DIALOGUE SOCIAL SCIENCE REVIEW

Examining the Impact of Cultural Norms on Mental Health Stigma in Pakistan: A Qualitative Approach

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Abstract
In this paper, the emphasis is made on such cultural norms of Pakistan as family honor, gender roles and mental illness misconceptions in relation to mental health stigma. Exploratory research design was applied; data collected by personal interviews of 50 people (25 male, 25 female) aged between 18 and 45 years from the urban and rural areas. They also pointed out that 86% of participants failed to seek care due to family honor as 43/50) and 68% of participants feared being stigmatized and socially isolated (34/50). The results demonstrated that there was a difference between the two sexes, of female participants 72% (18/25) reported higher stigma related with mental health than males 52% (13/25). Pre-study attitudes regarding mental illness were as follows: 58% (29/50) thought it to be a supernatural problem, and 76% (38/50) as a mark of weakness. The study, therefore, calls for culturally sensitive programs question these standards and enhance mental health literacy to remove stigma and encourage use of mental health services.
Keywords: Cultural Norms, Mental Health Stigma, Pakistan.

Introduction
Background
The mental illness stereotype in Pakistan has a very strong effect on seeking treatment, more so due to collectivism, honor, and religion. These norms tend to

stigmatise mental illnesses and isolate people affected by these illnesses so that they feel too embarrassed or ashamed of ever seeking help. In their study, Kiani et al (2021) opine that Pakistanis with mental health conditions are considered to have personal deficiencies making them to deny these conditions and thus avoid treatment.

Other important avenue includes family honor which makes any perceived mental health issue shameful for the family. Saeed et al. (2020) further explain how this may often dissuade people from seeking help, and instead remain in their suffering so as not to be ostracized by society. Moreover, the Pakistani society is not very informed or very sympathetic about the problem and even those who are aware have misconceptions regarding the issue; considering mental health issues as supernatural. The study by Ahmad et al. (2018) revealed that having poor mental health education makes these misconceptions even worse.

It is therefore important in managing mental health stigma to consider these cultures. The authors Khan et al. (2019) claimed that cultural appropriate interventions require reaching out; identifying, modifying and strengthening behaviours; awareness raising and stigma reduction; and mental health literacy.

Problem Statement

Social perception of mental illness in Pakistan including collectivism, family honor and religion keep the patient from seeking help. Culturally, mental health is seen as something shameful thus patients are outcast and cannot seek professional help for their condition. However, there remains a decreasing demand for mental health interventions; the existing misconceptions surround mental health conditions add to social stigma and hinder people to freely engage in conversations or seek professional assistance due to the social stigma came from mental health conditions. The purpose of this study will be to understand the structure of mental health stigma within the cultural context of Pakistani society and to propose methods by which this stigma can be reduced and help seeking encouraged.

Objectives

1) This study aimed at exploring cultural attitudes which nurtures mental health related prejudice in Pakistan.

2) To compare the role of the honor system of the family with collectivism in influencing peoples decision not to seek mental health care.

3) To find out how best to apply theories of stigma and help seeking in relation to mental health in Pakistan.

Literature Review

Stigma of mental health in Pakistan is well rooted, a type of micro aggression, which is customary in culture, social values and religious beliefs. To achieve these objectives, this study sought to establish the relationship between the cultural norms and mental-health stigma with regard to mental health and help-seeking behavior. In this current literature review there are presented contributions of several researches about mental health stigma in Pakistan, specifically mentioning cultural, religious, and familial aspects.

Cultural GENDER and Mental Health Stigma

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In Pakistan, prejudice is deeply entrenched in culture where there is war on mental health, honor and following the norms and herds instincts are preferred. Khan et al. (2019) stated that such cultural beliefs develop the concept of mental disorder as a personal defeat and therefore, people cannot seek assistance. Honor can be defined as a cultural value since it has a large influence in shaping a people perception towards mental health. In the context of Pakistani culture, introducing oneself in front of other people reaches the level of sacred, and any sort of weakness, that is, illness of the young lady's mental health, is regarded as shameful. Such a stigma drives individuals away from seeking treatment as they have to deal with social rejection, and bring shame to the family (Saeed et al., 2020).

Ahmad et al., (2018) in their study point that the issue to do with mental health is considered to be hush hush in most of the South Asian nations including Pakistan. Such cultures still view mental health complications as paranormal or spirits issues rather than health issues that need treatment from a doctor (Ahmad et al., 2018). Such ignorance prolongs the stigma and keeps the persons out of help as they need to be, adding further to the problem. Along the same line of reasoning, Iqbal and Malik (2018) note that lack of knowledge about mental health in particular promotes the stigmatization of it due to lack of knowledge and education in the rural areas (Iqbal & Malik, 2018).

Family Relations as a Factor in Mental Illness Stigma
Culture is another determining factor in the stigmatization of mental health in Pakistan because the role of family especially the honour of the family plays a shocking role. The family is viewed as the basic cell of social organization, individual and collective honor is valued more than the individual's welfare. Saeed et al. (2020) concluded that to save family's reputation people with mental disorders may isolate themselves and hide the problem perceiving it as shameful or dishonorable (Saeed et al., 2020). Out of this strong emphasis on family reputation, persons suffering from mental illnesses are likely to be sidelined since their issues are never brought to the public domain.

Girls and women's self-stigma for mental health can also be heightened by social culture norms regarding gender. According to the cultural norms of the society of Pakistan, women are likely to have social pressure regarding mental status. Zafar and Khan (2021) have established that women who seek mental health are treated worse than men, as are their actions because they do not conform to the social cultural norms expected of them (Zafar & Khan, 2021). This gendered stigma is even amplified by an unavailability of mental health facilities /consultations and a near -nullity show of support towards women especially those in the rural setting.

The Correlation between the Two
Religion about has a pivotal importance in Pakistan and that is why religious influence has an explicit impact on the perception of people with mental health disorders. For instance, while Islam values the health of the mind there is a forced inclination to look for psychological disorders in terms of supernaturally acquired jinn possession or as a sign of punishment from the Allah. Consequently, persons suffering from mental health problems may go to seek

remedy through religious means, others are taken to faith healers and religious leaders respectively. Ahmad et al. (2018) showed that in many cultures of South Asian states, including Pakistani, mental disorders are related not only to religious but also spiritual experiences, and this fact amplifies a stigmatized view of the states.

Ali and Karim (2018) postulate that clergy and traditional authorities can either enhance mental health stigma or otherwise reduce it. In some cultures, religious leaders maybe a source of support and encouragement to everyone who is suffering from mental disorder while in others, leaders maybe one of the primary sources of stigma because they tend to attribute mental disorders to demons (Ali & Karim, 2018).

Little Prior Knowledge of Mental Health literacy
Looking at Pakistan one of the contributing factors to mental health stigma is that there is little knowledge about mental health. There are studies conducted by Chaudhary and Raza (2019) and Hussain and Siddiqui (2017) which reveal Pakistani people still do not have sufficient mental health literacy and still have misconceptions about people with mental illnesses and they are not aware about the treatment facilities (Chaudhary & Raza, 2019; Hussain & Siddiqui, 2017). However, its availability is scarce in rural areas and the people there greatly turn to traditional medicine and spirituality.

Education forms the basis of these problems including the stigma that is attached to them must be eradicated. Consequently, more information is required about mental health, and elimination of such cultures' misconceptions through using public health campaigns and mental health awareness programs (Kiani et a., 2021). Poor access of the mental health services, along with social taboos, is the biggest challenge for mental health in Pakistan.

Ending Discrimination Against Mental Health
Promoting a declinations culture in Pakistan toward mental health therefore should afford consideration to its cultural and societal elements. The study by Khan et al. (2019) states that cultural relevance should be applied in developing health-related intercessions and ensure that people understand and adapt those intercessions to reflect the traditions of a specific country (Khan et al., 2019). It is important for mental health professionals in Pakistan to similarly continue working within the cultural context of the country in order to construct powerful direct interventions while maintaining cultural sensitivity.

There should be up swell and up take of mental health literacy, the elimination of stigmatized stereotype and the fashioning .. Similarly, in a 2021 study, Rana and Alam mentioned that programmes implemented in collaboration with religious scholars, relatives and community leaders are more useful in addressing stigmatization and to mobilize people to seek help. (Rana & Alam, 2021) Also, a minimum and maximum age must be established for mental health services, and they have to be accessible and available in rural regions as well to ensure that the barriers to these services are minimized.

Methods
This paper employed a cross-sectional exploratory research approach to explore

cultural norms which contribute to mental health stigma in Pakistan. Finally, 50 participants between the age of 18 and 45 from urban and rural Pakistan including 25 males and 25 females were included. Snowball sampling procedure was employed in order to recruit participants of different clients from culturally and socio-economically diverse backgrounds as well as those with different education levels. Qualitative, face to face interviews with open-ended questions were used to obtain rich data regarding the participants views and encounters with regards to mental health prejudice, family honor, and cultural values. These interviews were audiorecorded, and a verbatim transcription of each interview was conducted for the analysis of themes. Coded data analysis using thematic analysis followed by pattern analysis was done with focus on cultural beliefs and social norms regarding mental health and stigma. For validity and reliability, member check was done whereby initial findings were presented to the participants for their checking, lastly for data triangulation participants of both sexes were used. During the study consent, confidentiality, and the subject's right to withdraw from the research at any given time were respected. This approach offered an opportunity to establish a wide-ranging culture of mental health stigma in the Pakistani population.

Results and Discussion
Some of the Primary findings highlighted important cultural factors influencing mental health stigma in Pakistan as measured by six main themes. The findings suggested by the current study were generated from 50 respondents, 25 (Male) and 25 (Female), aged between 18-45 years. Each of these participants was from the urban or rural area to make sure that there is a representation of views from different area. The study indicates that mental health stigma in Pakistan is bar by socio-cultural beliefs, family reputation, and pressure, which discourages the people from using MH services.

Table 1: Participant Demographic Information

Demographic Characteristic	Males (n=25)	Females (n=25)	Total (n=50)
Age Range (years)	18-45	18-45	18-45
Urban/Rural	13/12	14/11	27/23
Educational Background	High School/University	High School/University	High School/University
Marital Status	10 Married, 15 Unmarried	12 Married, 13 Unmarried	22 Married, 28 Unmarried

Table 2: Responses on Family Honor and Mental Health Stigma

Theme	Male Participants (n=25)	Female Participants (n=25)	Total (n=50)
Family Honor Impacting Mental Health	80% (20/25)	92% (23/25)	86% (43/50)
Fear of Social	60% (15/25)	76% (19/25)	68% (34/50)

Exclusion			
Concealment of Mental Health Issues	68% (17/25)	84% (21/25)	76% (38/50)

Table 3: Gender Differences in Mental Health Stigma

Theme	Male Participants (n=25)	Female Participants (n=25)	Total (n=50)
Perceived Weakness Due to Mental Health	52% (13/25)	72% (18/25)	62% (31/50)
Reluctance to Seek Professional Help	64% (16/25)	80% (20/25)	72% (36/50)
Reliance on Family for Support	56% (14/25)	68% (17/25)	62% (31/50)

Table 4: Misconceptions About Mental Health

Misconception Type	Male Participants (n=25)	Female Participants (n=25)	Total (n=50)
Mental Health is a Punishment from Allah	44% (11/25)	52% (13/25)	48% (24/50)
Mental Health is a Supernatural Issue	56% (14/25)	60% (15/25)	58% (29/50)
Mental Health is a Sign of Weakness	72% (18/25)	80% (20/25)	76% (38/50)

Key Findings
Cultural Beliefs and Family Honor
They all volunteered that cultural beliefs and family honor were major influences on their stances on mental health. Some of the participants, more especially the rural participants put it across that mental health problems were stigmatized and the affected person and their families would feel ashamed. This was perhaps most evident in females, as they suggested that the process of seeking mental health care would disgrace the family hence isolation.

A female participant said, "By our culture, if you give such information, about mental health issues, people regard it as family's weakness." That's why everybody feels awkward."

A male participant said: 'Mental issues have some sort of perception that it's like having a weakness.' All these things are secrets deemed shameful; they must not tarnish the image of the family."

Gender Differences in Mental Health Stigma
Issues to do with Gender difference in the perception of Mental health was also touched on extensively. Female participants especially those from religious backgrounds expressed high pressure in hiding their mental health difficulties

than the male participants. Women said they feel more stigmatized because they are supposed to be caregivers and the bearers of a home's emotional stability.

One of the male participants said, "While men are supposed to be more assertive, vocal, and strong, mentally, and Canaan, heal themselves without having to complain, women are under pressure to be perfect, emotionally and mentally."

Limited Mental Health Awareness

Both the male and female participants agreed that mental health was not well understood within their communities. Hostility was expressed to the effect that the condition was witchcraft or the scourge of God. This sort of ignorance pushed people to make other kinds of help like religious or traditional healers in contrast to mental health care specialists.

One participant said, "Many people believe that mental illness has something to do with jinn or black magic." Thus, instead of going to a doctor, many people go to religious leaders."

Reluctance to Seek Professional Help

There appears to be a common stamping ground with regards to the influence that mental health issues have on participation's life despite this, most of the participation confessed to the negative attitude towards seeking professional help. Such attitudes originated from the fear of being associated with mental weakness and disbelief that professional help actually considers issues they face as significant. This is a barrier that was quickly manifested especially among the male partakers of the exercise with thoughts that going for help compromise their masculinity.

One of the male participants responded by sharing 'I have never disclosed that I had depression.' I thought it was something I just needed to move on from. Getting therapy was like they were feeling like a failure."

Coping Mechanisms and Social Support While

Although some participants mentioned about never seeking professional help, where most of the participants said it was okay to talk to family members and friends and even do religious activities. Nevertheless, such coping strategies were not very useful at moments, as the participants often reported a sense of loneliness and lack of support from their friends and relatives.

A female participant said: "I wanted to share with my mother what I was suffering from and she told me that everybody has it once in a while." I didn't feel understood."

Discussion

The outcome of this study further endorses the notion that the cultural norms prevails in the context of Pakistan hold a very strong influence on mental health stigma. The results are consistent with the hypothesis that cultural norms and norms of family honor and gender hinder the use of psychiatric facilities. This is in congruence with other South Asian countries cultures where mental health problems are viewed more from cultural perspective or from a structural perspective which does not uphold the virtues of honor, family integrity and societal cohesion at individual's cost.

the current research also enlightens the general public and the entire society on the need to encourage research and education on mental health with an aim of discrediting myths about the diseases. Since patients are apparently reluctant to see a professional for their illness, and yet are likely to rely on the informal support of their African culture, culturally appropriate treatment for mental disorders is vital. Such intercession should be dual in that they should help people to overcome stigma while at the same time change cultures that necessitate the same.

It is important to recognise gender specific aspects as highlighted in this study and therefore call for affording differential treatment where men and women are considered separately with regards to mental health. It might have been useful to design and implement gender-sensitive MH interventions to address Womens ostracisation, in the light of cultural taboos especially in those regions with dormnent culture acceptable to men and Women or motivatng Both genders to seek help.

Conclusion

Mental health stigma among the Pakistani population is determined in this study as influenced by culture, using data from 50 participants (25 males and 25 females) from different urban and rural backgrounds. The present work showed that cultural factors like honor's family, gender roles, and misconceptions about mental disorders predetermine the attitude to mental health care. Consequently, the current research highlights the imperative for culturally sensitive programmes that seek to address the stated cultural practices, fight mental health-themed prejudice, and generate awareness about the subject. Thus, to eliminate or lessen the stigma attached to it and encourage people to get professional help, we can decrease mental sick rate in Pakistan; that's why, observing these cultural factors, we are sure that more efficient anti-stigma approaches can be designed.

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