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EDITORIAL

Advancing the Science of Human Development in a Changing World

Human development is neither linear nor isolated. It unfolds through continuous interactions among biological processes, psychological experiences, interpersonal relationships, cultural meanings, social structures, and the environments in which individuals live. The five contributions featured in this issue of *Optimal Development* collectively reinforce this understanding, demonstrating the importance of interdisciplinary scholarship in explaining behavior, promoting wellbeing, and addressing contemporary developmental challenges.

A major strength of this issue is its attention to behavior as both a product of development and a potential target for meaningful change. The paper traces the evolution of behavioral science from Pavlov and Thorndike to B.F. Skinner and Applied Behavior Analysis (ABA) provides an important historical and conceptual foundation for understanding how behavior can be systematically studied and modified. Its application to the acquisition of two-word phrasal minds in a Nigerian child with autism demonstrates the practical value of evidence-based behavioural intervention while drawing attention to the need for cultural validation and contemporary neuro-affirming ethical practices. The emphasis on assent, dissent, and technological integration is particularly relevant to the future development of behavioural science.

The issue also examines behaviour within broader social and developmental contexts. The systematic review of adolescent sexual health demonstrates that knowledge does not automatically translate into safe sexual practices. Peer pressure, socioeconomic circumstances, family communication, cultural norms, substance use, and media exposure interact to shape adolescent sexual behaviour. This knowledge-behaviour gap highlights the need for interventions that extend beyond information provision to address the environments within which young people make decisions.

Similarly, the review of gender differences in psychopathology illustrates the complex pathways through which psychological difficulties develop across the lifespan. Although females tend to demonstrate greater vulnerability to internalizing disorders and males higher rates of externalizing difficulties, the paper appropriately cautions against deterministic interpretations. Gender interacts with biological maturation, psychological processes, and sociocultural experiences, underscoring the need for an integrative biopsychosocial-developmental framework.

Culture emerges even more explicitly in the study of Nigerian youths' understanding of Koro syndrome. Limited awareness and the influence of spiritual interpretations on

help-seeking demonstrate how cultural beliefs can shape mental health experiences and decisions about professional care. These findings call for culturally responsive mental health education that neither dismisses indigenous belief systems nor permits misinformation to obstruct appropriate care.

Finally, the exploration of the baby mama phenomenon brings family structure, stigma, psychological well-being, and social change into the conversation. The paper highlights the stress experienced by mothers, the challenges associated with social stigma, and the potential developmental implications for children growing up in diverse family arrangements. Importantly, it invites a more nuanced examination of family diversity rather than simplistic assumptions about what constitutes a successful family.

Taken together, the five contributions demonstrate that **optimal development requires more than understanding individuals in isolation**. Behaviour, Mental Health, Sexuality, Family relationships, Disability, and Cultural beliefs are embedded within social systems that can either constrain or facilitate human flourishing. The scholarship presented in this issue therefore calls for interdisciplinary, culturally grounded, developmentally sensitive, and ethically responsible approaches to research and practice.

African Gender Studies Quarterly is committed to creating a scholarly platform where diverse perspectives converge to advance knowledge of gender and human development across the lifespan. We invite researchers, practitioners, educators, policymakers, and scholars across disciplines to continue generating evidence that does not merely explain human behaviour, but contributes meaningfully to the creation of conditions in which individuals, families, and communities can flourish.

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AWARENESS AND KNOWLEDGE OF CULTURE-BOUND SYNDROMES WITH FOCUS ON KORO AMONG NIGERIAN YOUTH

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Abstract

Mental health experience and expression are deeply shaped by cultural context. This study explores awareness and knowledge of cultural concepts of distress, specifically, the Koro syndrome, among Nigerian youth, and explores how beliefs influence help seeking preferences. A cross-sectional survey was completed by 136 participants aged 16-35 years, using a structured questionnaire assessing awareness, knowledge, beliefs, and help-seeking intentions. Results showed that only 27.9% had heard of culture-bound syndromes and 33.8% were aware of Koro; overall knowledge was low ($M = 1.32$ out of 6). Educational attainment was the only demographic predictor of knowledge. Awareness of broader cultural concepts of distress correlated positively with knowledge of Koro. Crucially, participants who viewed Koro as a spiritual in origin were significantly less likely to prefer professional care. These findings indicate limited understanding of Koro among youth, highlighting the need for culturally grounded mental health education to reduce misinformation, prevent harmful social reactions, and promote appropriate help-seeking.

Keywords: Culture-bound syndromes, youth, Koro, Awareness.

Introduction

Mental health is increasingly recognized as a public health concern that affects everyone, yet its expression and interpretation are deeply shaped by

cultural context. While early psychiatric models largely assumed that mental disorders are universal in nature, more recent studies and research have come to show that culture plays a big role in how psychological distress is

experienced, expressed and understood. This paradigm shift has now led to the growing interest in what were historically termed culture-bound syndromes, into what is more broadly conceptualized as cultural concepts of distress (American Psychiatric Association, 2013). These syndromes highlight the limitations of applying a purely biomedical model of mental illness across diverse cultural settings without accounting for local meanings and belief systems.

Culture-bound syndromes refer to patterns of abnormal behaviour or distress that are recognized within specific cultural contexts but may not align with what is considered standard categories in western psychiatry. Early studies by Kleinman (1977,1988) posited that mental illness cannot be fully understood outside the social and cultural frameworks in which it occurs or happens. He argued that rather than being considered universal entities, psychiatric conditions are often shaped by culturally specific interpretations of the body, illness and social relationships. In this sense, culture-bound syndrome serves as an important bridge between anthropology, psychiatry and psychology, offering more insight into the role of culture and how it influences both the manifestation and meaning of psychological distress.

Background of the study

In recent years, the concept of culture-bound syndromes has undergone tremendous re-evaluation into what it means and how it is interpreted. The DSM-5 replaced the time with “cultural concepts of distress” which includes cultural syndromes, cultural idioms of distress, and cultural explanations of illness (APA, 2013). This shift in understand reflects a broader recognition that all mental disorders, including those classified in western diagnostic systems, are influenced by cultural factors. One position has argued that the original concept of culture-bound syndromes risked “othering” non-western experiences of mental illness by presenting them as exotic or unusual, while western disorders are seen and treated as the normative standard (Kirmayer & Bhugra, 2009). As such, there is a growing consensus that culture is central to all forms of psychopathology, not just those traditionally labelled as culture-bound.

One of the most widely studied examples of a culture-bound syndrome is Koro. Koro is a condition which is characterized by an intense fear that one’s genitals are retracting into the body, often accompanied by the belief that this will result in death. Although Koro has been most commonly reported in parts of Southeast Asia, similar cases have also been documented in other regions including

Africa (Chowdhury, 1996; Dzokoto & Adams, 2005). The syndrome is particularly notable for its ability to occur in epidemic, widespread forms, where clusters of individuals experience similar symptoms within a short period of time. These outbreaks are often associated with heightened social anxiety, rumours and shared cultural beliefs, suggesting a significantly strong psychosocial component (Bartholomew & Wessely, 2002).

In the African context, with particular focus on Nigeria, Koro-like experiences are often interpreted through local belief systems that emphasize spiritual causation, witchcraft, or ritual practices. Reports of genital disappearances have at times triggered widespread panic and even mob violence, as communities attempt to identify and punish suspected perpetrators. These responses have underscored the significant role of culture in shaping both the experience of illness and the collective reactions to it. In the same breath, they also raise important questions about the intersection of psychological processes, social influences and cultural meaning.

Despite its significance, research on Koro in Nigeria is quite limited, with much of the existing literature focusing on descriptive accounts rather than critical analysis. Furthermore, there is a need to better understand how Koro fits within broader frameworks of

psychopathology, inclusion its relationship to anxiety disorders, body related fears and mass psychogenic illness. Addressing these gaps is essential for developing culturally sensitive approaches to diagnosis and intervention.

Culture-Bound Syndromes: A critical Review

Culture-bound syndromes (CBS) are generally characterized by patterns of distress that are locally recognized and has cultural meaning. It is also socially reinforced within specific populations (APA, 2013). Unlike standard psychiatric categories, CBS are embedded within shared belief systems and are often understood through culturally specific explanations of the body, illness and social relationships (APA, 2013). One of the defining features of CBS is their symbolic nature. Symptoms are not just random, but reflect culturally meaningful concerns, for instance, fears about bodily integrity, spiritual vulnerability, or social status are often expressed through the body in ways that are consistent with local belief systems (Kaiser et al., 2019). This symbolic dimension distinguishes CBS from purely biological models of illness and highlights the importance of interpreting meaning in the experience of distress.

Another important characteristic is social validation. Individuals experiencing CBS are often supported by their community's shared

understanding of the condition. This collective recognition reinforces both the legitimacy of the symptoms as well as the explanatory model behind them. As a result, CBS are also social phenomena, just as it is an individual experience which is shaped by interaction and communication within a cultural group (Kaiser et al., 2019). Additionally, CBS frequently involves somatic expressions of psychological distress (APA, 2013). In many non-western contexts, emotional suffering is more likely to be expressed through physical symptoms rather than vocalized as psychological problems. This reflects differences in cultural norms regarding the expression of emotion and how mental health discourse is handled and generally accepted.

Koro:

Koro is a well-documented culture-bound syndrome characterized by an acute and intense fear that one's genital organs, typically the penis in males and, albeit less commonly, the vulva or breasts in females, are retracting into the body. This perceived retraction is often accompanied by the belief that it will invariably lead to death. The condition is typically marked by sudden onset, severe anxiety, and urgent attempts to prevent the perceived physical change (APA, 2013). Within the DSM-5 framework, Koro is classified under culture concepts of distress, specifically a cultural

syndrome, reflecting a cluster of symptoms that are locally recognized and culturally meaningful (APA, 2013). Koro does not exist as a formal diagnostic category in mainstream psychiatric classification systems such as the DSM-5 and ICD-11, a fact which has contributed to ongoing debates about its nosological status. Clinically, Koro is often distinguished from related conditions such as body dysmorphic disorder and panic disorder by its specific cultural content and the intensity of the associated fear of death. The syndrome also frequently occurs in epidemic forms, setting it apart from most individual psychiatric conditions (APA, 2013).

Koro in the Nigerian Context Emergence and Documentation of Koro in Nigeria

Although Koro was initially documented in Southeast Asia, evidence show that similar phenomena have occurred in Nigeria and across West Africa for several decades. One of the earliest documented accounts in Nigeria was provided by Binitie (1984), who described cases of genital retraction among anxiety patients in Nigeria, thereby challenging the assumption that Koro is geographically confined to Asian populations. Further research has also reinforced the presence of Koro-like experiences in Nigeria, especially in urban and semi-urban settings.

A more comprehensive examination by Dzokoto and Adams (2005) analyzed genital-shrinking epidemics across West Africa between 1997 and 2003, including several incidents in Nigeria. Their study demonstrated that such episodes are not isolated occurrences but rather sociocultural events shaped by cultural beliefs and collective interpretations of bodily experiences. More recent cases have continued to document Koro-like symptoms in Nigerian clinical settings, further supporting the argument that the phenomenon persists, although often underreported due to the stigma attached to it and reliance on non-clinical forms of interventions or treatment (Okechukwu, 2021).

Social Dynamics and Collective Behaviour

Koro in Nigeria is notable not only for its individual symptoms but also for its collective social expression. Unlike other mental disorders that remain private, Koro frequently becomes a public and socially charged phenomenon. Reports of genital disappearance often trigger widespread panic, with individuals fearing that they may be the next target. In many documented cases, suspected perpetrators are accused of causing the condition and may be subjected to harassment, assault, or mob justice. This shift from internalized anxiety to externalized blame distinguishes Nigerian Koro from its counterpart in

Asia, and highlights the role of social dynamics in shaping the syndrome.

Dzokoto and Adam (2005) observed that individuals involved in such incidents are often otherwise psychologically stable and are usually acting within the logic of their cultural context. This seems to suggest that Koro in Nigeria is less a manifestation of severe individual psychopathology and more a socially mediated response to perceived threat. The phenomenon reflects broader issues of social trust and suspicion, particularly in environments where beliefs in supernatural causation is strong, such as Nigeria. Under such conditions, unexplained bodily experiences are more likely to be attributed to the intentional actions of others, thereby increasing the likelihood of social conflict.

Role of Rumours and Media Influence

Rumours play a central role in the spread of Koro in Nigeria. Information about alleged incidents often circulates rapidly through informal communication channels, including word of mouth, local markets, and, increasingly, social media platforms. The role of digital communication has significantly increased the speed and reach of such information. Reports of genital disappearance can quickly go viral, reaching a lot of people and thereby create widespread fear. In many cases, these reports are not verified, yet

they are accepted as credible due to their alignment with existing cultural beliefs.

Research on mass psychogenic illness suggests that uncertainty and ambiguity increase susceptibility to rumours, as individuals seek explanations for perceived threats (Bartholomew & Wessely, 2002). In the absence of reliable information, culturally familiar explanations such as witchcraft or ritual activity suddenly become more compelling. Media coverage can also contribute to the problem by sensationalizing incidents, thereby reinforcing public anxiety. This concern highlights the need for responsible communication and public education as part of broader intervention strategies.

The current study

The aim of this study is to critically examine the level of awareness and knowledge of culture-bound syndromes, with a focus on Koro, among Nigerian youth, and to determine the influence of socio-demographic factors and belief systems on awareness, knowledge and help-seeking behaviour.

Objectives of the Study

- To assess the level of awareness of culture-bound syndromes among Nigerian youth
- To examine the relationship between socio-demographic

factors and awareness of culture-bound syndromes

- To examine the relationship between socio-demographic factors and knowledge of Koro among Nigerian youth
- To determine the influence of beliefs about Koro on preferred help-seeking behaviour among Nigerian youth

Hypothesis

The following hypotheses were tested in the study

- There is a significant relationship between socio-demographic factors and awareness of culture-bound syndrome among Nigerian youth
- There is a significant relationship between socio-demographic factors and knowledge of Koro among Nigerian youth
- There is a significant relationship between level of knowledge of Koro and Awareness of culture-bound syndromes among Nigerian youth
- Beliefs about Koro significant influence preferred help-seeking behaviour among Nigerian youth

Method

Research Design

This study adopted a cross-sectional survey design to assess the level of awareness and knowledge of culture-bound syndromes, with a specific focus on Koro, among Nigerian youth. This design was considered appropriate as it allows for the collection of data from a defined population at a single point in time, and enables the examination of relationships between variables such as socio-demographic factors, awareness, knowledge, beliefs, and help-seeking behaviour.

Study population

The target population for this study comprised of young Nigerians between the ages of 16-35 years. This population was selected due to their high engagement with both traditional and digital information sources, which may influence awareness and interpretation of culture-bound syndromes such as Koro

Sample Size and Sampling Technique

A sample size of 180 participants was targeted to ensure adequate representation and to support inferential statistics. Participants were recruited using a combination of convenience and snowball sampling techniques. The questionnaire was electronically distributed through social media platforms such as WhatsApp, Instagram and email. Initial participants were encouraged to share the survey link with peers within the specified age

range, thereby expanding the reach of the study.

Instruments for Data Collection

Data was collected using a structured, self-administered questionnaire designed specifically for this study. The questionnaire was hosted on Google Forms and consisted of five sections:

Section A

This section collected data on participants' age, gender, level of education, and region of residence.

Section B: Awareness of Culture-Bound Syndromes and Koro

This section assessed participants' awareness using both dichotomous and ordinal scale items. Participants were asked whether they had heard of culture-bound syndromes and Koro, as well as rate their level of awareness on a five-point scale ranging from 'very high' to 'None'

Section C: Knowledge of Koro

This section measured participants' knowledge using multiple-choice and multiple response items. A knowledge index was constructed by assigning one point to each correct response across four items, resulting in a total possible score ranging from 0 to 6. Higher scores indicated greater knowledge of Koro

Section D: Beliefs about Koro

This section examined participants' beliefs regarding the nature and causes

of Koro using categorical and Likert-scale items. Belief variables included perceptions of Koro as spiritual, psychological, or both

Section E: Help-Seeking Behaviour

This section assessed preferred help-seeking options in response to Koro-like symptoms, including medical, psychological, spiritual, and informal sources of support.

Validity and reliability of the instrument

The questionnaire was subjected to content validation via expert review by clinical psychologists and qualified psychiatrists. Feedback from the review process used to refine question clarity, relevance and alignment with the study objectives. To ensure internal consistency, a reliability analysis was conducted on the knowledge scale using Cronbach's alpha coefficient. A score of 0.85 was obtained and considered indicative of adequate reliability.

Data collection

Data collection was conducted online over a period of three weeks. The survey link was distributed via digital platforms, and participation was voluntary. Respondents were required to provide informed consent before proceeding with the questionnaire

Ethical Considerations

Ethical principles were strictly adhered to throughout the study. Participation was voluntary, and informed consent was obtained from all participants prior to data collection. Participants were assured of anonymity and confidentiality, and no personal identifiable information was collected. Respondents were also informed of their right to withdraw from the study at any time without penalty.

Results

Data screening identified 137 submitted questionnaires. One duplicate response was removed based on respondent email address, resulting in a final analytic sample of 136 participants. The six-item Koro Knowledge Index demonstrated acceptable internal consistency (Cronbach's $\alpha = .74$).

Descriptive Findings

The sample consisted predominantly of females (74.3%), undergraduate students (71.3%), and residents of South-West Nigeria (89.0%). Only 27.9% of respondents had previously heard of culture-bound syndromes, while 33.8% had heard of Koro. Self-rated awareness of Koro was generally poor, with 81.6% reporting either no awareness or low awareness. Knowledge scores were low overall ($M = 1.32$, $SD = 1.60$, $Mdn = 1.00$, $IQR = 2.00$), indicating limited familiarity with the syndrome.

Table 1
Sample Characteristics

Characteristic	Category	n	%
Age	16–21	54	39.7
	22–25	36	26.5
	26–30	20	14.7
	31–35	26	19.1
Gender	Female	101	74.3
	Male	34	25.0
Education	Undergraduate	97	71.3
	Postgraduate	24	17.6
Region	South-West	121	89.0

Table 2
Awareness, Knowledge, and Help-Seeking

Variable	Result	Value
Heard of culture-bound syndromes	Yes	27.9%
Heard of Koro	Yes	33.8%
Low/No awareness of Koro		81.6%
Knowledge score	M (SD)	1.32 (1.60)
Believed Koro is real	Yes	43.4%
Preferred first professional contact	Medical doctor	41.9%

Inferential Statistics

Pearson chi-square analyses indicated that age, gender, educational attainment, and region of residence were not significantly associated with awareness of culture-bound syndromes (all $ps > .05$). Given the non-normal distribution of knowledge scores, non-parametric analyses were conducted. Educational attainment was significantly associated with Koro knowledge, whereas age, gender, and region were not. Participants who had

previously heard of culture-bound syndromes demonstrated significantly greater knowledge of Koro than those without prior awareness. Furthermore, awareness was positively correlated with knowledge. Beliefs regarding the causes of Koro were significantly associated with help-seeking preferences. Respondents endorsing primarily spiritual explanations were significantly less likely to indicate a preference for professional care.

Table 3
Summary of Inferential Analyses

Outcome	Predictor	Analysis	Statistic	p	Effect	Interpretation
Awareness	Age	χ^2	6.44	.092	V=.22	NS
Awareness	Gender	χ^2	2.68	.102	V=.14	NS
Awareness	Education	χ^2	2.75	.253	V=.14	NS
Knowledge	Education	Kruskal–Wallis	H=7.43	.024	$\varepsilon^2=.04$	Significant
Knowledge	Prior awareness	Mann–Whitney U	2577.50	<.001	r=.38	Significant
Knowledge	Awareness	Spearman	$\rho=.32$	<.001	—	Positive association
Help-seeking	Belief category	χ^2	7.99	.018	V=.24	Significant
Professional care	Mainly spiritual belief	Logistic regression	OR=.25 (95% CI .06–.99)	.048	OR	Lower odds

Note. NS = non-significant. Exact p values are reported except where $p < .001$. Effect sizes are presented in accordance with APA 7 recommendations.

Discussion

This study carefully examined awareness and knowledge of culture-bound syndromes, with particular focus on Koro, among Nigerian Youth. It also investigated whether socio-demographic factors were associated with awareness and knowledge, whether awareness of culture-bound syndromes were related to knowledge of Koro, and whether beliefs about Koro influenced preferred help-seeking behaviour. Overall, the finding provides important insight into how Nigerian youth understand culturally shaped forms of psychological distress, and how such understanding may affect responses to Koro-like experiences.

One major finding of the study was the generally low level of awareness of

culture-bound syndromes and Koro among respondents. Only a minority of participants had heard of culture-bound syndromes, and only about one-third had heard of Koro. The mean knowledge score was also low, suggesting that although Koro has historical and sociocultural relevance in Nigeria and other parts of West Africa, it is not widely understood among the youth population sampled for this study. This finding is significant, as the literature reviewed in this study indicates that culture-bound syndromes are deeply embedded in local beliefs systems and are often interpreted through culturally specific explanations of illness, the body, and social relationships (APA, 2013; Kleinman, 1977, 1988). The low level of

knowledge found in this study may therefore suggest a gap in the cultural presence of Koro-like beliefs and formal or accurate understanding of Koro as a psychological and sociocultural phenomenon.

The low awareness observed in this study is particularly relevant in the Nigerian context. Previous literature has shown that Koro-like experiences in Nigeria and West Africa are often associated with fear of genital disappearance, accusations of spiritual manipulation, rumours, public panic, and in some cases, violence against suspected perpetrators (Binitie, 1984; Dzokoto & Adams, 2005). If young people have limited knowledge of Koro, they may be more likely to interpret such experiences through supernatural, sensational, or socially transmitted explanations rather than through informed psychological and cultural frameworks. This supports the argument that public education is essential in reducing misinformation, panic and harmful social reactions associated with Koro-like incidents.

The first hypothesis proposed that socio-demographic factors would be significantly related to awareness of culture-bound syndromes. This hypothesis was not supported after analysis of the data. Age, gender, education, and region of residence were not significantly associated with awareness of culture-bound syndromes. This suggests that awareness of culture-

bound syndromes may be generally low across different demographic groups within the sample, rather than concentrated among a particular age group, gender, educational category, or region. This finding is significant because it is expected that education or age could influence awareness of culturally specific mental health phenomena. However, the non-significant results may indicate that culture bound syndromes are not commonly discussed in mainstream educational, social, or mental health spaces, even among relatively educated respondents.

The absence of significant demographic differences in awareness may also reflect the changing of nature of cultural knowledge among Nigerian youth. While culture-bound syndromes are rooted in local cultural explanations, younger populations may not necessarily receive structured information about them. Their exposure may depend more on informal narratives, social media, rumours, or isolated community events than on formal mental health education. This is in congruence with literature on rumours and media influence, which suggests that culturally meaningful fears may spread rapidly through informal communication channels, especially in contexts of uncertainty and limited information (Bartholomew & Wessely, 2002). As such, awareness may not be determined by demographic

position but by the type and quality of information available to individuals.

The second hypothesis proposed that socio-demographic factors would be significantly related to knowledge of Koro. The hypothesis was partially supported. Among the demographic variables examined, only level of education was significantly associated with knowledge of Koro. Postgraduate respondents demonstrated higher knowledge scores than undergraduate respondents, while age, gender, and region were not significant. This suggests that higher educational exposure may improve respondents' ability to correctly understand Koro, particularly where education increases access to psychological, medical, or research-based explanations of human behaviour. However, the fact that knowledge remains generally low across the sample shows that education alone may not be sufficient unless culturally relevant mental health topics are deliberately included in academic and public health discourse.

This finding is consistent with the view that culture-bound syndromes should not be dismissed as irrational culture practices or exotic, but should instead be understood within broader psychological, social, and cultural frameworks (Kirmayer & Bhugra, 2009). The higher knowledge among postgraduate respondents may reflect greater exposure to abstract reasoning, research literacy, or psychological

explanations. Nevertheless, the overall low knowledge level indicates that even educated young Nigerians may have limited understanding of Koro. This highlights the need for culturally grounded mental health education, particularly in higher institutions, youth programmes, and online education campaigns.

The third hypothesis stated that there would be significant relationship between knowledge of Koro and awareness of culture-bound syndromes. This hypothesis was supported by analysis. Respondents who had heard about culture-bound syndromes had significantly higher knowledge scores on Koro than those who had not. This finding is expected but of utmost importance as well. It suggests that awareness of culture-bound syndromes provides a foundation for better understanding of specific syndromes such as Koro. In other words, when individuals are familiar with the broader idea that psychological distress can be culturally shaped, they may be more likely to interpret Koro in a more informed and less sensational manner.

This finding supports the position advanced in the literature reviewed, that culture plays a central role in how psychological distress is experienced, expressed and interpreted (APA, 2013; Kleinman, 1988). Koro cannot be fully understood as an individual fear or isolated psychiatric symptom. Rather, it must be understood as a cultural

concept of distress, shaped by shared beliefs about the body, spirituality, threat, sexuality, and trust. The significant association between awareness and knowledge therefore reinforces the importance of teaching culture-bound syndromes as part of psychological literacy and mental health education. Such awareness could help reduce misinterpretation and promote more appropriate responses when Koro-like experiences occur.

The fourth hypothesis proposed that beliefs about Koro would significantly influence preferred help-seeking behaviour. This hypothesis was supported by the analysis of the data collected. Respondents who believed that Koro was psychological, or both psychological and spiritual, were more likely to prefer professional sources of help such as medical doctors or psychologists. In contrast, those who believed Koro was mainly spiritual were less likely to choose professional care and more likely to prefer informal, religious, or traditional sources of help. This finding is one of the most important outcomes of the study because it shows that belief systems are not merely abstract opinions but also directly shape behavioural intentions and pathways to care.

The result is consistent with the cultural formulation of mental illness, which emphasizes that people's explanations of distress influence the type of help that they consider appropriate (APA, 2013; Kirmayer & Bhugra, 2009). In the case of Koro, a person who interprets symptoms as spiritual attack or ritual manipulation may be less likely to seek psychological or medical intervention. Instead, such a person may be likely to turn to religious leaders, traditional healers, or family members. While these sources of support may be culturally meaningful, exclusive reliance on them may delay access to professional care, particularly where the individual is experiencing severe anxiety, panic or distress.

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