

Exploring the Influence of Cultural Factors and Stigma on Help-Seeking Intentions for Digital Self-Guided versus Face-to-Face Interventions among Indian Youth

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Introduction:

There is a serious underutilization of mental health resources in India as **treatment gap is as high as 83% for psychiatric disorders** due to strong stigma against mental illnesses and cultural factors such as family face concern and self-construal. Previous literature shows that higher perceived stigma and self-stigma lead to lower intentions of help-seeking, while family face concern can play a negative or positive role, depending on the culture. As for preferences for digital and F2F intentions, there are mixed findings.

Research Gap & Hypothesis

This is the First study to examine:

- To study FFC and SCS's influence on digital interventions.
- Different facets of stigma** (PSOSH and SSOSH) and **cultural factors** like FFC and SCS in Indian population.
- Differences in intentions towards F2F HS and digital self-guided psychological services in In a geographically diverse population in India (across several states).

To our knowledge, this study is the first to examine such moderated models in an Indian sample.

Therefore we hypothesized

• **H1:** Higher levels of self stigma of help seeking (moderated by perceived stigma of seeking help).

• **H2:** Higher levels of self-stigma of help seeking (moderated by family face concern)

• **H3:** Higher levels of perceived stigma of help-seeking (moderated by family face concern)

• **H4a:** Higher levels of Interdependent self-construal/ Lower levels of Independent self-construal (moderated by family face concern)

Less face-to-face help seeking intentions/ more digital help-seeking intentions.

Definitions:

- Perceived stigma of help-seeking (PSOSH):** Negative stereotypes about mental illnesses and seeking psychological services, believed by one's social network.
- Self-stigma of help seeking (SSOSH):** Internalized negative beliefs about help-seeking, hindering individuals from seeking assistance.
- Family face concern (FFC):** Fear of losing 'face' or reputation within society.
- Self-construal (SCS):** How we define ourselves in relation to others. Independent Self-construal → focus on autonomy and uniqueness; Interdependent Self-construal → focus on relationships and group harmony.

Methods

- Participants were recruited through snowball sampling and social media.
- They completed a 20-minute Qualtrics survey that obtained participants' contact information and signed informed consent.
- Five validation questions were included in the survey and only participants who answered all the validation questions correctly met the criteria.
- Provided with remuneration and debriefing.

Final sample consisted of 160 participants from India:

- 44.4% females
- Mean age: 22.47, Range: 18-54
- 78.6% had attained/pursuing a Bachelors degree
- Mean PHQ-9 was 9.156, which is mild to moderate symptoms of depression.

Statistical Analysis:

Paired Samples T-Test for Attitudes Towards Help-Seeking (FCAS and OCAS): To see whether participants preferred F2F counselling or digital self guided intervention and if the difference was significant.

Multiple Regression Analysis with Moderation (PROCESS, Hayes) to test the moderation models.

Results

- H1:** Self-stigma and perceived stigma of help-seeking do not significantly influence F2F intentions for help-seeking. Gender significantly predicted the intentions towards face-to-face help-seeking ($\beta = -0.3185$, $p = 0.0216$).

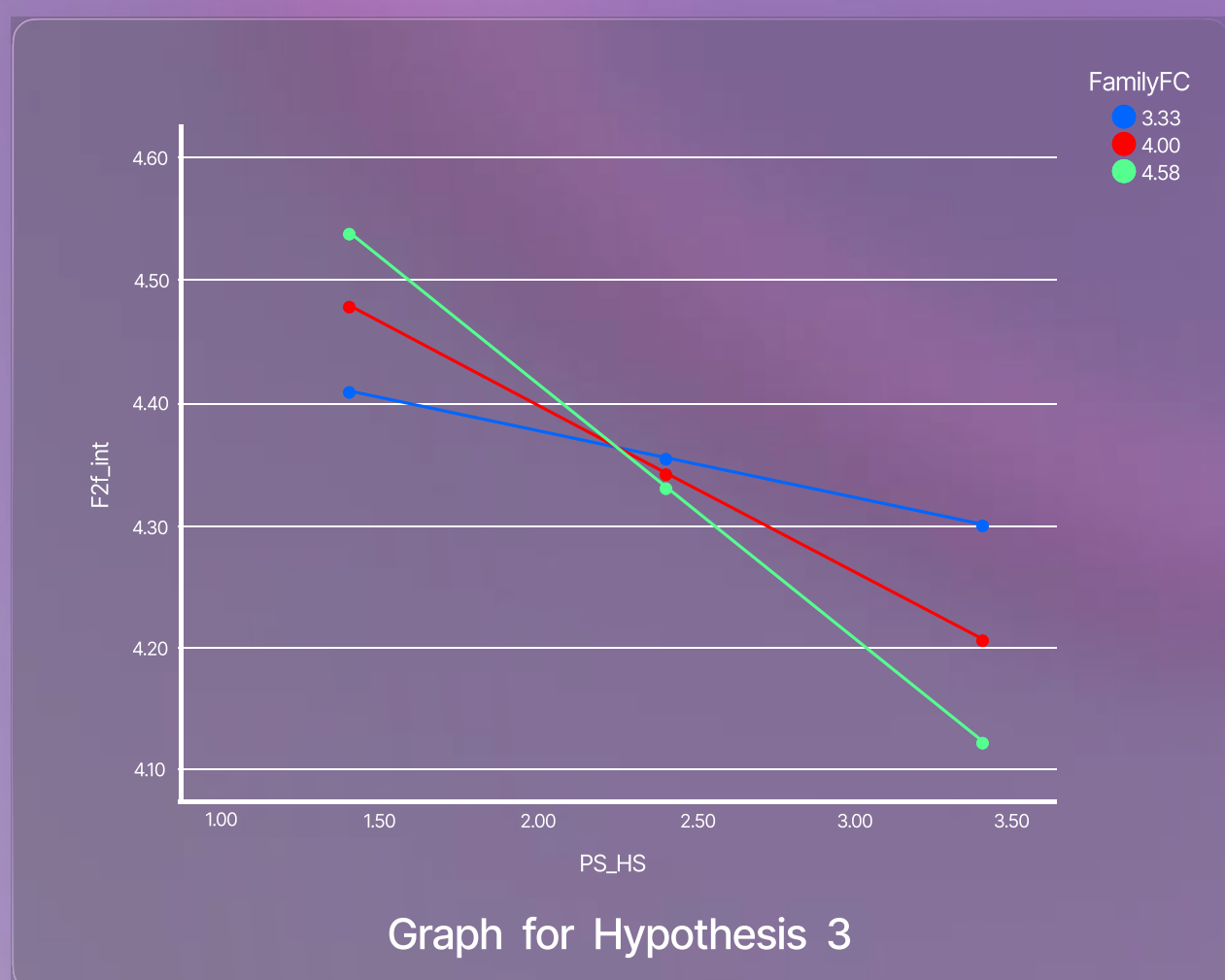
For digital self-guided intervention, the model was non-significant.

- H2:** Self-stigma of help seeking ($\beta = -1.5570$, $p = 0.0067$) and gender ($\beta = -0.2751$, $p = 0.0430$) significantly predicted intentions towards face-to-face help seeking. However, family face concern as a moderator did not have an impact on any of the variables.

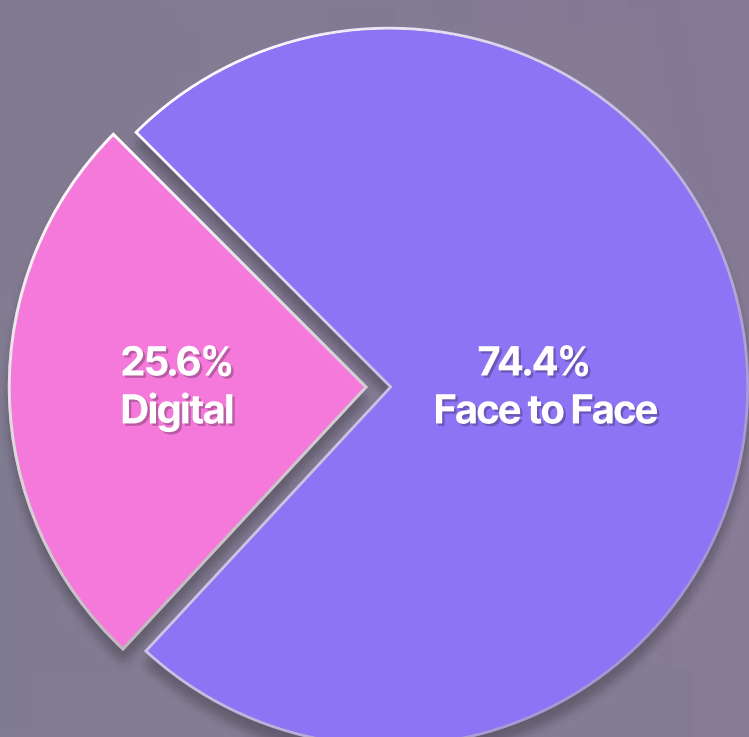
For digital self-guided intervention, the overall model and predictors were non-significant.

- H3:** While overall model for F2F intentions was insignificant. For women, the overall model and the interaction term was significant, representing the **moderation effect of family face concern** on the relationship between perceived stigma of help seeking and F2F intentions for women ($\beta = -0.1253$, $p = 0.3869$).

In a separate analysis, both PSOSH and FFC were non-significant predictors for digital self-guided intervention intentions.



- H4 a, b:** No models for face-to-face or digital interventions were significant, as Independent and Interdependent self-construal and family face concern as a moderator were not significant predictors.



When asked to choose one, **74.4%** respondents chose face-to-face counselling, but the paired samples T-Test revealed non-significant means i.e. majority of the population was **equally favorable** to digital self-guided interventions!

Discussion

- While majority of the population prefers face-to-face counselling, they are **equally favorable** towards digital self-guided interventions.

- The perceived stigma of help-seeking does not significantly influence help-seeking intentions.

- Independent and interdependent self-construal do not significantly predict help-seeking intentions.

- Self-stigma of help-seeking and gender significantly influence face-to-face help-seeking intentions, with **higher self-stigma and being female associated with lower intentions**.

- Family face concern does not significantly influence help-seeking intentions, except for its moderation effect on the relationship between perceived stigma and face-to-face intentions among women. **Higher family face concern predicted lower face-to-face help seeking intentions in Indian women** as they have more pressure to preserve the family reputation.

Lower help seeking intentions for F2F

Being a woman

Higher family face concern (FFC) moderating perceived stigma for women

Higher self-stigma of help-seeking (SSOSH)