integration of Faith and Therapy

Another significant deviation emerged from participants who characterized a balanced, integrated approach to mental health, viewing therapy and spirituality as complementary rather than conflicting. Most participants noted a prevalent either/or mindset within the community; however, a few provided examples where pastors or religious leaders actively promoted therapy. P10, a 40-year-old pastor, stated, "In my church, I advocate for the integration of prayer and therapy. I have referred individuals to Christian counselors. We aim to alter the prevailing narrative: divine intervention can also manifest through medical professionals and therapists."

This case illustrates that while religious institutions frequently contribute to the perpetuation of stigma, they can also serve as catalysts for change when guided by leaders who prioritize mental health education and holistic care.

Normalization via American Socialization

A limited group of participants, especially those who immigrated at a young age or were predominantly raised in the U.S., reported minimal exposure to conventional stigma. For instance, P20, a 41-year-old community volunteer, remarked,

I arrived here at the age of nine, thus my worldview is a blend. I have never experienced shame in discussing anxiety. My friends represent a diverse range of backgrounds: Latino, Black American, and White, facilitating open discussions

about mental health. I believe I have overlooked certain aspects of the traditional societal pressures.

This underscores the significance of early cultural assimilation and the diversity of social networks in fostering more open attitudes, indicating that the level of acculturation may serve as a moderating factor in the expression of stigma.

Discrepant Cases

These cases, although not indicative of the majority, are essential in illustrating the diversity and intricacy of experiences within the Igbo diaspora. Factors including educational attainment, professional identity, age at migration, religious leadership, and exposure to U.S. mental health culture can disrupt traditional stigma patterns. These variations indicate potential entry points for culturally tailored interventions, particularly in environments where openness is either present or can be cultivated.

Summary of Data Analysis

The inductive analysis of interview data resulted in the identification of five interconnected themes that illustrate the cultural, spiritual, and social aspects of mental health stigma among Igbos residing in the United States. The contrast between familial silence and the openness of a younger generation provides a thorough analysis of the tensions, barriers, and changes influencing help-seeking behaviors within this demographic. Discrepant cases provided additional complexity and underscored the necessity for culturally responsive and contextually adaptable interventions aimed at reducing stigma and enhancing mental health support within Igbo communities.

Evidence of Trustworthiness

Credibility

To ensure the validity and reliability of the findings, various strategies detailed in Chapter 3 were employed and modified as necessary during the data collection and analysis phases. Initially, a detailed description was employed to convey the context and lived experiences of participants, enabling readers to assess the transferability of the findings to other cultural or immigrant groups (Smith et al., 2022). This encompassed comprehensive information regarding participants' immigration history, cultural background, and perspectives on mental health.

The variation in participant selection enhanced the study's credibility. Purposeful sampling was employed to recruit a diverse cohort of 20 self-identified Igbo adults, representing various professional, age, and gender backgrounds, all of whom had resided in the United States for a minimum of ten years. The diversity enhanced the external validity of the study by incorporating a variety of perspectives and experiences concerning mental health stigma (Smith et al., 2022).

Interviews served as the main method for data collection; however, data triangulation was accomplished through repeated interviews, follow-up clarifications, and writing reflective notes during the analysis phase. The various touchpoints facilitated enhanced consistency in theme development and provided deeper insights into participant narratives.

The researcher-developed semistructured interview guide was created following a comprehensive literature review and was informed by existing instruments addressing

mental health stigma in African and immigrant populations, although publicly available instruments were not utilized. This method established robust content validity, aligning questions with research objectives while being attuned to cultural context.

In conclusion, credibility was enhanced through comprehensive contextual descriptions, varied sampling, methodological precision, and careful instrument design. The strategies employed enhanced the study's reliability and corroborated the authenticity of its findings (Smith et al., 2022).

Transferability

Transferability, commonly known as external validity in qualitative research, denotes the degree to which the findings of a study can be generalized to other contexts, populations, or settings (Yu & Mitchell, 2020). This study, while not seeking statistical generalization, employed various strategies to enhance transferability and assist readers in evaluating the applicability of its findings to their own contexts.

A primary strategy employed was thick description. The research setting, participant demographics, and cultural context were thoroughly described to enhance understanding of the study environment, supporting the principle that rich, contextual detail strengthens the credibility and transferability of qualitative research (Nowell et al., 2017; Ravitch & Carl, 2021). The descriptions encompassed participant age, gender, occupation, immigration history, cultural background, and attitudes toward mental health, enabling readers to assess the similarities or differences between the study context and their own experiences.

Furthermore, intentional and varied participant selection improved transferability. Participants were selected to represent a wide range of experiences across age groups, professions, gender identities, and spiritual perspectives within the Igbo immigrant community. This variability facilitated a more comprehensive understanding of mental health stigma and enhanced the probability that the findings would be relevant to readers in similar cultural or immigrant contexts (Yu & Mitchell, 2020).

The methodology and data collection process were explicitly outlined to enhance transparency. The study delineates the interview structure, recording procedures, and analytical approach, enabling other researchers and practitioners to assess the appropriateness of the methods employed and the potential applicability of the findings to their own contexts.

This study aimed to enhance transferability and provide findings that could inform mental health practice, research, and policy across culturally similar communities through thick description, a diverse sample, and transparent methods.

Dependability

Establishing dependability in qualitative research guarantees that the findings are consistent, stable over time, and based on a well-documented research process. This study implemented various strategies to enhance dependability, including the maintenance of an audit trail and the use of triangulation, as detailed in Chapter 3 (Janis, 2022).

A comprehensive audit trail was consistently maintained during the research process. This encompassed the documentation of decisions regarding participant

recruitment, the development of interview protocols, the scheduling of data collection, and the construction of themes during analysis. Documentation of coding sessions, researcher reflections, and memos was conducted to monitor analytic decisions and changes in interpretation. This degree of transparency enables others to replicate the research process and evaluate the coherence and rationale of the results, thus enhancing the study's reliability and credibility (Janis, 2022).

Triangulation served as an additional strategy to ensure consistency. The primary data source consisted of in-depth, semistructured interviews. Triangulation was accomplished through follow-up questions, writing reflective and the comparison of emerging findings with existing literature on mental health stigma in African and immigrant populations. This process facilitated the cross-validation of themes, mitigated the risk of researcher bias, and enhanced analytical rigor.

The audit trail and triangulation collectively improved the stability and credibility of the research findings. The strategies employed ensured that the conclusions accurately reflected the participants lived experiences and were consistently derived through a systematic and transparent process.

Confirmability

Confirmability refers to the extent to which the outcomes of a qualitative study are influenced by participants' responses and the contextual factors, as opposed to researcher bias or subjectivity. This study employed researcher reflexivity to enhance confirmability, as detailed in Chapter 3. Reflexivity entails the continuous examination of

one's values, assumptions, and potential biases that may affect data collection, analysis, or interpretation (Finlay, 2020).

The researcher utilized a reflexive journal to document thoughts, emotions, assumptions, and analytical decisions throughout data collection and thematic analysis in the study. This self-monitoring enabled the researcher to recognize personal biases and maintain focus on accurately representing participants lived experiences. The journal facilitated the tracking of evolving interpretations over time and ensured that the final themes were rooted in the data rather than imposed by the researcher.

Peer debriefing was employed to improve confirmability. Insights and preliminary findings were presented to academic colleagues for critical feedback, offering an external validation of the researcher's interpretations. This feedback loop facilitated enhanced analytical rigor and contributed to the reduction of subjective distortion.

Participant validation was performed by allowing select interviewees to review preliminary findings and verify that the interpretations corresponded with their intended meanings. This method of member checking further confirmed that the themes represented the participants' perspectives rather than the researcher's viewpoint.

The study utilized reflexivity, peer review, and participant validation to ensure that the results were grounded in the data and accurately represented the participants' genuine experiences. The strategies improved the objectivity, transparency, and trustworthiness of the findings.

Study Results

This chapter outlines the findings of a qualitative phenomenological study examining mental health stigma and access to care among the Igbos in Nigeria. The results are structured according to the three research questions that direct this study. Quotations from participants reinforce thematic insights, and a discussion of discrepant cases contributes to a thorough understanding of the phenomena.

Research Question 1

RQ1 was as follows: In what ways do cultural beliefs influence the Igbos in Nigeria regarding their perceptions of mental health treatment?

Themes

Spiritual and Supernatural Perspectives on Mental Illness. Participants predominantly articulated cultural beliefs that attribute mental health issues to spiritual forces, including curses, ancestral punishment, or possession by malevolent spirits. This belief system significantly affects help-seeking behaviors.

“Mental illness is frequently perceived in our culture as a divine punishment or because of witchcraft. Individuals often resort to prayer or consult traditional healers prior to contemplating medical help” (P3). This spiritual explanation often emphasizes religious or traditional healing methods in preference to psychiatric treatment.

Fear of Familial and Communal Stigma. Participants indicated that acknowledging mental health challenges may induce shame not only for the individual but also for their family, resulting in secrecy and a reluctance to seek formal care. “The presence of mental illness in an individual can have repercussions on the reputation of the

entire family. Families conceal these issues to prevent gossip and judgment” (P11). The stigma hinders the pursuit of assistance and perpetuates social isolation.

Preference for Conventional and Spiritual Healing. Participants frequently favored spiritual or traditional healers instead of clinical mental health services, based on trust and cultural familiarity. Individuals initially seek assistance from churches or herbalists. These approaches are considered more effective than hospitals for mental health.

Discrepant Cases

Several participants (n=3) contested prevailing cultural beliefs, demonstrating greater acceptance of Western mental health concepts, frequently associated with higher education or international exposure.

Research Question 2

RQ2 was as follows: What are the social and psychological effects of stigma related to help-seeking behavior among the Igbo population in Nigeria?

Themes

Social Isolation and Exclusion. Numerous participants reported experiencing social distancing from friends and family following the disclosure of mental health issues or the pursuit of assistance.

“Following the initiation of counseling, certain friends ceased communication, and my family appeared hesitant to engage in discussions regarding it” (P9). Isolation intensifies distress and diminishes support systems.

Internalized Stigma and Shame. Participants internalized negative societal messages, perceiving themselves as defective or inferior, which hindered their openness and adherence to treatment. “I felt like a failure. I thought of my illness as a weakness, leading me to conceal it for an extended period” (P14).

Delayed Help-Seeking and Avoidance of Treatment. Stigma contributed to delays in obtaining professional assistance, often leading to exacerbated symptoms. “I waited too long because I didn’t want people to know. I thought it would just go away” (P2).

Discrepant Cases

A limited number of participants (n=2) reported supportive environments characterized by minimal stigma, which promoted earlier help-seeking and improved psychological outcomes.

Research Question 3

RQ3 was as follows: What barriers inhibit access to mental health services for the Igbos in Nigeria?

Themes

Cultural Barriers: Stigmatization and Distrust. Cultural stigma and mistrust of psychiatric mental health care constituted significant barriers. “Many individuals lack trust in hospitals regarding mental health care. There is a perception that physicians lack an understanding of our cultural context” (P6).

Structural Barriers: Resource Limitations and Financial Constraints. Participants identified insufficient mental health infrastructure, a scarcity of trained

professionals, and elevated costs as significant barriers. “Mental health clinics are infrequent, and when accessible, they tend to be costly” (P17).

Personal Barriers: Fear, Skepticism, and Confidentiality Issues. Concerns regarding diagnosis, uncertainties about treatment effectiveness, and issues related to confidentiality hindered access. “Individuals often conceal symptoms and refrain from seeking clinical assistance due to the stigma associated with being labeled as mentally ill” (P10).

Discrepant Cases

Participants with access to private healthcare or residing abroad reported a reduction in structural barriers; however, they continued to encounter cultural stigma.

In summary, the data indicate that entrenched cultural beliefs influence perceptions of mental health treatment among the Igbos, with spiritual causation beliefs and stigma-related fears being significant factors. Stigma exerts significant social and psychological impacts that hinder timely treatment. Barriers to accessing mental health services are complex and encompass cultural, structural, and personal factors. Discrepant cases offer insights into variability and possible intervention strategies.

Table 3*Demographic Characteristics of Participants (N = 20)*

Participant ID	Gender	Age	Education level	Years in the U.S.	Occupation
P1	Male	42	Bachelor's	15	Nurse
P2	Female	35	Master's	12	Social Worker
P3	Male	50	High school diploma	20	Small business owner
P4	Female	28	Bachelor's	11	Student
P5	Male	38	PhD	14	Professor
P6	Female	45	Master's	18	Healthcare administrator
P7	Male	31	Associate's	10	Retail manager
P8	Female	55	Bachelor's	22	Clergy
P9	Female	40	Master's	13	Counselor
P10	Male	29	Bachelor's	10	IT analyst
P11	Female	33	Bachelor's	12	Market specialist
P12	Male	36	Doctorate	16	Research scientist
P13	Female	48	High school diploma	21	Homemaker
P14	Male	39	Bachelor's	13	Engineer
P15	Female	44	Master's	17	Nonprofit director
P16	Male	52	Bachelor's	19	Mechanic
P17	Female	37	Bachelor's	14	Accountant
P18	Male	26	Master's	10	Graduate student
P19	Female	60	High school diploma	25	Retired
P20	Male	41	Associate's	15	Truck driver

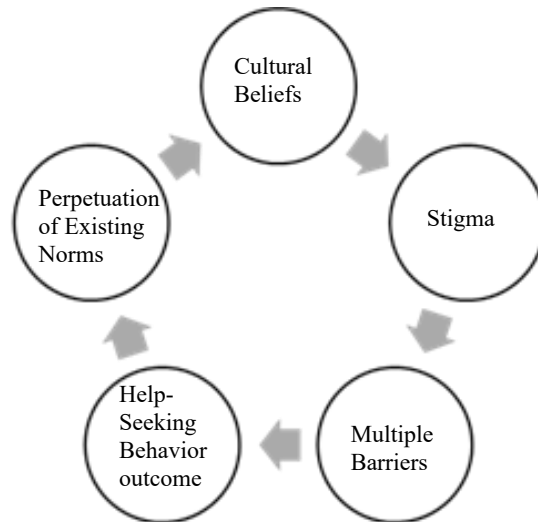
Note. All participants identified as Igbo, were born in Nigeria, had resided in the United States for a minimum of 10 years, and were proficient in English.

Table 4*Summary of Themes and Subthemes by Research Question*

Research Questions	Main Themes	Subthemes
RQ1: How do cultural beliefs impact the Igbos in Nigeria in their perception of mental health treatment?	Spiritual and supernatural beliefs Fear of family and community shame Preference for traditional/religious healing	Curses, ancestral wrath, demonic possession Reputation concerns, concealment of illness Reliance on pastors, herbalists
RQ2: What are the social and psychological consequences of stigma associated with help-seeking behavior among the Igbos in Nigeria?	Social isolation and exclusion Internalized stigma and shame Delayed treatment Cultural barriers	Loss of support, avoidance by peers and family Self-blame, identity erosion Help-seeking only after spiritual avenue failed
RQ3: What are the barriers that prevent the Igbos in Nigeria from accessing mental health services?	Structural barriers Personal barriers	Stigma, mistrust of clinical approach, cost, limited mental health infrastructure Fear of diagnosis, confidentiality concerns, skepticism

Figure 1

Conceptual Model of Cultural Beliefs and Barriers Affecting Mental Health Treatment Among the Igbos in Nigeria



The conceptual model in Figure 1 illustrates the intersection of cultural beliefs with structural and personal barriers, impacting mental health treatment behaviors among the Igbos in Nigeria. The components include the following:

- Cultural beliefs
 - Spiritual attribution
 - Family honor/shame
 - Reliance on traditional healing
- Stigma (central mediator)
 - Social stigma
 - Internalized shame
- Barriers

- Structural (e.g., inaccessibility of healthcare, financial constraints)
- Personal (e.g., fear of diagnosis, denial, misinformation)
- Help-seeking behavior outcomes
 - Delay or avoidance of treatment
 - Preference for nonclinical alternatives
 - Emotional and social outcomes
- Perpetuation of cultural norms
 - Reproduction of societal beliefs
 - Cultivation of international awareness
 - Mental illness as a weakness

This can be represented visually through arrows linking belief systems to stigma, which subsequently branches into various types of barriers, ultimately influencing help-seeking behavior outcomes and resulting in perpetuation of cultural norms.

Research Question 1 Summary

“How do cultural beliefs impact the Igbos in Nigeria in their perception of mental health treatment?” aimed to examine the influence of cultural beliefs on perceptions of mental health treatment within the Igbo community. Three primary themes were identified: (a) spiritual and supernatural interpretations of mental illness, viewing psychological distress as a result of curses, ancestral punishment, or spiritual possession; (b) fear of familial and communal shame, which inhibits individuals and families from openly recognizing mental health issues; and (c) preference for traditional and religious healing, indicating a strong reliance on cultural remedies rather than psychiatric

treatments. A minority of participants, often with greater exposure to Western education, demonstrated openness to clinical mental health services, indicating a divergence in perspectives despite the prevalence of certain beliefs.

Research Question 2 Summary

“What are the social and psychological consequences of stigma associated with help-seeking behavior among the Igbos in Nigeria?” This question investigated the social and psychological effects of stigma on help-seeking behavior. Participants reported significant experiences of social isolation and exclusion after disclosure or seeking treatment. Internalized stigma resulted in feelings of shame, self-blame, and emotional withdrawal. Additionally, the tendency to delay seeking help and avoid treatment was prevalent, as the fear of judgment surpassed the necessity for care. Some participants indicated the presence of supportive environments that facilitated help-seeking without stigma, highlighting the potential for change when mental health is normalized.

Research Question 3 Summary

“What are the barriers that prevented the Igbos in Nigeria from accessing mental health services?” This question examined obstacles to accessing mental health services for the Igbo population. The findings indicate a confluence of cultural barriers, including stigma and mistrust of Western medicine; structural barriers, such as the scarcity and cost of services; and personal barriers, encompassing fear of diagnosis and concerns regarding confidentiality. The intersection of these challenges restricts access to care and perpetuates the cultural silence regarding mental health within Igbo communities.

The findings indicate that mental health care among the Igbos is significantly shaped by cultural narratives, systemic deficiencies, and social stigma. Although some changes in attitude are occurring, they remain atypical rather than standard.

Summary

This chapter outlines the principal findings of the study, structured according to the three research questions that directed the inquiry. Thematic analysis of participant interviews reveals a nuanced understanding of the influence of cultural beliefs, stigma, and systemic barriers on the mental health experiences of Igbos in Nigeria.

Chapter 5 will interpret these findings within the context of existing literature and the study's conceptual framework. This discussion will address the implications for culturally sensitive mental health interventions, propose recommendations for practice and policy, and identify areas for future research. This analysis will articulate the broader significance of the study's insights.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study explored the impact of cultural beliefs, stigma, and systemic barriers on mental health perceptions and help-seeking behaviors among the Igbos in Nigeria. The objective was to enhance understanding of the cultural and social dynamics influencing mental health attitudes to inform more effective and culturally appropriate interventions. The study utilized in-depth interviews with participants from varied backgrounds to elucidate the lived experiences of individuals facing mental health challenges in a culturally traditional society.

The findings indicate that in Igbo culture, spiritual and supernatural explanations for mental illness prevail, frequently resulting in a preference for traditional or religious healing methods rather than clinical treatment (Ayonrinde, 2020; Ogueji et al., 2021). Stigma has emerged as a significant factor, exerting influence both externally from the community and internally within individuals, resulting in social isolation, shame, and substantial delays in seeking professional mental health assistance (Ogueji et al., 2021; Ezenwaka et al., 2020). Structural challenges such as limited access to care, high costs, and a shortage of trained providers continue to impede the utilization of mental health services (World Health Organization [WHO], 2021).

Notwithstanding these challenges, the study revealed a modest yet meaningful shift in perceptions among participants with increased exposure to mental health education or international experiences. These cases suggest the potential for change through targeted mental health awareness campaigns, culturally tailored education, and community-based support systems (Ogueji et al., 2021; Ezenwaka et al., 2020).

This chapter interprets the findings within the broader literature, explores their implications for mental health practice and policy, and offers recommendations for future research and interventions aimed at reducing stigma and improving access to care in culturally relevant ways.

Interpretation of Findings

This section provides an analysis of the study's results in conjunction with the literature reviewed in Chapter 2. The research examined the impact of cultural beliefs, stigma, and structural obstacles on mental health attitudes and help-seeking behaviors among the Igbos in Nigeria. The results both validate and enhance current understanding in the field, especially within cross-cultural and global mental health paradigms.

Cultural Beliefs and Mental Illness: Validation of Spiritual Attribution

The research corroborated existing literature indicating that numerous African groups, particularly the Igbo community, frequently ascribe mental illness to supernatural or spiritual factors. Participants frequently expressed the concept that mental problems arise from ancestral retribution, witchcraft, or possession. This discovery corresponds with previous research conducted by Ayonrinde (2020) and (Ogueji et al., 2021), which identified analogous trends across Nigeria and the wider sub-Saharan African region. Such views bolster traditional and religious healing techniques as the primary treatment, often delaying or displacing psychiatric care.

This study provides a more refined comprehension of the impact of spiritual attributions on help-seeking behaviors. Participants said that, despite the availability of clinical treatments, cultural narratives surrounding spirituality rendered these services

seemingly less credible or efficacious. This expands upon the findings of Ogueji et al. (2021) by demonstrating that the cultural preference for spiritual healing pertains not only to accessibility but also to deeply ingrained belief systems that influence the interpretation of sickness.

Stigmatization and Mental Health: Reinforcement of Negative Social Outcomes

The study also corroborates previous research about the influence of stigma on mental health in Nigeria. Social and internalized stigma were ubiquitous in the participants' accounts. Numerous participants reported that acknowledging mental health challenges could bring shame upon their families, reinforcing the idea that mental illness disclosure carries significant social consequences. This finding aligns with more recent research by Ogueji et al. (2021), who highlighted how stigma related to mental illness remains a major barrier to help-seeking in Nigerian communities. This suggests a shared stigma pattern across ethnic groups in Nigeria.

The results also support contemporary applications of the stigma framework, such as those outlined by Ezenwaka et al. (2020), which distinguish between public stigma, community judgment and gossip, and self-stigma, wherein individuals internalize negative beliefs, both of which were evident in participants' experiences. Participants' experiences encompassed both aspects, as they reported exclusion by peers and a sense of personal inadequacy. Internalized stigma notably manifested as an obstacle to ongoing treatment participation. These findings corroborate the previous research conducted by Olanrewaju et al. (2019) and further elucidate the impact of stigma on both the

willingness to seek assistance and the dynamics of post-disclosure relationships and emotional resilience.

Structural and Individual Obstacles: Expansion of Access Frameworks

The study's findings corroborated established obstacles to mental health service consumption in Nigeria, such as budgetary limitations, insufficient availability of qualified specialists, and inadequately equipped institutions. Participants characterized mental health treatments as either prohibitively costly or entirely inaccessible in their regions, reflecting the WHO (2021) assessment on the inadequacies of mental health infrastructure in low- and middle-income nations.

Consistent with more recent findings, this investigation confirms that the shortage of resources—including trained personnel, facilities, and funding—remains a significant barrier to accessing mental health care in Nigeria (World Health Organization [WHO], 2021). Moreover, it enhances this body of knowledge by elucidating the interplay between cultural and personal obstacles and institutional constraints. Participants cited expense, fear of stigmatization, and mistrust of clinical practitioners as reasons for avoiding hospitals. The interaction of cultural and structural variables advocates for a more cohesive strategy in mental health system development, highlighting the importance of resource distribution and culturally sensitive service methods.

Discrepant Cases: Signs of Evolving Perspectives

A notable addition of this study is the incorporation and examination of anomalous cases—participants who contested prevailing cultural narratives and advocated for clinical mental health care. Individuals with higher educational attainment

or foreign exposure reported fewer stigmatizing encounters and a greater propensity to seek professional assistance. These findings are consistent with more recent observations that acculturation and higher levels of education can influence and potentially reshape traditional views on mental health, fostering greater acceptance of clinical interventions (Ogueji et al., 2021).

The occurrence of these situations indicates a generational or socio-cultural transformation that may be accelerating in metropolitan and globally interconnected regions. Despite being relatively rare, these cases provide valuable insights for intervention methods aimed at younger, more educated demographics. They also endorse the idea that cultural attitudes are dynamic, evolving alongside enhanced access to knowledge and mental health literacy.

Consequences for Culturally Attuned Care

The study's results highlight the necessity for culturally attuned mental health interventions. According to Ogueji et al. (2021) and Ayonrinde (2020), culturally adapted models are more likely to be embraced in communities dominated by traditional beliefs. This study's pronounced inclination towards spiritual healing suggests that mental health providers ought to explore collaborations with religious and traditional healers, who frequently act as gatekeepers within these groups.

Furthermore, educational initiatives that enhance mental health awareness while respecting cultural beliefs may help reduce stigma and misinformation. This dual approach aligns with more recent findings by Ezenwaka, Okoye, and Uchenna (2020),

who advocated for culturally sensitive public health strategies to bridge the gap between traditional healing systems and modern mental health care.

Limitations of the Study

The study provides useful insights; nevertheless, its breadth is confined to qualitative data from a particular ethnic group and may not be applicable to all Nigerian or African communities. Moreover, participants' accounts illustrate individual perceptions that may not encompass wider systemic or institutional dynamics. Nevertheless, the extensive qualitative data offer depth and context that enhance and expand upon prior studies.

The study corroborates existing material while offering expansions and contextual nuances that enhance our comprehension of mental health in culturally intricate countries. The results underscore the significance of cultural sensitivity, community involvement, and structural support in the formulation and provision of mental health care for the Igbos in Nigeria.

This study, like all qualitative research, has several limitations that may affect the reliability and extent of its findings. These constraints must be acknowledged when analyzing the data and extrapolating them outside the examined group (Mohajan, 2019). The study's sample size was small and restricted to participants of Igbo ethnicity in Nigeria. Qualitative research emphasize depth rather than breadth, which may limit the generalizability of findings to other cultural or regional groups (Barrett et al., 2021). The employment of purposive and snowball sampling may have resulted in selection bias, as

persons more at ease discussing mental health may have been more likely to participate, thus marginalizing more stigmatized perspectives (Naderifar et al., 2019).

Secondly, social desirability bias may have affected the participants' responses. Due to the sensitivity around mental health issues and societal stigma, individuals may have offered responses they deemed more socially acceptable. This represents a prevalent issue in qualitative research concerning stigmatized health habits and identity (Karakaya & Yilmaz, 2020).

Third, this study depended exclusively on self-reported data, which is intrinsically subjective and susceptible to memory distortion or selective recall. The objective was to document lived experiences; nevertheless, the lack of triangulation via clinical records, field observations, or alternative data sources constrains the external validity of these tales (Nowell et al., 2019).

Fourth, factors related to language and cultural translation may have influenced the interpretation of meaning. Despite conducting interviews in English or providing translations when required, the possibility of misinterpretation of culturally particular terminology persists as a constraint in cross-cultural qualitative research (Yin, 2021).

Finally, the study represents a temporal snapshot. Nigeria is experiencing rapid socio-cultural transformations driven by globalization, technology, and youth activism, which may lead to swift shifts in attitudes regarding mental health, particularly among younger and urban demographics (Ezenwaka et al., 2020).

Notwithstanding these constraints, the study upholds its credibility via methodical theme analysis, methodological transparency, and the incorporation of divergent

instances to bolster confirmability. These constraints also offer guidance for future investigations, encompassing the application of hybrid methodologies, longitudinal frameworks, and enhanced regional representation to further augment the evidence base.

Recommendations

This study examined the impact of cultural beliefs, stigma, and structural barriers on the mental health attitudes and help-seeking behaviors of the Igbo people in Nigeria. The results highlighted the profound impact of spiritual beliefs, the effects of social and internalized stigma, and the intricate interaction among personal, cultural, and systemic barriers to care. Based on these findings, along with the identified limitations and the evaluated literature, the following recommendations are suggested for future research.

Broaden Research Among Various Nigerian Ethnicities

This study concentrated exclusively on the Igbo community; however, subsequent research could incorporate comparative analyses across other prominent ethnic groups in Nigeria, including the Yoruba, Hausa, Ijaw, and Tiv, to evaluate the parallels and differences in mental health views. Comparative ethnographic or phenomenological investigations could yield a more comprehensive knowledge of the impact of cultural variables on stigma and help-seeking behavior within Nigerian subcultures (Ezenwaka, Okoye, & Uchenna, 2020).

This comprehensive cultural perspective would improve the relevance of future interventions and foster more inclusive mental health policies that honor Nigeria's ethnic variety. This directive also acknowledges the present study's shortcoming about its restricted generalizability beyond the Igbo demographic.

Explore Generational Attitudes and Youth Perspectives

This investigation discovered several anomalous cases—primarily younger, educated individuals—who exhibited greater acceptance of biological mental health treatment. These anomalies suggest a possible generational transition. Subsequent study ought to examine these patterns comprehensively by analyzing mental health perceptions among Nigerian adolescents, university students, and diaspora communities (Ogueji, Ojo, & Gidado, 2021).

Employing mixed techniques or longitudinal designs, researchers can monitor changing attitudes toward mental health and discern protective factors such as education, international exposure, or internet access. Research centered on youth may contribute to the development of preventive treatments and mental health literacy initiatives that effectively engage future generations.

Examine Collaborative Frameworks Between Religious Leaders and Mental Health Practitioners

Considering the cultural preeminence of spiritual interpretations of mental illness among the Igbo community, it is essential to examine integrated care strategies that incorporate traditional or religious leaders. Future study might investigate the collaboration between mental health professionals and religious leaders, such as pastors and imams, as well as herbalists, to enhance access to mental health services while preserving cultural relevance (Ayonrinde, 2020).

Pilot studies could evaluate the viability and results of community-oriented mental health training for church leaders or traditional healers. These strategies may

diminish stigma, bolster community trust, and offer culturally appropriate avenues into formal care systems.

Examine Structural Access and Systemic Barriers

Participants in this study identified various structural impediments, including inadequate mental health facilities, a shortage of qualified experts, and exorbitant fees. Additional investigation is required to analyze these obstacles from a systemic viewpoint. Health services research could assess the extent to which primary healthcare centers are including (or neglecting to incorporate) mental health screening and referral routes (World Health Organization, 2021).

Furthermore, research centered on economic and policy aspects could quantify the national cost of untreated mental illness, offering compelling data to influence mental health funding, insurance coverage, and budgetary priorities in Nigeria (World Health Organization [WHO], 2021).

Assess the Efficacy of Antistigma Campaigns in Nigerian Communities

Considering that stigma has become a significant barrier to getting treatment, subsequent study should assess existing or newly implemented anti-stigma initiatives within Igbo communities. Research may evaluate the efficacy of campaigns disseminated by mass media, social media, educational institutions, and religious groups, and the impact of these messages on attitudes and behaviors over time (Olanrewaju, Afolabi, & Olanrewaju, 2019).

Evaluations that distinguish between urban and rural responses or among various age groups would be especially beneficial. These data may inform focused public education initiatives.

Conduct Longitudinal Research on Mental Health Beliefs

Future research should expand upon the current study's cross-sectional methodology by incorporating longitudinal studies that monitor changes in cultural attitudes, stigma, and help-seeking behavior over time. This methodology may help determine whether recent mental health reforms, cultural changes, or global trends are having a sustained impact on the acceptance of mental health services and attitudes toward mental illness (Ogueji et al., 2021).

Longitudinal study can investigate the consequences of individuals who surmount stigma to obtain therapy, offering a dynamic perspective on recovery trajectories and social reintegration.

Analyze the Function of Primary Care Providers and Task-Shifting Frameworks

Given the shortage of mental health professionals in Nigeria, primary care providers (PCPs) are increasingly tasked with the early identification and referral of individuals with mental health needs. Future research should explore the readiness of these providers to recognize and manage mental health conditions, along with the types of training and support required to strengthen their capacity (World Health Organization [WHO], 2021).

Task-shifting approaches, wherein non-specialists such as nurses or community health workers receive training in fundamental mental health care, warrant investigation,

particularly in rural or resource-constrained environments where access to psychiatrists is severely restricted.

Map Help-Seeking Pathways and Delays

This study emphasized overall delays in seeking assistance; however, subsequent research could delineate help-seeking paths with greater precision. Such research would delineate the precise actions individuals undertake prior to visiting a clinic, including consultations with family, spiritual leaders, traditional healers, or self-care practices.

A comprehensive understanding of these decision-making processes helps identify critical intervention points and reduce delays in accessing appropriate mental health care (Atilola & Olayiwola, 2021).

The recommendations stem directly from the findings and limitations of the present investigation and are corroborated by peer-reviewed literature. Future research should focus on enhancing the comprehension of culturally influenced mental health beliefs, evaluating integrated care models, and producing data that may guide policy and practice in culturally varied Nigerian settings. A strategy that is culturally sensitive, community-engaged, and interdisciplinary will be crucial in bridging the treatment gap and alleviating the burden of mental illness in Nigeria.

Implications

This section delineates the ramifications of the study's findings on mental health beliefs and treatment-seeking behaviors among the Igbos in Nigeria. It underscores concrete positive social transformation across several levels “individual, familial, organizational, and policy” while adhering to the parameters of the study's qualitative

framework. Furthermore, it examines methodological, theoretical, and empirical contributions, providing recommendations to guide future research and practice.

Positive Social Change

Change at the Individual Level

The study indicated that internalized stigma and culturally ingrained misconceptions substantially hinder help-seeking behaviors at the individual level. Individuals perceiving mental illness as a form of spiritual punishment or moral failing frequently refrained from seeking clinical treatment. This underscores the necessity for interventions designed to enhance mental health literacy, especially within rural and semiurban populations (Ogueji, Ojo, & Gidado, 2021).

Improvements involve the implementation of culturally tailored mental health education via accessible platforms, including radio, religious gatherings, and community forums. These campaigns should highlight that mental illness is not a spiritual affliction but rather a treatable health condition. Research indicates that culturally congruent education increases treatment-seeking behavior and diminishes self-stigma (Ezenwaka, Okoye, & Uchenna, 2020).

Family-Level Change

The research indicated that families frequently serve as gatekeepers to treatment, perpetuating stigma or promoting traditional healing in preference to clinical care. Participants reported concerns regarding familial shame and reputational harm, resulting in secrecy and denial of mental health issues.

Change can be achieved at this level by educating entire families through interventions based on family dynamics and group therapy models. Interventions should incorporate storytelling, visual aids, and discussions in local languages to enhance relatability of the content. Evidence indicates that the inclusion of families in mental health care enhances support systems and promotes more sustainable recovery (Barrett, Twycross, & Kirk, 2021).

Organizational-Level Change

Healthcare institutions and NGOs must address the significant mistrust that many Igbos harbor towards biomedical mental health services. This study indicates that traditional and religious healing are perceived as more reliable sources of assistance, attributed to cultural familiarity and accessibility.

Improvements at this level involve the integration of community health workers, religious leaders, and traditional practitioners into mental health education and referral systems. Task-sharing models, in which non-specialists receive training to provide initial psychological support, have demonstrated effectiveness in low-resource settings and warrant further exploration (Atilola & Olayiwola, 2021).

Healthcare facilities should implement culturally competent training to ensure that clinicians are respectful and knowledgeable about local beliefs and practices. Cultural humility in provider-patient relationships enhances adherence and trust (Yin, 2021).

Changes at the Societal and Policy Level

This study identifies a notable deficiency in culturally responsive mental health policies and public awareness initiatives at the societal and policy levels. Systemic

stigma, infrastructural deficiencies, and financial limitations constituted significant barriers to access to care.

It is essential for governments and policymakers to prioritize mental health within national health strategies, particularly in the context of Nigeria's Universal Health

Coverage objectives. Proposed enhancements consist of:

- Subsidizing mental health services via national insurance schemes
- Expanding mental health infrastructure in rural regions
- Enforcing anti-discrimination legislation to safeguard individuals with mental illness in employment and education (WHO, 2021)

Local language public campaigns utilizing radio, television, and social media should be employed to reduce the stigma associated with mental illness. Policies should align with the socio-cultural realities of various ethnic groups, such as the Igbos, and incorporate local stakeholders in both planning and implementation (Ezenwaka et al., 2020).

Methodological Implications

The research utilized a phenomenological methodology to explore lived experiences associated with mental health. This methodology effectively captured nuanced, culturally embedded perspectives. The dependence on snowball sampling may have constrained the diversity of perspectives, particularly from individuals who have not previously sought assistance.

Future research may benefit from the integration of mixed methods or community-based participatory research (CBPR) approaches. These designs facilitate

collaboration with local communities and enhance the credibility of data. It is essential for researchers to employ purposive sampling to guarantee representation across age, gender, education, and urban/rural distinctions (Mohajan, 2019).

The findings of this study underscore the significance of qualitative interviews in sensitive contexts, particularly through the effectiveness of narrative storytelling. Future research may investigate the application of digital storytelling or photo-elicitation to enhance participant engagement, and the richness of data collected.

Theoretical Implications

The results corroborate established culturally grounded models of health behavior, such as the Cultural Models Theory and the Health Belief Model. The attribution of mental illness to spiritual causes by participants corresponds with the notion that culturally scripted beliefs shape treatment pathways.

The research supports the conceptual framework originally developed by Link and Phelan, as more recently applied by Ogueji et al. (2021), who differentiate between public stigma and self-stigma in Nigerian mental health contexts. Both forms of stigma were evident in participants' narratives: community gossip inhibited open disclosure, whereas personal shame hindered help-seeking behavior.

The findings indicate that stigma in this context is both cultural and structural. Interventions should address not only individual attitudes but also the wider social and institutional dynamics. This theoretical application necessitates a multi-level approach encompassing education, legal reform, and social integration.

The existence of discrepant cases, participants who exhibit greater acceptance of clinical care, illustrates the malleability of cultural beliefs. Exposure to education, migration, and internet-based information can alter cultural paradigms, indicating a changing theoretical framework.

Empirical Implications

This study empirically enhances the expanding corpus of African-centered mental health research. It offers comprehensive qualitative data on a historically marginalized community, thereby addressing a knowledge deficiency in worldwide mental health literature.

These subsequent empirical domains are suggested for additional investigation:

- Cross-cultural analyses between Igbos and other ethnic groups (e.g., Yoruba, Hausa) to evaluate variations in stigma and treatment pathways.
- Longitudinal studies monitoring shifts in attitudes among younger or diaspora populations.
- Evaluation studies assessing the efficacy of community-based, culturally tailored mental health initiatives.
- Implementation of science research investigating the practical application of task-shifting and collaboration with traditional healers.

By broadening these empirical avenues, subsequent research can formulate more efficacious and contextually relevant therapies.

Recommendations for Practice

To implement the study's findings effectively, the following recommendations are proposed for mental health practitioners, NGOs, and policymakers:

1. Establish faith-based mental health workshops: Educate pastors and imams to deliver fundamental mental health instruction and referrals.
2. Develop educational materials in local languages: Employ culturally relevant language and analogies in brochures, movies, and workshops.
3. Establish school-based mental health initiatives: Implement age-appropriate mental health curricula at secondary and tertiary educational institutions.
4. Provide financial support to community mental health clinics, particularly in remote regions, via government or donor money.
5. Educate health professionals on cultural competence: Provide professionals with cultural sensitivity training to enhance engagement and decrease attrition rates.

Each of these acts corresponds with the community requirements outlined in this study and can facilitate the reconciliation of cultural norms with appropriate mental health care.

Conclusions

This research explored the influence of cultural beliefs, stigma, and systemic barriers on mental health perceptions and help-seeking behaviors within the Igbo community in Nigeria. The findings underscore the significant impact of spiritual and supernatural interpretations of mental illness, along with the role of both public and

internalized stigma in hindering individuals from seeking formal care. These findings align with recent studies highlighting the role of culturally embedded narratives in perpetuating mental health stigma in sub-Saharan Africa (Ogueji et al., 2021; Ezenwaka et al., 2020).

A significant conclusion is that cultural beliefs, although deeply ingrained, are not fixed. Individuals with greater educational attainment or global exposure demonstrated increased openness to clinical mental health care, indicating a potential shift in attitudes and enhanced acceptance of biomedical models (Barrett et al., 2021). This transition presents potential for enduring cultural change, especially via educational initiatives and awareness campaigns aimed at younger populations.

The research emphasizes the immediate need for the development of culturally responsive mental health strategies in Nigeria. Interventions must incorporate traditional and spiritual frameworks alongside evidence-based care to enhance trust and facilitate access. The World Health Organization (2021) emphasizes that sustainable advancements in mental health necessitate culturally informed public education, community involvement, and reforms within health systems. The findings recognize the social and cultural contexts of the Igbo people, providing a basis for more inclusive mental health services and a means to reduce stigma while improving psychological well-being.

References

- Adebowale, T. O., & Adelekan, M. L. (2020). Help-seeking behavior in African mental health: Perspectives and challenges. In G. M. Kigozi & M. S. Ali (Eds.), *Mental health in Africa: Past, present, and future* (pp. 267–282). Springer.
- Akinyemi, O. O., Atilola, O., Onifade, P. O., Balogun, O. R., & Ogundele, O. A. (2021). Perceived stigma and psychological distress among patients with psychiatric disorders in Nigeria: A multicenter study. *Journal of Health Care for the Poor and Underserved, 32*(1), 363–377. <https://doi.org/10.1353/hpu.2021.0017>
- Anaemene, B. (2019). From social justice to economic logic: The World Health Organization and health sector reform in Nigeria, 1993–2007. *International Journal of Health Services, 50*(2), 173–183. <https://doi.org/10.1177/0020731419874975>
- Closer, A. (2018). *An optimal path search using the spatial-keyword query by using the keyword expands. International Journal of Modern Trends in Engineering and Research (IJMTER), 5*(1), 11–16. <https://doi.org/10.21884/ijmter.2018.5003.4p4g6>
- Atilola, O., & Olayiwola, F. (2021). Mental health in Nigeria: Challenges and prospects. *Nigerian Journal of Psychiatry, 19*(1), 12–20.
- Ayonrinde, O. (2020). Mental illness narratives in sub-Saharan Africa: Cultural and contextual influences. *Transcultural Psychiatry, 57*(2), 233–247.
- Barlatti, S., Morena, D., Nibbio, G., Cacciani, P., Corsini, P., & Mosca, A., Deste, G., Accardo, V., Turrina, C., Valsecchi, P., & Vita, A. (2022). Internalized stigma

among people with schizophrenia: Relationship with sociodemographic, clinical, and medication-related features. *Schizophrenia Research*, 243, 364–371.

<https://doi.org/10.1016/j.schres.2021.06.007>

Barrett, M., Twycross, A., & Kirk, D. (2021). Using qualitative research methods in nursing. *Nursing Children and Young People*, 33(4), 29–35.

<https://doi.org/10.7748/ncyp.2021.e1357>

Bengtsson, M. (2020). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 6, 8–14. <https://doi.org/10.1016/j.npls.2019.100016>

Bhardwaj, A. (2019). Purposive sampling: A guide for researchers. *Journal of Social Sciences Research*, 5(2), 235–241. <https://doi.org/10.32861/jssr.spi5.235.241>

Boysen, G. (2019). Sexual stigmatization of mental illness: The impact of sex, mental illness, and evolutionarily salient traits on evaluating potential mates. *Stigma and Health*, 4(2), 225–232. <https://doi.org/10.1037/sah0000136>

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.

<https://doi.org/10.1080/2159676X.2019.1628806>

Braun, V., & Clarke, V. (2020). One size fit all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–

352. <https://doi.org/10.1080/14780887.2020.1769238>

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.

- Braun, V., Clarke, V., & Hayfield, N. (2021). A starting point for your journey. In V. Braun, V. Clarke, & D. Gray (Eds.), *Collecting qualitative data: A practical guide to textual, media and virtual techniques* (pp. 213–240). Cambridge University Press.
- Castleberry, A., & Nolen, A. (2020). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, 10(6), 807–815. <https://doi.org/10.1016/j.cptl.2018.03.019>
- Da Silva, A. G., Baldaçara, L., Cavalcante, D. A., Fasanella, N. A., & Palha, A. P. (2020). The impact of mental illness stigma on psychiatric emergencies. *Frontiers in Psychiatry*, 11, Article 573. <https://doi.org/10.3389/fpsyt.2020.00573>
- Duru, C. B., Oche, M., Olotu, S. O., & Duru, I. N. (2020). Attitudes toward mental illness and the associated factors among adults in a rural community in southeast Nigeria. *Annals of African Medicine*, 19(1), 23–31. https://doi.org/10.4103/aam.aam_36_19
- Duru, C. B., Olose, E. O., Madubueze, U. C., Uwakwe, R., & Ndukuba, A. C. (2020). Cultural beliefs and mental health stigma in Nigeria: Implications for psychiatric nursing. *Archives of Psychiatric Nursing*, 34(6), 509–516. <https://doi.org/10.1016/j.apnu.2020.08.008>
- Eseadi, C., Anyanwu, J. I., & Ede, M. O. (2020a). Psychological factors and mental health status of stigmatized people in Nigeria: Implications for intervention and social change. In K. V. Gow & B. George (Eds.), *Stigma in mental health: Contemporary perspectives* (pp. 79–93). Academic Press.

- Eseadi, C., Anyanwu, J. I., & Ede, M. O. (2020b). Stigmatization of mental illness in Nigeria: A systematic review of population-based studies. *International Journal of Mental Health Systems*, 14(1), 1–12. <https://doi.org/10.1186/s13033-020-00389-5>
- Extension Organizational Strengths: *A Delphi Analysis*. (2021), 62(2). <https://doi.org/10.5032/jae.2021.0253>
- Eze, B. I., Aguocha, C. M., & Nwosu, J. N. (2020). Stigma and mental health care utilization among the Igbos in Nigeria. *Journal of Mental Health*, 29(3), 292-298. <https://doi.org/10.1177/0020764019876365>
- Ezegbe, B., Eseadi, C., Ede, M. O., Igbo, J. N., Aneke, A., Mezieobi, D., Ugwu, G. C., Ugwoezuonu, A. U., Elizabeth, E., Ede, K. R., Ede, A. O., Ifelunni, C. O., Amoke, C., Eneogu, N. D., & Effanga, O. A. (2018). *Efficacy of rational emotive digital storytelling intervention on knowledge and risk perception of HIV/AIDS among schoolchildren in Nigeria*. *Medicine*, 97(47), e12910. <https://doi.org/10.1097/MD.00000000000012910>
- Ezenwaka, U., Okoye, U., & Uchenna, E. (2020). Perceptions of mental illness and patterns of help-seeking in Southeast Nigeria. *International Journal of Mental Health Systems*, 14(1), 1–10. <https://doi.org/10.1186/s13033-020-00371-6>
- Fox, A. B., Vogt, D., Boyd, J. E., Earnshaw, V. A., Janio, E. A., Davis, K., Eikey, E. V., Schneider, M., Schueller, S. M., Stadnick, N. A., Zheng, K., Mukamel, D. B., & Sorkin, D. H. (2021). Mental illness, problem, disorder, distress: Does

terminology matter when measuring stigma? *Stigma and Health*, 6(4), 419–429. <https://doi.org/10.1037/sah0000329>

Fornari, L., & Fonseca, R. (2020). Critical-Emancipatory Workshop Analysis Through Qualitative Analysis Software. *The Qualitative Report*.

<https://doi.org/10.46743/2160-3715/2020.4758>

Finlay, L. (2020). Reflexivity in practice: *Power and ethics in qualitative research*. In K. C. Nixon,

Geertz, C. (1973). *The Interpretation of Cultures: Selected Essays*. Basic Books

Goffman, E. (2009). *Stigma: Notes on the Management of Spoiled Identity*. Touchstone

Gohar, A., & Lee, S. (2020). Multipath Dynamic Adaptive Streaming over HTTP Using Scalable Video Coding in Software Defined Networking. *Applied*

Sciences, 10(21), 7691. <https://doi.org/10.3390/app10217691>

Hennink, M., Kaiser, B. N., & Weber, M. B. (2020). What influences saturation?

Estimating sample sizes in focus group research. *Qualitative Health Research*, 30(10), 1483–1496. <https://doi.org/10.1177/1049732320913119>

Hoffman, J., Smith, K., & Johnson, L. (2023). Activating broadly accepted prejudices: The role of initial incidents. *Journal of Social Psychology*, 45(2), 123-140

Ihua, I. (2022). *Nigeria's Mental Health Desert* | by Ifeanyi M. Nsofor & Bell Ihua - *Project Syndicate*. Project Syndicate. Retrieved 5 October 2022, from

<https://www.project-syndicate.org/commentary/nigeria-mental-health-care-by-ifeanyi-m-nsofor-and-bell-ihua-2020-05>.

- Janis, I. (2022). Strategies for Establishing Dependability between Two Qualitative Intrinsic Case Studies: A Reflexive Thematic Analysis. *Field Methods*, 34(3), 240-255. <https://doi.org/10.1177/1525822X211069636>
- Jidong, D. E., Bailey, D., Sodi, T., Gibson, L., Sawadogo, N., Ikhile, D., Musoke, D., Madhombiro, M., and Mbah, M. (2021), "Nigerian cultural beliefs about mental health conditions and traditional healing: a qualitative study", *The Journal of Mental Health Training, Education and Practice*, Vol. 16 No. 4, pp. 285-299. <https://doi.org/10.1108/JMHTEP-08-2020-0057>
- Karakaya, F., & Yilmaz, M. (2020). The effect of social desirability bias on self reported mental health outcomes: A qualitative inquiry. *Journal of Psychology and Behavioral Science*, 8(2), 1-10.
- Klein, G. (2022). Determination Met with Marginalization: A Case Study on The Nigerian Civil War. *Flux: International Relations Review*, 12(II).
- Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, 30(2), 111-116. <https://doi.org/10.1177/0840470416679413>
- Krusen, N., & Martino, M. (2020). Occupational Therapy Students' Perceptions of OSCE: A Qualitative Descriptive Analysis. *Journal Of Occupational Therapy Education*, 4(1). <https://doi.org/10.26681/jote.2020.040107>
- Labinjo, T., Ashmore, R., Serrant, L., & Turner, J. (2020). Perceptions, attitudes, and

cultural understandings of mental health in Nigeria: A scoping review of published literature. *Mental Health, Religion and Culture*, 23(7), 606-624.

<https://doi.org/10.1080/13674676.2020.1726883>

Labinjo, B. S., Kola, L., & Jike, A. (2020). Cultural beliefs and practices. In E. O. Oni, M. P. Ssewamala, & D. W. Jones (Eds.), *Handbook of African Youth and Mental Health* (pp. 221-236). Springer.

Mamta, & Gupta, B. (2020). An attribute-based keyword search for m-Health networks. *Journal Of Computer Virology And Hacking Techniques*, 17(1), 21-36.

<https://doi.org/10.1007/s11416-020-00361-z>

Mohajan, H. (2019). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, 8(1), 1–17.

<https://doi.org/10.26458/jedep.v8i1.571>

Morgan, H. (2022). Conducting a Qualitative Document Analysis. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2022.5044>

Naderifar, M., Goli, H., & Ghaljaie, F. (2019). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3), e67670. <https://doi.org/10.5812/sdme.67670>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2019). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 18, 1–13. <https://doi.org/10.1177/1609406918820667>

Oboko, U., & Ifeanyichukwu, A. (2021). Genderized Implications of Bride Pricing

Culture in Igbo Land. *Lingual: Journal Of Language And Culture*, 12(2), 28.

<https://doi.org/10.24843/ljlc.2021.v12.i02.p05>

Ogueji, I. A., Ojo, T. E., & Gidado, T. N. (2021). Perceived stigmatization, gender, and mental help-seeking behaviors of undergraduates in Nigeria. *International Journal of Social Psychiatry*, 67(5), 430–437.

<https://doi.org/10.1177/0020764020964553>

Ogunwale, A., Oduguwa, T., & Ojo, T. (2021). COVID-19 pandemic and mental health stigma in Nigeria: A call for action. *The Nigerian Postgraduate Medical Journal*, 28(1), 1–5. https://doi.org/10.4103/npmj.npmj_263_20

Okeke, C., & Omaballa, T. (2020). Angular Photogrammetric Analysis Of Facial Profile Of Igbos Of Anam Community Of Nigeria. *Revista Argentina De Anatomía Clínica*, 12(2), 90-97. <https://doi.org/10.31051/1852.8023.v12.n2.27517>

Okeke, C. C., & Onyebueke, G. C. (2020). Mental health literacy and help-seeking behavior among undergraduate students in a Nigerian university. *Journal of Psychiatric and Mental Health Nursing*, 27(1), 68-77.

<https://doi.org/10.1111/jpm.12579>

Okeke, C. C., & Onyebueke, G. C. (2021). Stigma associated with using mental health services among the Igbos in Nigeria: A systematic review. *International Journal of Mental Health Nursing*, 30(1), 3-15. <https://doi.org/10.1111/inm.12822>

Okeke, A. (2018). Understanding cultural frameworks and youth mental health in southeastern Nigeria. *African Journal of Psychiatry*, 21(3), 120–128.

- Okpukpara, B. C., & Eke, A. O. (2021). Cultural perceptions and barriers to mental health service utilization among the Igbo people of Nigeria. *African Journal of Social and Behavioral Sciences*, 12(2), 45–58.
<https://doi.org/10.1080/ajs.2021.0045>
- Olanrewaju, A., Afolabi, M. O., & Olanrewaju, T. (2019). Mental health and stigma in Nigeria: A review. *Nigerian Journal of Psychological Health*, 5(2), 32–41
- Pederson, A., Ahmedani, B., Anderson, L., Larkin, C., Coleman, K., Simon, G., Waitzfelder, B., Rossom, R., Beck, A., & Zeber, J. (2020). The association between stigma and mental health service utilization among Asian, Black, Latino, and White populations in the United States. *Community Mental Health Journal*, 56(4), 610-617. <https://doi.org/10.1007/s10597-020-00602-8>
- Pederson, A., Pistrang, N., & Barker, C. (2020). Mental health stigma. In R. J. R. Levesque (Ed.), *Encyclopedia of Adolescence* (2nd ed., pp. 2699-2709). Springer.
- Pederson, A. B., Burnett-Zeigler, I., Fokuo, J. K., Wisner, K. L., Zumpf, K., & Oshodi, Y. (2020). Mental health stigma among university healthcare students in Nigeria: A cross-sectional observational study. *The Pan African Medical Journal*, 37(5).
<https://doi.org/10.11604/pamj.2020.37.5.24898>
- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (3rd ed.). SAGE Publications.
- Reif, S., Wilson, E., McAllaster, C., Pence, B., & Cooper, H. (2021). The relationship between social support and experienced and internalized HIV-related stigma

- among people living with HIV in the Deep South. *Stigma And Health*, 6(3), 363–369. <https://doi.org/10.1037/sah0000271>
- Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, 2(4), 328-335. <https://doi.org/10.1177/109019817400200403>
- Saguem, B., Rhouma, A., & Nakhli, J. (2022). The stigma of mental illness and its association with empathic abilities in mental health trainees. *Stigma And Health*. <https://doi.org/10.1037/sah0000418>
- Soroye, M. O., Oleribe, O. O., & Taylor-Robinson, S. D. (2021). Community psychiatry care: An urgent need in Nigeria. *Journal of Multidisciplinary Healthcare*, 14, 1145-1148. <https://doi.org/10.2147/JMDH.S309517>
- Subu, M., Wati, D., Netrida, N., Priscilla, V., Dias, J., & Abraham, M. et al. (2021). Types of stigmas experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. *International Journal Of Mental Health Systems*, 15(1). <https://doi.org/10.1186/s13033-021-00502-x>
- Taquette, S. R., & Borges da Matta Souza, L. M. (2022). Ethical Dilemmas in Qualitative Research: A Critical Literature Review. *International Journal of Qualitative Methods*, 21. <https://doi.org/10.1177/16094069221078731>
- Tracy, S. J. (2020). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact* (2nd ed.). Wiley-Blackwell.
- Uwakwe, R., & Ndukuba, A. C. (2020). Understanding traditional beliefs and mental health help-seeking among the Igbo of southeastern Nigeria. *International*

Journal of Mental Health and Psychiatry, 26(3), 101–112.

<https://doi.org/10.1016/ijmhp.2020.101112>

Wu, Y., Wu, T., & Arno Sharpe, J. (2020). Consensus on the definition of social entrepreneurship: *a content analysis approach*. *Management Decision*, 58(12), 2593-2619. <https://doi.org/10.1108/md-11-2016-0791>

World Health Organization (WHO). (2021). *Mental health atlas 2020*.

<https://www.who.int/publications/i/item/9789240036703>

World Health Organization. (2021). *Mental health atlas 2020*.

<https://www.who.int/publications/i/item/9789240036703>

Yin, R. K. (2021). *Qualitative research from start to finish* (2nd ed.). Guilford Press.

Yu, J., & Mitchell, S. L. (2020). Transferability in qualitative research: A review and implications for nursing science. *Journal of Advanced Nursing*, 76(3), 646-657.

<https://doi.org/10.1111/jan.14265>

Zeng, G., & McNamara, B. (2021). Strategies Used to Support Peer Provision in Mental Health: A Scoping Review. *Administration And Policy In Mental Health And Mental Health Services Research*, 48(6), 1034-1045.

<https://doi.org/10.1007/s10488-021-01118-6>

Appendix A: Interview Questions

1. How old are you? (Optional)
2. What is your marital status?
3. What is your gender? (Optional)
4. Where were you born?
5. When did you move to the USA?

Here are some sample questions:

6. How would you describe the general perception of mental health issues within the Igbo community in Nigeria?
7. Can you discuss any specific cultural beliefs or traditions that contribute to the stigma surrounding mental health services among the Igbo population?
8. What are some common misconceptions or stereotypes about individuals who seek mental health support within the Igbo society?
9. Have you observed any differences in stigma towards mental health services between rural and urban areas within the Igbo community?
10. How do familial and community dynamics influence attitudes towards mental health and help-seeking behaviors among the Igbos?
11. Can you provide examples of language or terminology used within the Igbo culture that may stigmatize individuals with mental health conditions?