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Cultural Beliefs and Practices Regarding Mental Illness Among Adults in Pokhara, Nepal: A Community-Based Cross-Sectional Study

Pabita Poudel[1]

[1]*Research Scholar Tribhuvan University Kathmandu. Email: poudelpabita373@gmail.com*

Abstract

This study explored the cultural beliefs and practices, coping strategies, and social support among individuals with mental illness in the community. Data were collected from 150 participants, focusing on the types of coping strategies employed, perceptions of mental illness, sources of help, and the role of cultural beliefs. Findings revealed a diversity of coping mechanisms, with 30 participants relying on emotional support and 30 participants instrumental support, 15 behavioral non-engagement, and 20 participant humor or religious practices.15 participants Self-blame, 15 participant substance use, while 25 participants utilized other coping strategies. These results highlight the predominance of social, behavioral, and religious coping methods in managing mental health challenges.

Regarding help-seeking behavior, approximately 10% of participants reported consulting traditional spiritual healers ("Dhami"), demonstrating the enduring influence of cultural and religious practices. Family responses indicated that 30% hospital or medical care, 10% approached traditional healers, and 15% turned to religious interventions, while smaller proportions 5% ignored the illness. Participants' beliefs about the causes of mental illness varied: 5% attributed it to stress and life problems, 5% to evil spirits, 10 % to medical or biological factors, 5% to karma or past sins, and 5% to witchcraft (Boksi), indicating that traditional and cultural interpretations remain significant alongside modern medical explanations.

Mental illness is widely influenced by cultural beliefs and practices, particularly in developing countries like Nepal. This study aims to explore the relationship between cultural beliefs, practices, and mental illness among the population of Pokhara Metropolitan City. A descriptive cross-sectional research design was used to collect data from community participants through structured questionnaires. The study examines common cultural perceptions, including beliefs in supernatural causes, stigma, and reliance on traditional healers such as dhami-jhakri.

Keywords; Mental illness, Coping strategies, Social Support, Cultural beliefs, help-seeking behavior, Stigma

INTRODUCTION

Mental illness is influenced not only by biological and psychological factors but also by cultural beliefs and practices, which shape how individuals perceive, cope with, and seek help for these conditions (Patel & Prince, 2010). In many societies, including Nepal, traditional healers, spiritual rituals, and family-based support remain important in addressing mental health issues, often alongside formal psychiatric care (Kohrt et al., 2012). Despite growing recognition of mental health challenges, research in Nepal, particularly in urban areas like Pokhara, has paid limited attention to how cultural beliefs directly affect coping strategies, help-seeking behaviors, and social support. Most studies focus on clinical outcomes or general awareness, leaving a gap in understanding the intersection between culturally grounded practices and modern mental health interventions.

This study aims to explore the relationship between cultural beliefs, practices, and coping strategies among individuals experiencing mental disorders in Pokhara. By examining both traditional and contemporary responses, the research seeks to

inform culturally sensitive mental health interventions and provide insights for practitioners and policymakers in the local context

Cultural Practices in Mental Health Care

Traditional healers, commonly known as *Dhami* or *Jhankri*, play a significant role in mental health care in Nepal. These healers utilize various indigenous practices, including rituals, chanting, and spiritual healing techniques, to treat individuals with mental health problems. Research suggests that a large proportion of individuals initially seek help from traditional healers due to strong cultural beliefs, social acceptance, and greater accessibility compared to formal mental health services (Kohrt & Harper, 2008). These practices are deeply embedded within local communities and are often trusted more than modern biomedical approaches. As a result, traditional healing continues to be an important component of mental health care in Nepal, although it may sometimes delay access to professional psychiatric treatment.an important role in understanding emotions and mental health in Nepal. Help-Seeking Behavior and Cultural Influence: Cultural beliefs strongly influence help-seeking behavior in Nepal. Many individuals prefer traditional and religious healing methods before seeking professional mental health services. Factors influencing help-seeking include: Belief in supernatural causes, Lack of awareness about mental health, Stigma and discrimination, Accessibility of traditional healers Studies indicate that a significant proportion of people with mental illness do not receive proper treatment due to these cultural barriers.

Understanding the relationship between cultural beliefs, practices, and mental illness requires a strong theoretical foundation. This study is guided primarily by two major frameworks: Cultural Psychiatry and the Biopsychosocial Model. These frameworks help explain how Traditional healing practices in Nepal often include ritual ceremonies, spiritual cleansing, and communication with spirits. While these practices may provide psychological comfort and a sense of cultural familiarity, they can also delay access to appropriate psychiatric care.

Religion also plays a vital role in shaping mental health practices in Nepal. The dominant religions, Hinduism and Buddhism, significantly influence beliefs about suffering, healing, and overall well-being. Common religious practices include *puja* (worship rituals), visiting temples, fasting, prayer, and seeking blessings from priests. These practices can have both positive and negative implications for mental health. On the one hand, they offer emotional support, promote coping mechanisms, and foster a sense of hope. On the other hand, they may reinforce supernatural explanations of mental illness, which can hinder timely utilization of professional mental health services.

Cultural Influence on Expression of Mental Illness

Culture not only influences beliefs and practices but also shapes how mental illness is expressed and communicated. In Nepal, psychological distress is frequently expressed through physical symptoms rather than emotional or psychological language. Common manifestations include headaches, fatigue, and generalized body pain, which are commonly referred to as somatic symptoms. Research indicates that Nepali individuals often express psychological distress in somatic terms due to cultural norms and the stigma associated with mental illness (Kohrt et al., 2014).

Furthermore, indigenous cultural concepts such as the "heart-mind" (*man*) and the "soul" (*atma*) play an important role in shaping the understanding and expression of mental distress. These culturally embedded constructs influence how individuals interpret their symptoms and seek help, often bridging the gap between emotional, spiritual, and physical experiences of illness mental health is shaped by cultural, biological, psychological, and social factors, especially in the context of Nepal.

Cultural Psychiatry: Cultural psychiatry is a field that examines how cultural beliefs, values, and practices influence mental health, illness experience, and treatment. It emphasizes that mental illness cannot be fully understood without considering the cultural context in which individuals live. According to Arthur Kleinman, mental illness is not only a biological condition but also a cultural experience. He introduced the concept of "explanatory models," which refers to how individuals and communities interpret the causes, symptoms, and treatments of illness based on their cultural beliefs. In the context of Nepal, cultural psychiatry is highly relevant. Many individuals interpret mental illness through cultural frameworks such as: Spirit possession Karma and past deeds, Witchcraft (Boksi), Divine, punishment. These cultural explanations influence how people respond to mental illness. For example, individuals may seek help from traditional healers like *Dhami/Jhakri* instead of medical professionals. This reflects the cultural understanding of illness rather than a biomedical perspective.

GAPS IN EXISTING RESEARCH

Mental illness is influenced by multiple factors, including cultural beliefs and practices, which shape

perceptions, coping mechanisms, and help-seeking behaviors (Patel & Prince, 2010). In Nepal, traditional healing practices, family support, and spiritual rituals remain an important part of mental health management, yet their interaction with modern psychiatric services is not well understood (Kohrt et al., 2012).Most existing studies focus on general mental health awareness or clinical outcomes, leaving limited knowledge about how cultural beliefs directly affect coping strategies, social support, and resource utilization in urban Nepali populations such as Pokhara. Understanding these dynamics is crucial for designing culturally sensitive interventions, improving access to care, and reducing stigma associated with mental illness.

This study is therefore significant as it seeks to provide insights into the cultural context of mental health in Pokhara, helping mental health practitioners, policymakers, and community programs develop interventions that align with local beliefs and practices. By addressing the research gaps, the study aims to contribute to both theoretical knowledge and practical applications in culturally informed mental health care.

MATERIAL AND METHODS

Research Design

This study employed a quantitative research design to assess the relationship between cultural beliefs and practices and mental illness among the population of Pokhara, Nepal. The quantitative approach was selected to allow for the measurement and statistical analysis of variables such as cultural beliefs, traditional practices, stigma, and help-seeking behavior. A cross-sectional survey design was used, in which data were collected at a single point in time from the selected population. This design is appropriate for cultural beliefs and practices in community. The study is descriptive in nature. It is descriptive because it measures of cultural beliefs related to mental illness used in their management. A survey method was applied using structured questionnaires to collect quantifiable data. This method supports comparison between the use of traditional healing practices and modern mental health services.

Sampling and Sample Size

This study used a non-probability sampling technique, specifically convenient sampling to select respondents from the population of Pokhara Metropolitan City. This method was chosen to ensure that each individual in the population according my convivences. it allows for generalization of findings to the wider population. Thus, the calculated sample size was approximately 150 respondents, which was considered adequate to achieve the study objectives and ensure statistical reliability. The selected sample size is sufficient to measure variables such as cultural beliefs, traditional practices, stigma, and help-seeking behavior, and their relationships with mental disorders. It also allows for meaningful statistical analysis.

Data Collection Tools

Data were collected using a structured questionnaire developed by the researcher. The tool included both closed-ended and semi-structured questions to assess cultural beliefs, practices, coping strategies, and help-seeking behavior related to mental disorders. The questionnaire was prepared in simple language in English and translated into Nepali for better understanding.

Data Analysis Techniques

Collected data were entered, coded, and analyzed using Excel Analysis included percentage, tables, and charts to present findings. The results were interpreted to identify patterns in cultural beliefs and practices related to mental illness.

Ethical Consideration

Ethical approval was maintained throughout the study. Informed consent was obtained from all participants before data collection. Participants were assured of confidentiality and anonymity, and their information was used only for academic purposes. Participation was voluntary, and respondents had the right to withdraw at any time without any consequences.

Inclusion and Exclusion Criteria

To ensure that the study accurately measures the relationship between cultural beliefs, practices, and mental illness, specific inclusion and exclusion criteria were applied while selecting respondents from Pokhara Metropolitan City.

Inclusion Criteria; Individuals aged 18 years and above, as adults are more likely to express beliefs and practices regarding mental health. Residents of Pokhara Metropolitan City who have lived in the area for at least one year, ensuring familiarity with local cultural practices. Respondents who are willing to participate and provide informed consent for the study. Individuals who have knowledge or experience regarding mental health **issues**, either personally or through family/community exposure, to ensure meaningful responses related to cultural beliefs, stigma, and help-seeking behavior.

Exclusion Criteria: Individuals below 18 years of age, as their cultural beliefs and practices regarding mental disorders may not be fully developed. Temporary residents or visitors of Pokhara, since they may not be familiar with local cultural practices. Respondents unwilling or unable to provide consent. In this study, socio-demographic variables such as age, sex, education, and religion influence individuals' cultural beliefs and cultural practices regarding mental illness. These cultural factors shape how people understand and respond to mental health conditions.Furthermore, cultural beliefs and practices affect help-seeking behavior and stigma (independent variables). For example, individuals may prefer traditional healers (dhami/jhankri), religious practices, or may avoid seeking medical help due to stigma.

RESULTS

The table presents the demographic characteristics of the 150 participants in the study, categorized by gender. In terms of marital status, the majority of both males (60 out of 69) and females (70 out of 81) were married, while a small proportion were single (5 males and 4 females) or divorced/separated (4 males and 7 females). Regarding educational attainment, most participants had completed primary education (35 males and 40 females), followed by secondary education (25 males and 26 females), with a smaller group having no formal education (9 males and 15 females). The religious composition of the participants was predominantly Hindu (55 males and 65 females), with minorities identifying as Christian (7 males and 8 females), Muslim (3 males and 5 females), or belonging to other religions (4 males and 3 females). Overall, the table highlights that the majority of participants were married, had primary education, and followed Hinduism, with relatively smaller proportions in other categories. People even seek help in first contact places.

Table 1: Demographic Characteristics Table

Characteristics	Participants	
Marital status	Male	Female
Married	60	70
Single	5	4
Divorce/separated	4	7
Total	69	81
Educational status(none)	9	15
Primary	35	40
Secondary	25	26
Total	69	81
Hindu(Religion status)	55	65
Christens	7	8
Islam	3	5
Other	4	3
Total	69	81

Table 2: First Contact Place When Feeling Seek.

First contact place	Total number
Family members	15
Society (social circle)	40
Religious place/guru/religious leader	30
Health professional	65

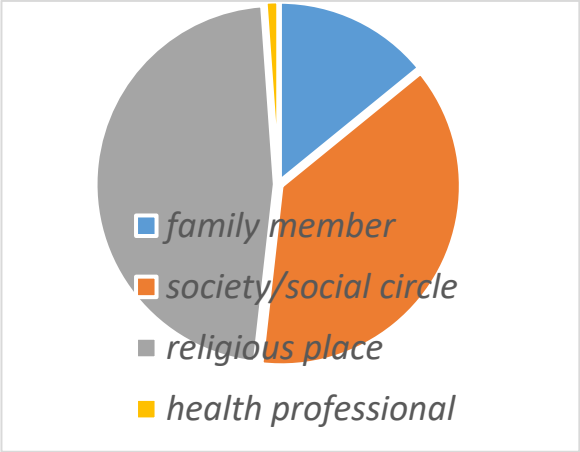

Figure 1: Contact Place When Feeling Seek

The table presents the first point of contact for participants seeking help regarding mental health or related issues. Among the 150 participants, the majority initially sought assistance from health professionals (65 participants). Other common first contact points included social circles or society members (40 participants), religious places or leaders (30 participants), and family members (15 participants). This indicates that while professional health services are the most commonly approached, community and religious support also play a significant role in the initial help-seeking behavior of participants.

Table 3: Types of Coping Style and Social Supports on Mental Illness

Coping strategy	Number of patients
Emotional and instrumental support	30
Substances use	15
Behave++-+non-Engagement	30
Self-blame	20
Religion	30
Others	25

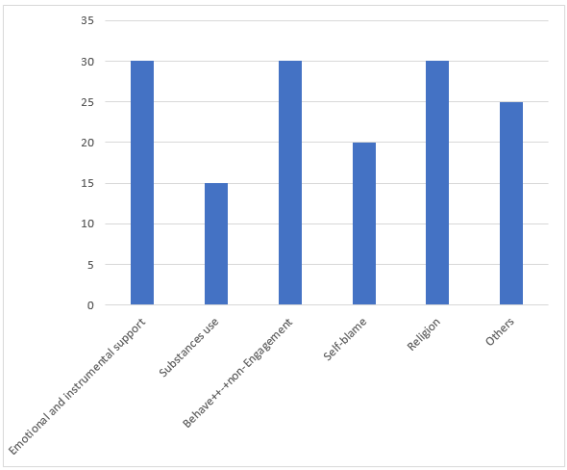

Figure 2: Types of Coping Style and Social Supports on Mental Illness

The table shows the coping strategies used by participants. Among the 150 participants, 30 relied on emotional and instrumental support, 30 used behavioral non-engagement, and another 30 used humor and religion as coping mechanisms. Self-blame was reported by 20 participants, while 15 participants resorted to substance use. Additionally, 25 participants employed other coping strategies. The data suggest a variety of coping methods, with social, religious, and behavioral strategies being the most common among participants.

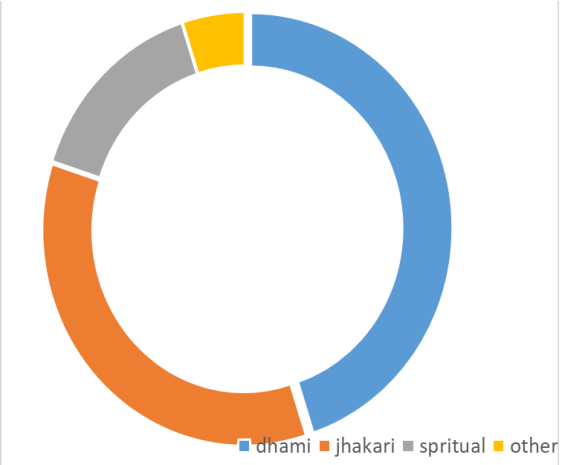

Figure 3: The Contact Place When Felling Sick

The chart is depicting the sources from which patients in the community seek help. It shows that the largest proportion, approximately 45%, consult a "dhami" for their issues, indicating a strong reliance on traditional spiritual healers. The second largest beliefs still play a significant role in shaping perceptions of mental illness.

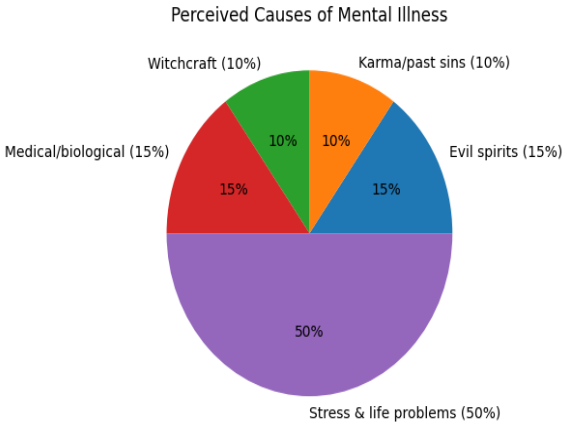

Figure 4: Perceived Causes Of Mental Illness

The findings indicate that the majority of respondents (50%) believe stress and life problems are the main cause of mental illness. A smaller proportion (15% each) attribute mental illness to evil spirits and medical or biological factors. Meanwhile, 10% of respondents associate it with karma or past sins, and another 10% believe it is caused by witchcraft (Boksi). Overall, the results show that while modern explanations are recognized.

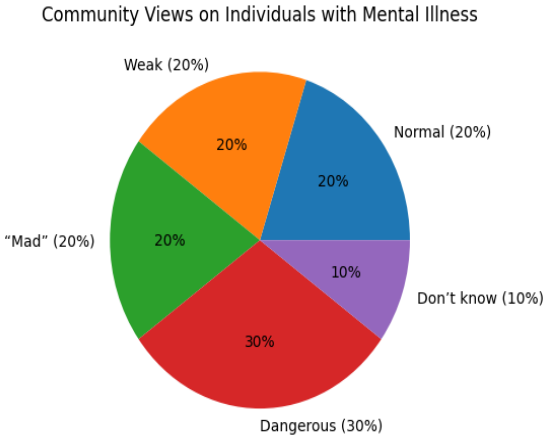

Figure 5: Community View on Individuals with Mental Illness

The chart shows that the largest proportion of respondents (30%) view individuals with mental illness as dangerous. Meanwhile, equal percentages (20% each) perceive them as normal, weak, or "mad."

A smaller group (10%) are unsure about their views. Overall, the findings suggest that negative perceptions and stigma toward mental illness are still common in the community.

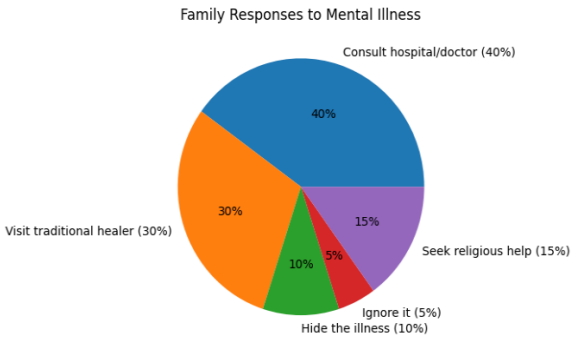

Figure 6: Family Responses to Mental Illness

The chart indicates that most families (40%) seek help from hospitals or doctors when a member has mental illness. A significant proportion (30%) visit traditional healers, while 15% seek religious help. Smaller percentages of families hide the illness (10%) or ignore it (5%). Overall, the results show that although modern medical care is the most common response, traditional and cultural practices remain widely used.

DISCUSSION

This study explored the relationship between cultural beliefs, practices, and mental illness in the community. The findings indicate that although modern health services are increasingly recognized, cultural and traditional beliefs still strongly influence perceptions and help-seeking behavior. Most participants preferred to consult health professionals as their first point of contact, suggesting a gradual shift toward biomedical approaches (World Health Organization [WHO], 2022). However, the continued reliance on social networks, religious leaders, and traditional healers reflects the persistent role of cultural systems in mental health care.

Coping strategies identified in this study highlight the importance of social and cultural resources. Participants commonly relied on emotional support, religious practices, and behavioral disengagement, which aligns with the biopsychosocial model that emphasizes the interaction of social and cultural factors in mental health (Engel, 1977). However, the use of maladaptive coping mechanisms such as substance use and self-blame suggests gaps in awareness and access to effective psychological support (Patel et al., 2018).

The findings also reveal that traditional beliefs remain influential in explaining mental illness. While many participants recognized stress and life problems as major causes, a considerable proportion still attributed mental illness to supernatural factors such as evil spirits, karma, and witchcraft. This supports the framework of cultural psychiatry, which explains how cultural beliefs shape the understanding and interpretation of mental health conditions (Kleinman, 1980; Kohrt & Harper, 2008).

Stigma emerged as a significant issue, as individuals with mental illness are often perceived negatively, particularly as dangerous or weak (Corrigan, 2002). This finding aligns with studies that identify stigma as a major barrier to mental health care. Additionally, barriers to professional help-seeking, such as fear of stigma and cultural beliefs, reinforce the argument that social attitudes significantly influence health-seeking behavior (Gureje et al., 2015).

Family responses also demonstrate the coexistence of modern and traditional practices. While some families seek medical treatment, others rely on traditional healers or religious approaches, and a few choose to hide or ignore the illness. This reflects the influence of cultural norms and stigma on family decision-making.

The conceptual framework developed for this study, which proposed that cultural beliefs influence perceptions, stigma, coping strategies, and help-seeking behavior, is largely supported by the findings. However, the results suggest that the framework could be expanded to more explicitly include the role of stigma as a mediating factor between cultural beliefs and treatment-seeking behavior.

The hypothesis of the study that cultural beliefs and practices significantly influence mental illness perception and management is accepted based on the findings.

CONCLUSIONS

The study concludes that cultural beliefs and practices play a significant role in shaping the perception, stigma, coping mechanisms, and help-seeking behavior related to mental illness. While modern medical approaches are increasingly utilized, traditional healing practices and religious beliefs remain influential. Stigma continues to act as a major barrier to accessing professional mental health services. These findings confirm that mental health care in the community is influenced by a combination of biomedical, social, and cultural factors.

RECOMMENDATIONS

1 Conduct community-based mental health awareness programs to reduce stigma and misconceptions (WHO, 2022).

2 Integrate culturally sensitive approaches in mental health services to accommodate traditional beliefs.
3 Encourage collaboration between health professionals, traditional healers, and community leaders to improve mental health service utilization.
4 Strengthen counseling and support services to promote healthy coping strategies and reduce maladaptive behaviors.
5 Conduct larger, multi-site studies to improve generalizability.
6 Use qualitative methods to explore cultural beliefs and lived experiences in greater depth.
7 Study the effectiveness of integrating traditional and modern mental health interventions.

LIMITATIONS OF THE STUDY

This study has some limitations. It was conducted in a specific geographic area with a limited sample size, which may affect the generalizability of the findings. The use of self-reported data may also introduce response bias. Additionally, the study did not explore in-depth qualitative perspectives, which could provide a deeper understanding of cultural beliefs.

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