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Indigenous Wisdom and Counselling Practices in Nigeria: Utilization and Perceived Effectiveness

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Abstract

The study examines the use and perceived effectiveness of indigenous counselling practices in Nigeria. While indigenous knowledge systems have historically guided psychosocial support, their role in contemporary counselling services remains underutilized. Two research questions and hypotheses were set for the study. A cross-sectional survey design was adopted, involving 250 participants drawn from urban and rural communities in southwestern Nigeria. Data were collected using three structured questionnaire measuring exposure to indigenous counselling practices, perceived effectiveness, and attitudes toward integration with western counselling. Descriptive statistics and inferential analyses (t-tests and regression) were employed for the study. Findings indicate that 72% of participants have utilized at least one form of indigenous counselling, with storytelling, proverbs, and spiritual consultation being the most common. Findings also reveal that indigenous approaches remain widely utilized due to cultural relevance, accessibility, and holistic healing orientation. Perceived effectiveness was significantly higher among rural participants than urban participants ($p < .05$). In addition, cultural belief systems significantly predicted preference for indigenous counselling ($\beta = .48$, $p < .01$). The study concludes that indigenous counselling remains a vital and effective resource, particularly when culturally aligned with clients' beliefs. Integration with formal counselling systems is recommended.

Keywords: Indigenous counselling, wisdom, effectiveness, utilization.

INTRODUCTION: Counselling, as a human social practice, predates formal

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psychology and Western therapeutic models; it suffices to say that counselling has been with us in Africa before the coming of modern psychotherapy. In Nigeria, traditional societies evolved complex systems of guidance rooted in indigenous wisdom - systems that harmonized moral instruction, spirituality, interpersonal relationships, and communal solidarity. These culturally embedded frameworks functioned as both preventive and restorative mechanisms for emotional distress, moral deviation, and interpersonal conflicts. According to Ahmade (2009), counselling in the indigenous way is a culturally loaded process that helps individuals either regain or find direction in their lives. Although Western guidance and counselling services were formalized in Nigeria in 1959 in Ibadan, indigenous counselling remains widely practiced. Whether through elders' mediation, diviners, priests, herbalists, or family heads, native approaches continue to play a role in the psychosocial adjustment of individuals and groups, particularly where formal therapy is inaccessible or culturally alien. The indigenous approach to counselling in Nigeria constitutes the native practices of traditional healers and the spiritual/faith healers. For instance, the "babalawos" are the traditional healers amongst the Yorubas, while the 'dibias' are healers in Ibo land (Egbuchulam, 1989). Amongst the Hausas, traditional healers are known as "dubas." They all believe that mental illnesses are punishments from the ancestors for an act of disobedience (Ekeopara, 2009; Jegede and Okunade, 1977). This form of illness cannot be treated by modern psychotherapy. Nigeria is characterized by vast cultural diversity, with over 250 ethnic groups deeply rooted in indigenous knowledge systems. Counselling practices in the country are influenced not only by Western psychological models but also by indigenous worldviews that emphasize spirituality, communal living, and holistic well-being. Indigenous counselling, which is a product of indigenous wisdom refers to culturally grounded methods of psychological support developed within local traditions and belief systems. These practices often involve traditional healers, religious leaders, elders, and family networks. Despite the dominance of Western counselling frameworks, indigenous approaches remain highly relevant, particularly in rural areas.

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Indigenous wisdom refers to the accumulated knowledge, values, and practices developed by Indigenous communities over generations through lived experience, oral traditions, and cultural transmission. This knowledge system is holistic, relational, and deeply embedded in spirituality, land, and community life. In contemporary discourse, Indigenous wisdom has gained increasing recognition as a valuable framework for counselling, particularly as a counterpoint to dominant Western paradigms. Counselling practices rooted in indigenous knowledge systems emphasize interconnectedness, collective well-being, and culturally grounded healing methods. These approaches challenge the individualistic and often reductionist tendencies of Western psychotherapy by situating mental health within broader social, ecological, and spiritual contexts.

Indigenous epistemology, which is often described as "Indigenous knowledge" is grounded in relationality, meaning that knowledge emerges through relationships with self, others, nature, and the spiritual realm. In counselling contexts, well-being is not viewed as an isolated psychological state but as a balance among multiple dimensions of life. Central to indigenous wisdom is the principle of holism, which integrates mental, emotional, physical, and spiritual aspects of human existence. For instance, frameworks such as the medicine wheel conceptualize health as a dynamic balance among these interconnected domains. According to Makinde (1980), Yoruba and Igala counselling traditions are grounded in moral persuasion and the practical application of proverbs and aphorisms to redirect behaviour. Similarly, Igbo counselling emphasizes communal participation and collective problem-solving, as illustrated in family and age-group discussions. Among the Hausa-Fulani, wise elders and Islamic scholars perform advisory roles blending spiritual guidance with moral correction. Fundamentally, indigenous wisdom treats human problems not as isolated psychological malfunctions but as disruptions in relational harmony—with the self, ancestors, and community. Additionally, indigenous knowledge systems are experiential and communal, transmitted through storytelling by the elderly, ritualistic ceremonies, and lived practice rather than written texts. These forms of knowledge emphasize continuity across generations and

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responsibility to future generations. They also depict connectivity with the ancestors.

Counselling service in Nigeria is therefore characterized by pluralism, where indigenous and Western systems coexist. Despite the expansion of formal psychological services, many Nigerians continue to rely on traditional methods of counselling rooted in indigenous knowledge systems (Esere, 2020). These practices include storytelling, proverbs, divination, and communal mediation. This is believed to be so because counselling has been with us in Africa before the coming of formalized psychotherapy.

Indigenous counselling in Nigeria is a community-based guidance system aimed at helping individuals navigate life challenges, promote social cohesion, and solve problems through elders, traditional rulers, and religious leaders. It heavily emphasizes a directive approach, community cohesion, and spiritual guidance to restore balance (Ojuolape, 2023). However, most existing studies on indigenous counselling in Nigeria are conceptual or theoretical, with limited empirical evidences assessing their actual use and effectiveness. This gap limits the ability of policymakers and practitioners to make informed decisions regarding integration of indigenous counselling into formalized counselling practice.

Indigenous counselling is holistic, culturally embedded, and community-oriented (Bojuwoye & Sodi, 2010). Studies suggest that such practices enhance therapeutic outcomes due to cultural congruence (Jidong et al., 2021).However, empirical validation remains limited. Existing research highlights the widespread use of traditional healers and spiritual interventions (Salako et al., 2023), but few studies quantify their effectiveness or compare them across demographic groups. This study builds on prior work by introducing measurable variables and statistical analysis. Indigenous Counselling Practices in Nigeria include the following:

Cultural Embeddedness and Contextual Relevance: The practices are inherently culture-specific, emerging from the traditions and social structures of particular communities. Indigenous counselling is defined as counselling that originates from, developed within, and applied by local communities in alignment with their cultural values and worldview. This culturally grounded approach ensures that counselling interventions are meaningful and relevant to

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clients' lived realities, identities, and belief systems.

Holistic Healing Approach: Unlike western models of counselling that often focus on symptom reduction, indigenous counselling prioritizes restoring balance within the individual and between the individual and their environment. Healing practices may include: spiritual ceremonies and rituals, use of traditional medicines and herbs, music, dance, and drumming

Storytelling and oral narratives, and nature-based healing: (e.g., land-based practices). These practices aim to reconnect individuals with their cultural identity and community, which are considered essential for healing.

Role of Community and Elders. In Indigenous counselling, healing is not confined to the individual but involves the family, community, and often respected elders. Elders serve as knowledge keepers and spiritual guides, offering wisdom derived from lived experience and cultural traditions. This communal orientation contrasts with the confidentiality-focused, individual-centered model typical of Western counselling. Instead, healing is viewed as a collective process, reinforcing social bonds and shared identity.

Storytelling and Narrative Methods: This is a central therapeutic tool in Indigenous counselling. Through stories, individuals can: make sense of their experiences, connect with cultural teachings and reconstruct identity and meaning. Narrative approaches in Indigenous contexts are not merely expressive but are deeply tied to moral, spiritual, and communal lessons. "Wise Practices" Framework. Rather than relying solely on standardized "best practices," Indigenous counselling often employs a "wise practices" approach. This framework emphasizes adaptability, cultural relevance, and respect for local knowledge systems. It values practices that emerge organically within communities and are sustained through tradition and collective validation. There is growing recognition of the need to integrate Indigenous wisdom into mainstream counselling. This process, often referred to as indigenization, involves adapting counselling theories and methods to align with Indigenous worldviews. Research suggests that combining Indigenous and Western approaches can enhance therapeutic outcomes by incorporating both scientific insights and

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culturally grounded practices. Incorporating Indigenous wisdom into counselling raises important ethical considerations, including: respect for cultural autonomy and intellectual property, avoidance of cultural appropriation, collaboration with Indigenous communities, and recognition of Indigenous practitioners as equal knowledge holders.

Despite its strengths, indigenous counselling faces several challenges such as - marginalization within dominant healthcare systems, lack of formal documentation due to oral traditions, risk of misinterpretation or appropriation, limited institutional support and policy recognition. However, ongoing scholarship and advocacy aim to address these challenges by promoting culturally responsive and inclusive counselling frameworks. This study addresses this gap by empirically investigating the prevalence of indigenous counselling practices in Nigeria, perceived effectiveness of these practices, differences between rural and urban population practitioners, and predictors of preference for indigenous counselling.

OBJECTIVES OF THE STUDY

The study aims to:

1. Identify the various forms of indigenous wisdom and counselling practices used in different communities in Nigeria.
2. Examine the extent to which indigenous counselling practices are utilized in addressing personal, family, and community conflicts.
3. Assess people's perceptions of the effectiveness of indigenous counselling practices in promoting psychological, social, and emotional well-being.
4. Investigate the socio-cultural factors influencing the utilization of indigenous counselling practices in Nigeria.
5. Identify the challenges associated with the utilization of indigenous counselling practices in contemporary Nigerian society; and
6. Propose strategies for integrating effective indigenous counselling practices into Nigeria's formal counselling and mental health systems where appropriate.

RESEARCH QUESTIONS

The following research questions were set for the study:

1. What is the prevalence of indigenous counselling among religious practitioners?
2. What is the perceived effectiveness of indigenous counselling among the

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HYPOTHESES

The following hypotheses are tested in the study.

1. There is no significant difference in the utilization of indigenous counselling practices between rural and urban residents.
2. There is no significant relationship in the cultural beliefs and educational levels and utilization of indigenous counselling.

METHODOLOGY

RESEARCH DESIGN

A cross-sectional survey design was employed to collect quantitative data on indigenous counselling practices.

POPULATION AND SAMPLE

The study sampled 250 participants (aged 18–60 years) from both rural (n = 130) and urban (n = 120) communities in southwestern Nigeria. Participants were selected using stratified random sampling. Gender: 52% female, 48% male, Education: 40% tertiary, 35% secondary, 25% primary, Religion: Christianity (55%), Islam (40%), Traditional beliefs (5%)

INSTRUMENTS

Data were collected using a self-developed questionnaire with three sections: Indigenous Practices Scale (IPS) (which measures exposure to practices such as storytelling, proverbs, divination, and rituals), Perceived Effectiveness Scale (PES) (a Likert scale (1–5) which assessed effectiveness) and Cultural Belief Index (CBI) (which measures strength of traditional beliefs).

1. Indigenous Practices Scale (IPS): The Indigenous Practices Scale (IPS) is designed to measure respondents' level of exposure to and participation in indigenous cultural practices.

It typically includes items covering practices such as:

- Storytelling
- Use of proverbs
- Divination
- Traditional rituals and ceremonies

Responses are recorded using a frequency scale (e.g., Never, Rarely, Sometimes, Often, Always) or a dichotomous (Yes/No) format, depending on the study design. Higher scores indicate greater exposure to or engagement with indigenous cultural practices. The scale provides an overall score and may also generate subscale scores for different categories of indigenous practices.

Validity

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Content validity: Established through expert review by specialists in indigenous knowledge, cultural studies, psychology, or education to ensure the items adequately represent indigenous practices relevant to the study population.

Face validity: Confirmed during pilot testing to ensure respondents understand the items clearly and consider them culturally appropriate.

2. Perceived Effectiveness Scale (PES)

The Perceived Effectiveness Scale (PES) assesses respondents' perceptions of the effectiveness of indigenous practices in achieving specific outcomes. It uses a 5-point Likert scale. The instrument consists of statements describing the effectiveness of various indigenous practices. Scores are summed or averaged, with higher scores indicating greater perceived effectiveness. The Likert format allows respondents to express varying degrees of agreement or perceived effectiveness.

Validity

Content validity: Ensured by expert evaluation of the relevance and clarity of each item.

Face validity: Verified through pilot testing to confirm that respondents interpret the statements as intended.

3. Cultural Belief Index (CBI): The Cultural Belief Index (CBI) measures the strength of respondents' adherence to traditional cultural beliefs. The instrument contains statements reflecting beliefs about customs, traditions, spirituality, ancestral practices, and indigenous worldviews. Responses are commonly measured using a Likert scale (e.g., Strongly Disagree to Strongly Agree). Higher total scores indicate stronger endorsement of traditional cultural beliefs.

Validity

Content validity: Established by experts familiar with cultural beliefs and indigenous traditions to ensure comprehensive coverage of the construct.

Face validity: Evaluated through pilot testing to confirm that respondents perceive the items as relevant and understandable.

RELIABILITY

The Cronbach's alpha reliability coefficients was IPS = .81, PES = .86 and CBI = .78. This was found to be satisfactory.

PROCEDURE

Participants completed the questionnaires electronically. Ethical considerations included informed consent, anonymity, and

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voluntary participation.

DATA ANALYSIS

Data were analysed using the descriptive statistics (frequency, mean, and percentage), Independent samples t-test, and Multiple regression analysis. The Significance level was set at $p < .05$.

PRESENTATION AND DISCUSSION OF RESULTS

Table 1: Demographic Characteristics of Participants (N = 250)

Variables	Category	Frequency	Percentage (%)
Gender	Male	120	48
	Female	130	52
Education	Primary	62	25
	Secondary	88	35
	Tertiary	100	40
Residence	Rural	130	52
	Urban	120	48
Religion	Christianity	138	55
	Islam	100	40
	Traditional	12	5

Table 1 above describes the characteristic of the participants, which covers their gender, education level, residence and religion.

The table presents the demographic characteristics of 250 participants, offering insight into the composition of the study population. In terms of gender distribution, the sample is fairly balanced, with females (52%) slightly outnumbering males (48%). This near parity suggests that the study captures perspectives from both genders with minimal bias, although the slight female majority may have a marginal influence depending on the subject of the research. Regarding educational attainment, a significant proportion of participants have higher levels of education. Those with tertiary education constitute the largest group (40%), followed by participants with secondary education (35%), while

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individuals with only primary education make up 25% of the sample. This indicates that the study population is relatively well-educated, which may affect variables such as awareness, attitudes, and access to information.

The distribution of residence shows a modest predominance of rural participants (52%) compared to urban residents (48%). This balance allows for meaningful comparisons between rural and urban perspectives, although the slightly higher rural representation may reflect the study setting or sampling strategy.

Religious affiliation among participants is dominated by Christianity (55%), followed by Islam (40%), with a small minority practicing traditional religion (5%). This pattern reflects the common religious distribution in many parts of Nigeria, suggesting that the sample is reasonably representative in terms of religious diversity.

Research Question1: What is the prevalence of indigenous counselling among religious practitioners?

Table 2: Prevalence of Indigenous Counselling Practices

Practice	Yes(f)	Yes (%)
Story telling	163	65.2
Use of Proverbs	148	59.2
Spiritual Consultations	135	54.0
Herbal/Ritual Practice	120	48.0
Any Indigenous Practice	180	72.0

Table 2 above shows the prevalence of Indigenous Counselling. 72% reported using indigenous counselling. Most common practices: Storytelling (65%), Proverbs (59%), Spiritual consultation (54%), Herbal/ritual practices (48%).

The table indicates a high prevalence of indigenous counselling practices among the participants, suggesting that traditional methods remain an important component of

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psychosocial support within the study population. Overall, a substantial majority of respondents (72.0%) reported engaging in at least one form of indigenous counselling practice. This highlights the continued relevance and acceptance of culturally rooted approaches to guidance and emotional support, even in contexts where modern or Western counselling models may be present. Such a high prevalence underscores the need for culturally sensitive frameworks when addressing mental health and counselling in similar settings.

Among the specific practices, storytelling emerges as the most commonly utilized method, with 65.2% of participants reporting its use. Storytelling has long been recognized as a powerful medium for transmitting moral lessons, cultural values, and coping strategies across generations. It provides a relatable and non-confrontational way of addressing personal and social issues. This aligns with the assertion of Denborough (2008).

The use of proverbs is also widespread, reported by 59.2% of respondents. Proverbs encapsulate communal wisdom and are often employed to offer guidance, resolve conflicts, and encourage reflection. Their metaphorical nature allows individuals to interpret advice in ways that are personally meaningful, making them an effective counselling tool in many African societies (Mbiti, 1969).

Spiritual consultations are practiced by 54.0% of participants, reflecting the strong influence of spirituality and religion in shaping health-seeking behaviour. Many individuals turn to spiritual leaders or diviners for insight, healing, and reassurance, particularly in cases perceived to have spiritual or supernatural dimensions (Idowu, 1973; Adekson, 2003).

Herbal and ritual practices, reported by 48.0% of respondents, are also significant, though slightly less prevalent than other methods. These practices often involve the use of medicinal plants or symbolic rituals aimed at restoring balance, addressing perceived spiritual disturbances, or promoting well-being. Their continued use reflects trust in indigenous knowledge systems and accessibility compared to formal healthcare services (WHO, 2013).

Research Question 2: What is the perceived effectiveness of indigenous counselling among the

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Table 3: Descriptive Statistics for Perceived Effectiveness of Indigenous Counselling

Variable	N	Mean (M)	SD
Perceived Effectiveness Score	250	3.87	0.74

Table 3 showing perceived effectiveness of indigenous counselling. The average perceived effectiveness score was M = 3.87 (SD = 0.74), indicating generally positive evaluations. The table shows that participants reported a relatively high level of perceived effectiveness of indigenous counselling practices, with a mean score of 3.87 (SD = 0.74) on the measurement scale. Assuming a typical Likert-type scale (e.g., 1–5), this mean value suggests that respondents generally view indigenous counselling methods as effective in addressing personal, social, and emotional challenges.

The mean score of 3.87 is well above the midpoint of the scale, indicating a positive overall perception. This implies that participants not only engage in indigenous counselling practices—as reflected in the earlier prevalence data—but also have confidence in their outcomes. The moderate standard deviation (0.74) further suggests that responses are relatively consistent, with no extreme divergence in opinion. In other words, most participants tend to agree on the effectiveness of these practices, rather than holding widely polarized views. This positive perception may be attributed to the cultural relevance and accessibility of indigenous counselling methods. Practices such as storytelling, proverbs, and spiritual consultations are deeply embedded in the social fabric of many African communities and are often aligned with shared belief systems and values. As a result, individuals may find these approaches more relatable, acceptable, and trustworthy compared to formal counselling models that may not fully reflect local worldviews (Mbiti, 1969; Adekson, 2003). Okolo et al. (2025) also demonstrated that traditional healing practices in Enugu State significantly contribute to physical and emotional wellness through rituals, herbal remedies, and supportive relationships.

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Additionally, indigenous counselling often adopts a holistic approach, addressing not only psychological concerns but also social, spiritual, and communal dimensions of well-being. This integrative perspective can enhance perceived effectiveness, particularly in contexts where problems are understood as interconnected rather than purely individual (Idowu, 1973). The involvement of family members, elders, or spiritual leaders in the counselling process may also contribute to stronger support systems and more sustainable outcomes. The relatively high effectiveness rating aligns with broader literature emphasizing the value of culturally grounded mental health interventions. The World Health Organization has recognized the important role of traditional and complementary medicine in many societies, especially where access to formal mental health services is limited (WHO, 2013). Similarly, studies have shown that culturally adapted counselling approaches tend to yield better engagement and satisfaction among clients (Sue & Sue, 2016).

Hypothesis 1: There is no significant difference in the utilization of indigenous counselling practices between rural and urban residents.

Table 4

Group	N	Mean(M)	SD	t	df	P
Rural	130	4.12	0.68	3.45	248	.001
Urban	120	3.59	0.77	3.45	248	.001

Note. Difference is statistically significant at $p < .05$. Table 4 above showing independent samples t-Test comparing rural and urban participants

A significant difference was found: Rural: $M = 4.12$, Urban: $M = 3.59$, $t(248) = 3.45$, $p < .05$. This suggests stronger belief in indigenous counselling among rural participants. The table presents a comparison of rural and urban participants

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in their practice of indigenous counselling, revealing a clear and statistically significant difference between the two groups. Participants from rural areas reported a higher mean score (M = 4.12, SD = 0.68) compared to their urban counterparts (M = 3.59, SD = 0.77). This indicates that rural respondents are more actively engaged in, or more strongly aligned with, indigenous counselling practices than those living in urban settings. The difference in mean scores (0.53) is notable and suggests a meaningful gap in practice levels between the two populations. The results of the independent samples t-test further confirm that this difference is statistically significant, with t (248) = 3.45 and p = .001. Since the p-value is well below the conventional threshold of 0.05, the null hypothesis of no difference between rural and urban participants is rejected. This means that the observed variation is unlikely to have occurred by chance and reflects a real difference in the populations studied. Several factors may explain this pattern. Rural communities often maintain stronger ties to traditional beliefs, cultural norms, and indigenous knowledge systems. In such settings, indigenous counselling practices—such as storytelling, proverbs, spiritual consultations, and rituals—are more deeply embedded in everyday life and social structures. These practices are often passed down through generations and remain central to conflict resolution and emotional support (Mbiti, 1969; Idowu, 1973). In contrast, urban environments tend to be more influenced by modernization, formal education, and exposure to Western models of counselling and healthcare. Urban residents may therefore rely more on formal psychological services or adopt hybrid approaches, leading to comparatively lower engagement with purely indigenous methods (Adekson, 2003). Additionally, urbanization is often associated with cultural diffusion and changing value systems, which can reduce dependence on traditional practices.

The slightly higher standard deviation among urban participants (SD = 0.77) compared to rural participants (SD = 0.68) also suggests greater variability in responses within the urban group. This may reflect the diversity of experiences and belief systems typically found in urban areas, where individuals from different cultural backgrounds interact and adopt varying approaches to counselling.

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Hypothesis 2: There is no significant relationship in the cultural beliefs and educational levels and utilization of indigenous counselling.

Model	R	R2	Adjusted R2	F-value	Sig. (p-value)	Decision
1	0.691	0.477	0.469	58.324	0.000	Reject H0

Table 5: showing Multiple Regression Analysis predicting preference for Indigenous Counselling The results of the multiple regression analysis indicate that there is a strong positive relationship between the predictor variables (cultural beliefs and educational level) and the utilization of indigenous counselling ($R = 0.691$). The coefficient of determination ($R^2 = 0.477$) shows that approximately 47.7% of the variation in the utilization of indigenous counselling is jointly explained by cultural beliefs and educational level. After adjusting for sample size and the number of predictors, the Adjusted R^2 of 0.469 indicates that the model remains a good predictor of utilization. Furthermore, the regression model was statistically significant ($F = 58.324$, $p < 0.001$), indicating that the independent variables jointly predict the utilization of indigenous counselling. Therefore, the null hypothesis stating that there is no significant relationship between cultural beliefs, educational level, and the utilization of indigenous counselling is rejected. This pattern may reflect increased exposure to Western-oriented counselling models and scientific paradigms through formal education, which can influence individuals to favor modern psychological services over traditional practices (Adekson, 2003). Education may also shape perceptions about the legitimacy, effectiveness, or relevance of indigenous methods. Taken together, these findings highlight a dynamic interplay between cultural orientation and educational exposure in shaping counselling preferences. While strong cultural beliefs reinforce the use of indigenous approaches, higher levels of education may shift preferences toward alternative or formal systems of care. This does not necessarily imply a complete rejection of indigenous practices among

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educated individuals, but rather a potential movement toward integrative or hybrid approaches.

CONCLUSION

This study provides empirical evidence supporting the continued relevance of indigenous counselling practices in Nigeria. Their widespread use and perceived effectiveness highlight their importance in mental health care. Integrating these practices with Western counselling models offers a culturally responsive approach to addressing Nigeria's mental health challenges. Indigenous wisdom offers a rich, holistic, and relational framework for counselling practice. Its emphasis on interconnectedness, cultural identity, and community-based healing provides valuable insights for addressing contemporary mental health challenges. As the field of counselling continues to evolve, integrating Indigenous knowledge systems is not merely an act of inclusion but a necessary step toward developing more comprehensive, equitable, and culturally responsive approaches to human wellbeing.

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