

Exploring the Relationship Between Public Stigma, Self-Stigma, and Counselling Help-Seeking Intentions Among Adolescents in Madrasah

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Abstract

to improve the mental well-being of adolescents is that there is no intention to seek psychological help. This study aims to explore the relationship between public stigma, self-stigma, and the intention to seek psychological help among adolescents who are educated in Madrasah. The method used in this study is quantitative with a cross-section design. This study involved 580 participants, who were invited using convenience and snowball sampling methods. The instruments used were cultural orientation, self-public, social-network stigma, attitudes towards seeking help, intention to seek counseling, and demographic questions. The main findings suggest that adolescents who experience high levels of public stigma tend to have higher levels of self-stigma, which further influences their intention to seek help (psychologically). In addition, cultural orientation also shapes perceptions and attitudes toward seeking counseling help. The findings of this study highlight the urgent need for targeted interventions to reduce public stigma against mental health problems, which can be provided by educational institutions, mental health organizations, as well as governments to create an environment that supports the mental well-being of adolescents.

INTRODUCTION

This study was inspired by research published by [Topkaya et al. \(2017\)](#). The study examined how stigma is on people seeking help in Turkey. [Topkaya et al. \(2017\)](#) suggested that the concepts they found be retested on different participant backgrounds. In addition, the limited literature that raises the issue of seeking mental health help during the COVID-19 and post-pandemic also underpins this research ([Abdollahi et al., 2017](#); [Maba & Saputra, 2019](#)). Previous research has shown that culture and stigma can be a barrier for a person to see a counselor. ([Corrigan, 2004](#); [Jorm & Griffiths, 2008](#); [Topkaya et al., 2017b](#); [Vogel et al., 2007](#); [Yap et al., 2010](#)). However, it should be underlined that the culture and stigma in question are in the context of Western countries ([Coker, 2005](#); [Topkaya et al., 2017](#)). Thus, the stigma of seeking help and interest in counseling students in the unique cultural context of Indonesian Madrasah during the pandemic has become the focus of this current research.

Understanding the culture, stigma, attitudes, and interests of counseling in school-age adolescents in the culture of the Indonesian nation will contribute science and evidence to inform policy-making and prepare appropriate policies to increase the benefits of counseling services in schools, especially in difficult times like today. Results of Basic Health Research ([Riset Dinas Kesehatan, 2018](#)) Shows that more than 19 million people over the age of 15 experience emotional mental disorders. After the Covid-19 pandemic, [Kementrian Kesehatan \(2023\)](#) Conducting the Indonesian Health Survey (*Survei Kesehatan Indonesia /SKI*) One theme is adolescent mental health using instruments *Mini International Neuropsychiatric Interview* (MINI). The survey results show that as many as 61% of adolescents (15-24 years old) are depressed and, in the past month, have thought about ending their life. ([Kementrian Kesehatan, 2023](#)). The high proportion of depression in adolescents requires attention from all parties. Neglect of these problems can lead to severe problems.

People who experience mental health problems should be willing to seek help ([Maba & Saputra, 2019](#)). However, most are reluctant to do so ([Abdollahi et al., 2017](#); [Corrigan, 2004](#)) Because their desire for counseling is in the medium category ([Maba & Saputra, 2019](#)) and low ([Setiawan, 2006](#)). Of the various alternatives, they prefer to solve their mental problems by asking for help from friends and family ([Setiawan, 2006](#)). One factor that can prevent a person from seeking help when experiencing mental health problems is the stigma given to people seeking help ([Corrigan, 2004](#); [Jorm & Griffiths, 2008](#); [Topkaya](#)

et al., 2017b; Vogel et al., 2007; Yap et al., 2010), but Coker (2005) Emphasized that most research on stigma is conducted in Western countries with various cultural backgrounds, so the research results cannot be generalized to the cultures of non-Western countries (Khalid, 2023).

Although it can be generalized in Western countries, Asian countries have also discussed studies in this field. Several studies in this field have been conducted in Indonesia (Lakmi, 2017; Maba & Saputra, 2019; Setiawan, 2006; Shamad, 2017). However, it should be acknowledged that the research mentioned earlier has not yet discussed the impact of self, public, and social network stigma on counseling interests (Topkaya et al., 2017). These studies have also not raised culture as a critical factor in predicting counseling interest (Coker, 2005). If this research is carried out, it will be able to fill the limitations of literature and studies on stigma and interest in counseling, as well as present new alternative theories in understanding, responding, and taking action to increase students' interest in counseling (Putri, 2023).

We will use the planned behavior theory framework initiated by Ajzen (2002). This theory says that the higher a person's intention to do something, the more likely it is to become a behavior. The framework of the theory of planned behavior can be seen in Figure 1. The researcher will use Community-based Participatory Research (CBPR) at the same time to create meaningful cooperative relationships so that social change occurs as desired (Tremblay et al., 2018). In building a community, we utilize media such as WhatsApp/Facebook Groups and involve key parties in mental health, such as counseling guidance teachers, counselors, and psychologists, to provide insight into the importance of maintaining physical and mental health (Akbar, 2023). Previous research has shown that culture and stigma can hinder a person from seeking counseling help. Culture plays a vital role in shaping people's views of mental health, as well as the way they respond to and address mental health issues. On the other hand, stigma against mental health disorders, whether in the form of negative stereotypes, discrimination, or shame, is also a significant factor in determining a person's decision to seek help (Lestari, 2023).

Although much research has been conducted in Western contexts, it is worth underlining that different cultures and stigmas can influence mental health-related perceptions and actions in different communities around the world. Therefore, research that considers the local cultural context is crucial to understand better the factors influencing the search for mental health help. This research is driven by the need to understand the role of culture and stigma in seeking mental health help among students in Madrasah. With a deeper understanding of these factors, it is hoped that a more culturally sensitive approach to providing services that are accessible to everyone can be developed.

The primary purpose of this study is to analyze the influence of stigma, both from the community and from social networks, on students' interest in seeking counseling help. In addition, this study also aims to analyze the influence of cultural orientation on stigma and counseling interest. This research, with its potential to provide deeper insights into how stigma and culture affect mental health help-seeking behavior, as well as to develop more effective interventions in improving access to mental health services among students in Madrasah, holds significant promise for the field of adolescent mental health.

METHODS

Research Design

This study uses a quantitative approach with a cross-sectional research design. The researcher will collect data from a representative sample to analyze how the help-seeking stigma variable interacts with seeking counseling in students in Madrasah.

Participants

Participants were invited using the convenience and snowball methods, and more than 1000 participants were invited to represent various regions in Indonesia. They are madrasah students spread throughout Indonesia. Before they were asked to fill out a questionnaire, participants were asked to fill out an approval sheet. Of these, 683 participants filled out the questionnaire, but only data from 580 participants could be analyzed.

Instrument

The data collection tool used in this study uses Indonesian as a guide to translating the instrument's language and the equivalence of the instrument culture with the culture in Indonesia (Hambleton et al., 2004; International Test Commission, 2018). Seven instruments will be used: cultural orientation, self, public, social-network stigma, attitudes toward seeking help, intention to seek counseling, and demographic questions. Participants were given several alternatives to fill out the survey, such as face-to-face, written, video, and voice files. These alternatives have the same detailed explanation and can help participants understand the research flow to encourage them to participate fully in the data collection process.

Informed Consent and Demographic Questions

The researcher gave informed consent and explained in detail how this research was conducted. The information conveyed in this section includes, for example, research benefits for participants and the community, data confidentiality, the application of a statement of research ethics, and others. After the explanation of the study is submitted, we will ask participants

to fill out informed consent twice, first at the beginning of the instrument and second at the end. Data from participants who agree to informed consent and fill in the primary data will be used for data analysis.

Cultural Orientation Scale

Scale with 16 items (Triandis & Gelfand, 1998) It is designed to measure the four dimensions of collectivism and individualism horizontally and vertically. All items are answered on a 9-point scale, ranging from 1= never to 9= always. In performing the assessment, the items of each dimension are summed separately. The results of the instrument adaptation research collected from several countries are reported to be valid and reliable in measuring the cultural orientation of participants (Chiou, 2001; Germani et al., 2020; Soh & Leong, 2002).

Self-Stigma of Seeking Help Scale (SSOSH)

To obtain data on self-stigma, researchers will use the Self-Stigma of Seeking Help scale (SSOSH) (Vogel et al., 2006). The scale consists of 10 items with five alternative options: 1 to disagree and 5 to agree strongly. There are five favorable and unfavorable items each. The higher the score obtained by the participants, the higher the level of self-stigma they experienced.

Stigma Scale for Receiving Psychological Help (SSRPH)

To collect data on public stigma, researchers used the Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya et al., 2000). SSRPH consists of five items with answer choices "0," representing "strongly disagree," to "3," representing "strongly agree." One example of an SSRPH item is "Less willing to meet someone who has met a psychologist." The higher the score obtained by the participants, the higher the level of public stigma experienced.

Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSH)

To collect data on social network stigma, researchers used the Perceptions of Stigmatization by Others for Seeking Help scale (PSOSH) (Vogel et al., 2009). This scale consists of five items. This scale invites participants to imagine that they are experiencing a problem that cannot be solved on their own and then given a question, "If you decide to see a counselor, how would they react to you?". Participants will be faced with statements such as "react negatively to me," "think poorly about me," "see me as a very problematic person," "look at me unfavorably," and "think that I can influence others." Participants will be asked to choose a number from 1 (not at all) to 5 (very appropriate) to describe what the participant's condition will look like. The higher the score obtained by the participant, the higher the stigma he felt.

Mental Help Seeking Attitudes Scale

Instruments with nine items (Hammer, J. H., & Parent, M. C., & Spiker, 2018) It is designed to measure the attitude of seeking help when experiencing a mental health disorder. Higher scores indicate a more positive attitude towards seeking help. This scale shows good validity and reliability (Tenjovic et al., 2020).

Intention to seek counseling

Intention to seek counseling was measured by identifying 15 types of problems often faced; participants were asked to choose the possibility of meeting with a counselor when experiencing the problem (Cash et al., 1975). Problems on this psychological scale include anxiety, alcoholic beverages, feelings of shame, sexual dysfunction, depression, conflicts with parents, anxiety about speaking, difficulty finding a partner, career choices, insomnia, drug dependence, low self-esteem, anxiety tests, difficulty finding friends, and learning problems. Four alternative answers are given, with a score of 1 = very unlikely, 2 = unlikely, 3 = possible, and four very likely.

Data analysis

The researcher will use descriptive analysis to examine the distribution of demographics, cultural orientation, self-stigma, public stigma, social network stigma, and intention to seek counseling.

RESULTS AND DISCUSSIONS

This study had 683 participants, but not all students were willing to be analyzed. A total of 580 respondents allowed their data to be processed, all of whom were Muslims. This data analysis provides a comprehensive overview of the demographic characteristics, socioeconomic conditions, and psychological attitudes of 580 respondents. Most respondents were women (72.93%), and their average age was 15.9 years. The data also showed variations in monthly expenses, with most respondents having expenses between <500,000 to 1,000,000.

The focus of the analysis on the main variables resulted in significant findings. First, the stigma variable showed that most respondents (65.17%) experienced moderate stigma, 15.34% experienced low stigma, and 19.48% experienced high stigma. These findings show a diversity of understanding and awareness related to stigma issues in society, which need special attention,

especially in groups with high levels of stigma. Second, the variable of the attitude of seeking help showed that most respondents (49.66%) had a moderate attitude of seeking help, with 27.41% showing a high attitude of seeking help. However, 22.93% of respondents had a low attitude toward seeking help, indicating the potential need for a particular approach to increase openness and readiness to seek support. Third, the cultural orientation of individuals is reflected in the dimensions of horizontal individualist, vertical individualist, horizontal collective, and vertical collective. Most respondents showed a dominant horizontal and vertical individualist orientation, while the horizontal collective orientation received significant emphasis. However, vertical collective orientation tends to be low, indicating a higher degree of independence in decision-making or achieving personal goals.

Table 1. Result of Data Analysis

Variable	F (N = 580)	%
Gender		
Male	157	27,07
Female	423	72,93
Age	M = 15.9; SD = 2.68	
Debit		0,00
< 500,000	254	43,79
500,000 - 1,000,000	197	33,97
1,000,000 - 1,500,000	67	11,55
1,500,000 - 2,000,000	33	5,69
> 2,000,000	29	5,00
Attitude of seeking help	M = 13.51; SD = 6.31	
Low (< 7.20)	133	22,93
Mid (7.21 - 19.83)	288	49,66
High (> 19.83)	159	27,41
Culture Orientation		0,00
Individuals horizontal	M = 28.83; SD = 7.16	
low (< 17.78)	85	14,66
mid (17.78 - 33.95)	368	63,45
high (> 33.95)	127	21,90
Individualis vertikal	M = 22.49; SD = 7.75	
low (< 14.75)	98	16,90
mid (14.75 - 30.25)	388	66,90
high (> 30.25)	94	16,21
Horizontal Collective	M = 26.29; SD = 7.27	
low (< 19.02)	97	16,72
mid (9.02 - 33.58)	365	62,93
high (> 33.58)	118	20,34
Collectif vertikal	M = 23.71; SD = 6.98	
low (< 23.71)	82	14,14
mid (23.71 - 37.69)	498	85,86
high (> 37.69)	0	0,00
Stigma	M = 16.13; SD = 4.71	
low (< 23.71)	89	15,34
mid (23.71 - 37.69)	378	65,17
high (> 37.69)	113	19,48

The purpose of this study is to analyze the impact of public stigma on self-stigma, social network stigma on self-stigma, the impact of social network stigma on public stigma, the impact of self-stigma on the intention to seek counseling, the indirect impact of public stigma through self-stigma on the intention to seek counseling, and how cultural orientation affects stigma and interest in counseling through stigma.

The results of the study showed that there was a significant influence between public stigma and self-stigma in adolescents. Adolescents who experience high levels of public stigma tend to have higher levels of self-stigma. The findings of the study showed that there was a significant influence between the experience of social network stigma and the level of self-stigma in adolescents. The study showed a significant influence between social network stigma and public stigma. The higher the level of social network stigma experienced by individuals, the higher the public stigma that may appear in society. Self-

stigma significantly influences adolescents' intentions in seeking help (Counseling). The study's results showed a significant indirect influence of public stigma on intention to seek counseling through self-stigma mediators. This indicates that public stigma not only directly affects the intention to seek counseling but also through the influence mediated by self-stigma. Cultural orientation was found to play a significant role in shaping views and attitudes toward seeking counseling help. Cultural orientation plays a crucial role in shaping the individual's perceptions and values related to seeking help (psychologically).

In line with these findings with previous findings (Link et al., 2001) Public stigma creates social pressure and can profoundly impact individual self-perception. The results of the research conducted by Corrigan (2004) Public stigma not only gives negative labels but also has an emotional impact, so it contributes to the increase in self-stigma. The findings above show that society's negative perception towards adolescents can affect how they perceive themselves. This focuses on the relationship between public stigma and self-stigma among Madrasah adolescents; the results of the study reveal that the higher the level of public stigma, the higher the self-stigma in adolescents, the more likely it is to increase. This is comparable to the results of a study in Turkey on college students, where the perception of public stigma plays a unique role in shaping the experience of self-stigma, which ultimately affects attitudes toward seeking counseling and the intention to seek help (Topkaya et al., 2017). In line with these findings, research by Corrigan (2004) In the Western region, it shows that stigma can be an obstacle for individuals to seek mental health services. Thus, these findings show continuity in the impact of public stigma on self-stigma. This relationship can provide a strong foundation for the development of more effective intervention strategies among adolescent students in madrasahs to reduce stigma and encourage the search for mental health help.

The results of this study consistently support Goffman's Stigma Theory, which presents a view of how individuals or groups who experience stigma can internalize society's negative view of students. In the context of adolescent students in Madrasahs, the findings show that the higher the level of public stigma, adolescents tend to experience an increase in self-stigma. This reflects the internalization process in which adolescents, in the face of society's negative view of mental health problems, begin to accept and absorb the stigmatism into their view. These findings clearly illustrate the potential impact of public stigma on forming adolescents' self-perception based on the principles outlined by Erving Goffman in his Stigma Theory.

CONCLUSIONS

This study shows that public stigma and social network stigma have a significant influence on self-stigma among adolescents, which in turn affects their intention to seek (psychological) help. The results of this study confirm the need for intervention from educational institutions, mental health organizations, and the government to reduce stigma and increase openness in seeking psychological help by considering the cultural orientation of adolescents.

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