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Stigma and Attitude towards Help-Seeking in Rural and Urban Adults

Ritika Negi

Masters of Psychology, Panjab University, India

ABSTRACT

Mental health issues have increased significantly over the past few years. But the number of people seeking help is still quite low. Seeking professional help is a difficult decision to make as it is affected by many factors. Stigma and attitude toward seeking help are two major factors that affect one decision to seek help. The current research aims to study the stigma and attitude towards seeking help in rural and urban adults. The data was collected from 60 adults, 30 from rural and 30 from urban areas in the age range of 25-40 years. Standardized scales to measure attitude towards seeking help and stigma were used. Results of the study indicate that there are no significant differences in stigma and attitude towards seeking help in rural and urban adults. Interventions should be developed to improve the positive attitude towards seeking help and decrease stigma. Such interventions will greatly increase the chances of people seeking help from professionals and making use of mental health services. Further research can be done on a larger sample.

Keywords: attitude, stigma, help-seeking, adults

[Stigma and Attitude toward help-seeking in Rural and Urban adults]

"Healing takes time, and asking for help is a courageous step."- Mariska Hargitay

Seeking help means talking to a professional counsellor or therapist about your problems when you are not able to find a solution yourself. One may be suffering from distress or a psychological disorder. Sometimes people are not even aware that they may be suffering from mental problems. Those who know or come to realize this also hesitate to seek help. Seeking psychological help has always been a difficult thing to do. It takes a lot of courage, thought and a positive attitude to ask for help.

It has been proven that talking to a professional can help deal with their problems better but still many people hesitate to seek help because of several reasons. Several studies have been conducted to better understand the reasons why people suffering from psychological help do not seek help. Thompson, Bazile & Akbar (2004) found in their study various barriers to help-seeking. Stigma, lack of knowledge, lack of affordability, lack of trust, impersonal service and lack of cultural understanding are some of the key barriers reported.

In the past recent years, mental health facilities and awareness have improved in India greatly, but the number of people using these facilities is still low. Many people choose not to use these services which are beneficial to them or do not fully adhere to treatment regimens once they are begun. Stigma is one of several reasons why people make such choices; namely, social-cognitive processes motivate people to avoid the label of mental illness that results when people are associated with mental health care (Corrigan, 2004).

The type of locality an individual lives in also affects help-seeking behaviour. A difference can be seen between people living in urban and rural areas. In urban areas, there are more options for common people to seek help than that in rural areas. A difference in mental health awareness can also be seen between rural and urban individuals. Boyd et al. (2011) did a study to determine the preferences and intentions of rural adolescents to seek help for mental health problems. They found that 55.7% of the sample indicated that they would be willing to seek help for mental health problems. The study also found some barriers to help-seeking such as perceived limited availability of professional services in town, perceived social proximity, fear of rural gossip and difficulties associated with travelling to obtain help.

Although the number of people seeking help has increased significantly over the years still most people do not seek help. Social stigma, unwillingness to share problems with an unfamiliar person, the belief that private problems should be kept in the family, one's belief that he/she can solve his/her problems and not knowing enough about the psychological help processes are some of the inhibiting factors that stop one from seeking professional help (Topkaya, 2015).

Stigma

There is no one standard definition of stigma. Various authors have given different definitions. Goffman (1963) describes stigma as the response to characteristics which are perceived as dishonourable or disgraceful; individuals with these attributes are perceived as stigmatised (a "tainted individual), reduced to something less than a whole person. Stafford & Scott (1986) propose that stigma "is a characteristic of persons that is contrary to a norm of

the social unit" where a norm is defined as a "shared belief that a person ought to behave in a certain way at a certain time" (Link & Phelan, 2001). A different individual is always treated with scrutiny by society. The fear of this scrutiny is what stops people from seeking help.

Stigma was the fourth highest ranked barrier to treatment seeking and disclosure concerns were reported as the most common stigma barrier (Clement et al., 2015). They fear that they will be judged, rejected, feared, or discriminated against by other people. The greater the stigma an individual has the more reluctant they will be in asking for help.

Gulliver, Griffiths & Christensen (2010) did a systematic review of both qualitative and quantitative data to identify barriers and facilitators to helpseeking in young adults. They reported that young people perceive stigma and embarrassment, problems recognising symptoms, and a preference for self-reliance as the main barriers to seeking help.

Attitude towards Seeking Help

Allport (1954) defined attitude as "a learned disposition to think, feel and behave toward a person (or object) in a particular way". Thurstone (1931) defined attitude as an 'effect for or against a psychological object'. Attitude can be positive or negative. Attitude can be abstract or concrete. Attitudes are not permanent; they can be changed through persuasion. Attitude affects behaviour in some way. If a person has a positive attitude, he/she will be more willing to seek professional help.

Seeking help means making an attempt to ask someone for help in assisting to solve a problem. The helper can be a friend, family member or professional in the field of mental health. Cornally & McCarthy (2011) defined help-seeking behaviour as a problem-focused, planned behaviour, involving interpersonal interaction with a health care professional.

Mackenzie, Scott, Mather & Sareen (2008) did a study on older adults and found that more than 80% of the participants exhibited positive help-seeking attitudes and more than 70% reported positive treatment beliefs. Having a positive attitude that treatment will help increase the likelihood of seeking help.

There have been several studies conducted to explore the impact of stigma and attitude towards help-seeking on actual help-seeking. A review of twentyseven studies reported that negative attitudes toward mental health seeking and stigmatizing attitudes toward people with mental illness were associated with less active help-seeking. Personal attitudes towards help-seeking were related to active help-seeking (Schnyder, Panczak, Groth & Schultze-Lutter, 2017).

Purpose

The purpose of the present research is to study stigma and attitude toward seeking professional help in rural and urban adults.

Hypothesis

- 1. There will be no significant difference in attitude and stigma towards seeking help in rural and urban populations.
- 2. There will be a negative relationship between attitude and stigma towards seeking help.

Method

Sample

The sample consisted of 60 adults, 30 from rural areas and 30 from the urban area in the age group 25 years to 40 years old, from Himachal Pradesh city.

Measures

Self-stigma of Seeking Help (SSOSH): The self-stigma of seeking help scale was given by Vogel, Wade and Haake (2006). There are 10 items on the scale on a 5-point Likert scale ranging from 1 strongly disagree to 5 strongly agree. Items 2,4,5,7 & 9 are reverse scored. Scores range from 10 to 50, the higher the score the higher the stigma one has.

Attitude Toward Seeking Professional Psychological Help Short Form (ATSPPH-SF): ATSPPH-SF (Fischer & Farina, 1995) is a common measure of attitude toward help-seeking. It is a shorter version of the original 29 items scale ATSPPH (Fischer & Turners, 1970). It consists of 10 items on a 4-point Likert scale ranging from 0 (disagree) to 3 (agree). Items 2,4,8,9 and 10 are reversed scored. The total score ranges from 0 to 30, with the higher score indicating a more positive attitude toward seeking professional help.

Procedure

The data was collected through Google forms. Each participant was thanked for their cooperation. Standardized psychological tests were administered.

Analysis of results

Results

The data collected was analysed using a t-test to find the comparative results between rural and urban adults and regression to calculate the correlation between stigma and attitude toward seeking help.

Table 1: Descriptive table showing the N, Mean and Standard Deviation

Group	Self Stigma	Attitude towards help
R	30	30
U	30	30
R	21.0	16.7
U	20.9	18.4
R	5.49	4.59
U	5.12	5.08
	R U R U R	R 30 U 30 R 21.0 U 20.9 R 5.49

Table 2: T-statistics of Rural and Urban Adults

	Group	Ν	Mean	SD	t-stats
Self Stigma	R	30	21.0	5.49	0.0730
	U	30	20.9	5.12	
Attitude towards help	R	30	16.7	4.59	-1.3599
	U	30	18.4	5.08	

Table 3: Correlation between stigma and attitude toward help-seeking

	Self-Stigma	Attitude towards help
Self-Stigma	_	
Attitude towards help	-0.214	_

Discussion of results

To analyse the data for comparing the rural and urban individuals independent t-tests were computed. The results were found to be not significant. To find the correlation between stigma and attitude toward help-seeking regression analysis was done. The results were found to be insignificant.

The first hypothesis was that there will be no significant differences in stigma and attitude toward help-seeking in rural and urban populations. Results of the study have also proved this. Thus, the hypothesis is accepted. A study done by Dunn (2021) to compare stigma and attitudes towards seeking professional help in urban and rural individuals also found similar results. No significant differences were found between rural and urban participants. Another study by Dschaak & Juntunen (2018) also found no significant differences between rural and urban individuals in stigma, self-stigma, or attitude toward psychological help-seeking.

The second hypothesis was that there will be a significant negative correlation between stigma and attitude toward help-seeking and it was found that there was a negative correlation, but it was not significant. Mohamed, Mandia & Shahrill (2019) conducted a study on 160 randomly selected junior and senior high school students in Brunei Darussalam. They found that the relationship between perceived public stigma and attitude toward seeking help was insignificant. The results of the present are contrary to previous research that showed that stigma and attitude toward help-seeking have a significant inverse correlation (Shetty & Jain, 2016). Although not significant a little negative relationship between stigma and attitude toward help-seeking was observed through the data.

The results not being significant may be because the participants were educated, and most were in their twenties. A study done by Chandrasekara (2016) on 600 students of state universities in Sri Lanka found that attitudes towards seeking help for mental health problems were influenced by the gender and education of the students.

Conclusion

Mental health problems are becoming more and more common in today's society. The importance of mental health facilities is also being recognized by the people. But still, many people do not seek help for their mental problems. Stigma and attitudes toward help-seeking are two factors that affect this decision of seeking help. The present study was done to study stigma and attitude toward help-seeking in rural and urban adults. The data was collected from 60 adults, 30 from rural and 30 from urban areas using Google forms. Standardized scales of stigma and attitude toward help-seeking were used. The results of the study found no significant differences between rural and urban individuals in stigma and attitudes. The study also found that no significant correlation between stigma and attitude toward help-seeking, although not significant but a slight negative correlation was found.

The limitation of the study was that the sample size was small, and it included only educated participants. Further research can be done with a broader sample to find other reasons for not seeking help. Interventions should be made to decrease stigma and promote a positive attitude toward seeking professional help. Emphasis should also be made to increase mental health knowledge among people. Also, more mental health facilities should be set up in rural areas as well.

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