

## ORIGINAL ARTICLE

# HOFSTEDE'S CULTURAL VALUES AS FACTORS INFLUENCING MALAYSIAN UNIVERSITY STUDENTS' ATTITUDE TOWARD HELP-SEEKING: A PRELIMINARY STUDY

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## ABSTRACT

University students suffer from a high prevalence of mental health concerns. However, most studies on mental health help-seeking in Malaysia focussed on stigma and mental health literacy. This study aimed to examine the relationship between cultural value and university students' attitudes towards seeking help for their mental health. An online survey was conducted using the Inventory of Attitudes towards Seeking Mental Health Services (IASMHS), Cultural Values Scale (CVSCALE), and Psychological Well-being Scale (PWBS) amongst university students in Malaysia. A total of 167 university students (Mean age = 21.57 years old, 75.4% females) participated in the study. Overall, the participants had a positive attitude towards mental health help-seeking. The results of the multiple linear regression analysis showed that the Chinese race ( $B = -0.315$ ,  $p = 0.028$ ), long-term orientation ( $B = 0.250$ ,  $p = 0.002$ ), Hindu religion ( $B = -0.242$ ,  $p = 0.039$ ), masculinity orientation ( $B = -0.223$ ,  $p = 0.006$ ), psychological well-being ( $B = 0.194$ ,  $p = 0.008$ ), Malay race ( $B = -0.165$ ,  $p = 0.045$ ), and participant's age ( $B = 0.150$ ,  $p = 0.028$ ) were significantly associated with attitude towards mental health help-seeking. The results had implications for understanding cultural reasons that hinder mental health help-seeking amongst university students in Malaysia, and proposed recommendations in designing culturally relevant and appropriate interventions for targeted groups.

**Keywords:** Attitudes toward mental health help-seeking, cultural value, psychological well-being.

## INTRODUCTION

The prevalence of mental health issues amongst university students is high. A meta-analysis<sup>1</sup> by Akhtar et al. (2021) found that the prevalence of depression amongst university students was 24.4%. Another cross-temporal meta-analysis<sup>2</sup> amongst Chinese university students revealed that the mean severity of depressive symptoms amongst university students increased between 2000 and 2017. In Malaysia, 21% of first-year university students reported moderate to severe depression, and half of them had anxiety symptoms<sup>3</sup>. Unchecked mental health issues may lead to suicidal ideation. A meta-analysis<sup>4</sup> on Chinese university students revealed that having depressive symptoms predicted 2.17 times higher odds of having suicidal ideation. Therefore, it is essential to address university student's mental health concerns.

Individuals who seek treatment for mental disorders showed a reduction in symptoms, and an increase in social functioning<sup>5</sup>. A five-year follow-

up study<sup>6</sup> found that informal help-seeking behaviour was associated with absence of major depressive disorder diagnosis at follow-up. In Malaysia, working adults who were aware of mental health services and had sought them reported lower psychological distress<sup>7</sup>. However, the prevalence of individuals who were treated for mental health disorders was low. A survey<sup>8</sup> on 21 countries found that only 27.6% received treatment for past-year anxiety, with lower treatment rates in lower income countries. In the United States (US), there was a significant increase in the number of university students who sought treatment for their mental health illness (from 19% in 2007 to 34% in 2017), whereby two-thirds of them remained untreated<sup>9</sup>. Barriers of mental health help-seeking included concerns about the mental health provider's competence, lacking courage or time for help-seeking, believing that mental health issues are not severe, and that it is one's responsibility to maintain mental health well-being and stigma<sup>10</sup>. Studies conducted on mental health help-seeking in Malaysia largely focussed on individual factors,

such as perceived/self-stigma and mental health literacy. A study by Ibrahim<sup>11</sup> (2019) found that self-stigma was the most influential predictor for mental health help-seeking. Underlying the stigma against mental health help-seeking was cultural barriers<sup>12</sup>. In their qualitative study amongst youths, it was reported that there might be a barrier in help-seeking intention in Malaysian culture stigmatisation of help-seeking. Another study in Sabah, Malaysia indicated that psychiatric diagnoses and treatment were the last resort for people suffering from severe mental health illness<sup>13</sup>. In terms of cultural background, religiosity had been associated with negative attitudes towards services in mental health amongst Latinx individuals in the US<sup>14</sup>. Furthermore, amongst the Turkish Muslims, religiosity had been associated with negative attitudes towards mental health help-seeking<sup>15</sup>. In Malaysia, a study by Shoesmith<sup>13</sup> (2017) indicated that certain segments of society viewed mental health illness as a supernatural phenomenon, and thus mental health required intervention from informal sources rather than mental health professionals. While these studies shed light on cultural reasons against help-seeking for mental health issues, how specific aspects of cultural values encourage or hinder help-seeking remains unanswered.

Previous studies suggested that cultural factors played critical roles in what individuals think, and how they tend to solve mental health problems<sup>16,17,18</sup>. Therefore, this study aims to examine the influence of cultural values on university students' attitudes on seeking help for their mental health<sup>19</sup>. Cultural value will be tested using the Hofstede's five dimensions, which are power distance, uncertainty avoidance, individualism versus collectivism, masculinity versus femininity, and long-term orientation versus short-term orientation. Cultural background refers to the ethnicity and religion of the individual, which includes the major ethnic groups (Malay, Chinese, Indian, and others) and religions (Islam, Buddhism, Christianity, Hinduism, and others) in Malaysia. The dependent variable will be the attitude towards seeking mental health services.

## METHODS

### Study Design, Location, and Sampling Criteria

This was a cross-sectional study. The target population was Malaysian students, with no restrictions on any geographical areas in Malaysia. The criteria for participation were Malaysian students, who were 18 years old and above, and currently enrolled in any university in Malaysia. Those who did not consent to participate in the study were excluded.

### Measures

Demographic information, such as age, gender, race/ethnicity, and religion were collected from

the participants.

The attitudinal factors that influenced the seeking of mental health services were assessed using the Inventory of Attitudes towards Seeking Mental Health Services (IASMHS)<sup>20</sup>. IASMHS consists of 24 items with three subscales: psychological openness, help-seeking propensity, and indifference to stigma. The inventory is rated using a 5-point Likert scale ranging from 0 = "disagree" to 4 = "agree". The total score for IASMHS ranged from 0 to 96, with higher scores, indicating greater intention to seek help. The inventory was found to have acceptable internal consistency for the scale score ( $\alpha = 0.85$ )<sup>21</sup>. In this study, the internal consistency reliability for the scale score was  $\alpha = 0.76$ .

Psychological Well-being Scale (PWBS) was developed by Ryff<sup>22</sup> to measure six aspects of well-being and happiness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. This scale is suitable as it has been used in studies involving Malaysian university students<sup>23</sup>. The scale consists of 18 items, and rated with a 7-point Likert scale ranging from 1 = "strongly agree" to 7 = "strongly disagree". The total score for PWBS ranged from 18 to 126 with 10 items reverse-coded. Higher scores in the scale indicates greater psychological well-being. PWBS was found to be a valid and reliable instrument with a Cronbach's alpha of 0.76<sup>23</sup>.

Individual's cultural values were examined using 26 items in the Cultural Values Scale (CVSCALE)<sup>24</sup>. The scale consists of five subscales: power distance, uncertainty avoidance, collectivism, masculinity/femininity, and long-term orientation. Each item in the scale utilises the 5-point Likert scale (1 = "not at all important" to 5 = "very important"). The CVSCALE showed good internal consistency reliability amongst its subscales: power distance ( $\alpha = 0.84$ ), uncertainty avoidance ( $\alpha = 0.98$ ), collectivism ( $\alpha = 0.91$ ), long-term orientation ( $\alpha = 0.86$ ), and masculinity ( $\alpha = 0.75$ )<sup>25</sup>.

### Procedures

This study utilised convenience sampling for data collection due to the Movement Control Order (MCO) in Malaysia during the research. The questionnaires were disseminated through online platforms, such as WhatsApp, CourseNetworking, Facebook, and Instagram. The study was not limited to any Malaysian geographical area to increase the number of participants in the study.

### Statistical analysis

Descriptive statistics were utilised to analyse and present the respondents' demographic characteristics. Pearson's correlation analysis was performed to examine the relationship between attitudes towards mental health help-seeking, psychological well-being and cultural values.

Independent samples t-test and one-way analysis of variance (ANOVA) were conducted to test whether attitudes towards mental health help-seeking were significantly different in terms of gender, ethnicity, religion, and experience of having a mental disorder. Lastly, a multiple linear regression analysis was performed to examine whether cultural values (power distance, uncertainty avoidance, collectivism, masculinity, and long-term orientation) were significant predictors of attitudes towards mental health help-seeking. This was done after adjusting for psychological well-being, experience of having a mental health disorder, and sociodemographic factors in the regression model if they were found to be significant in the bivariate analysis.

**Ethical Concerns**

This study received ethical approval from the [blinded for review] University Institutional Ethics Committee (IEC-2020-FOSSLA-062). All the participants provided informed consent prior to participating in this study.

**RESULTS**

A total of 200 participants responded to the questionnaire. After data cleaning, outliers were removed from the dataset and 167 responses (83.5%) were retained for further analysis. Post-hoc analysis using G\*Power (version 3.1) showed that the observed power was 0.94 for 167 participants, assuming a medium effect size (0.15), alpha error probability of 0.05, and 10 predictors. There were 41 male and 126 female participants, age ranging from 17 years old to 37 years old, with a mean age of 21.57 years old (*SD* = 2.17). Most of the participants were Chinese (67.1%), followed by other races (15.0%), Malays (9.6%), and Indians (8.4%). In terms of religion, the majority of the participants were Buddhists (41.3%), followed by Muslims and Christians (19.8%), other religions (10.8%), and Hindus (8.4%) (Table 1).

**Table 1: Demographic profile of study participants (N = 167)**

Variables	<i>n</i>	%
<b>Gender</b>		
Male	41	24.6
Female	126	75.4
<b>Race</b>		
Malay	16	9.6
Chinese	112	67.1
Indian	14	8.4
Others	25	15.0
<b>Religion</b>		
Islam	33	19.8
Buddhism	69	41.3
Christianity	33	19.8
Hinduism	14	8.4
Others	18	10.8
<b>Experience of having a mental health disorder</b>		
Yes	47	28.1
No	120	71.9

Note. *n* = Frequency, % = Percentage

Zero-order Pearson’s correlations between the continuous variables were conducted to check for multicollinearity. None of the significant correlations exceeded  $r < 0.70$ , indicating no multicollinearity issues (Table 2).

Independent samples t-test and one-way ANOVA results showed that the participants were not significantly different in their attitudes towards mental health help-seeking in terms of gender and experience of having a mental health disorder ( $p > 0.05$ ), but there were significant differences in terms of race and religion ( $p < 0.05$ ). The results of the multiple regression analysis showed that

the Chinese ( $\beta = -0.315, p = 0.028$ ) demonstrated the strongest association with attitude towards mental health help-seeking. Participant’s age ( $\beta = 0.150, p = 0.028$ ), long-term orientation ( $\beta = 0.250, p = 0.002$ ), masculinity ( $\beta = -0.223, p = 0.006$ ), Hindu religion ( $\beta = -0.242, p = 0.039$ ), Malay race ( $\beta = -0.165, p = 0.045$ ), and psychological well-being ( $\beta = 0.194, p = 0.008$ ) were also significantly associated with attitude towards mental health help-seeking. Together, the independent variables accounted for 37.7% of the variance,  $R^2 = 0.377$ , adjusted  $R^2 = 0.329, F_{(12, 154)} = 7.78, p < 0.001$  (Table 3).

**Table 2: Pearson correlation analysis on the relationship between attitudes towards mental health help-seeking, psychological well-being, and cultural values (N = 167)**

Variables	M	SD	<i>a</i>	1	2	3	4	5	6	7
1. Attitude towards mental health help-seeking (IASMHS)	81.05	10.67	0.758	1	0.374**	-0.301**	0.289**	-0.028	-0.266**	0.404**
2. Psychological Well-being (PWBS)	84.29	13.39	0.784		1	0.292**	0.226**	0.001	-0.106	0.344**
3. Power Distance (CVS)	9.98	3.81	0.773			1	0.197*	0.204**	0.543**	0.277**
4. Uncertainty Avoidance (CVS)	20.59	3.13	0.863				1	0.139	-0.048	0.541**
5. Collectivism (CVS)	19.31	34.53	0.784					1	0.207**	0.254**
6. Masculinity (CVS)	10.26	3.41	0.697						1	0.114
7. Long-term Orientation (CVS)	16.87	2.45	0.691							1

Note. \*  $p < .05$ , \*\*  $p < .01$ , M = Mean, SD = Standard Deviation, IASMHS = Inventory of Attitude towards Help-seeking Mental Health Services, PWBS = Psychology Well-Being Scale, CVS = Cultural Value Scale

**Table 3: Multiple regression analysis of factors associated with attitude towards mental health help-seeking (N = 167)**

Variables	B	Confidence Interval		Beta	t	p-value
		Lower	Upper			
<b>Constant</b>	43.398	20.770	66.027		3.789	
<b>Age</b>	0.735	0.082	1.389	0.150	2.222	0.028
<b>Ethnicity</b>						
Malay	-5.948	-11.774	-0.122	-0.165	-2.017	0.045
Chinese	-7.125	-13.472	-0.778	-0.315	-2.218	0.028
Indian	-	-	-	-	-	-
Others*						
<b>Religion</b>						
Islam	1.332	-6.644	9.307	0.050	0.330	0.742
Buddhism	0.154	-4.627	4.934	0.007	0.064	0.949
Christianity	0.522	-4.751	5.795	0.020	0.196	0.845
Hinduism†	-9.283	-18.082	-.484	-0.242	-2.084	0.039
Others*						
<b>Psychological Well-being</b>	0.155	0.041	0.268	0.194	2.689	0.008
<b>Cultural values</b>						
Power Distance	0.009	-0.450	0.467	0.003	0.039	0.969
Uncertainty Avoidance	0.154	-0.383	0.692	0.045	0.568	0.571
Masculinity	-0.700	-1.194	0.206	-0.223	-2.801	0.006
Long-term Orientation	1.090	0.399	1.781	0.250	3.117	0.002

Notes. \*Reference group. †Indian ethnicity was excluded from analysis as all Indians in this sample were Hindu.  $R^2 = 0.377$ , adjusted  $R^2 = 0.329$ ,  $F(12, 154) = 7.78$ ,  $p < 0.001$

**DISCUSSION**

The present study is amongst the first attempts to investigate the relationship between Hofstede’s cultural values and university students’ attitudes towards mental health help-seeking in the Malaysian context. The results showed that on average, university students who participated in this study had a positive attitude towards mental health help-seeking. Lower masculinity and higher

long-term orientation were associated with higher levels of help-seeking after adjusting for other sociocultural factors, such as ethnic background, age, and gender.

Malaysian university students had a positive attitude towards mental health help-seeking with a mean score of 81.05 out of a possible total score of 96.00. This might be due to the educational background of university students, as they might

have been exposed to information on the benefits of mental health treatments via their university counselling services. A study revealed that compared to secondary school students, university students had better depression literacy and higher mental health help-seeking attitude<sup>11</sup>. However, the overall means score obtained in this study was higher than the results obtained by Yee,<sup>26</sup> whose study was conducted amongst university students of a public university, utilising IASMHS (Mean score = 51.03, *SD* = 26.10). However, Logan et al.<sup>27</sup> found that amongst a sample of Southeast Asian university students in Australia, including Malaysians, negative attitudes towards seeking psychological services was prevalent. These comparisons indicated that further studies should be conducted on university students' attitudes towards mental health help-seeking, as the results were varied by locations, universities, and ethnicity.

Participants who reported a lower masculinity orientation in this study had better attitudes towards mental health help-seeking. In contrast, there was no significant difference between genders in help-seeking attitude, which contrasted with the findings of another study by Lee<sup>28</sup> (2020). These findings indicated that in seeking mental health assistance there was a need to distinguish gender from masculinity orientation amongst university students. Males should not be generalised as less amenable in mental health help-seeking due to their gender. Instead, masculinity orientation, which refers to the valuing of achieving material and other successes, being assertive and exemplifying heroism<sup>29</sup>, might be a more basic factor underlying the hesitancy in seeking help, whether it was amongst males or females. The findings were consistent with other studies<sup>30</sup>. Coupled with a tendency towards delinquency and drug use (especially amongst males with high masculinity values)<sup>31</sup>, the negative attitudes towards help-seeking posed a disadvantage towards those who reported high masculinity values.

Moreover, this study found that a long-term orientation independently predicted a positive mental health help-seeking attitude. Typically, individuals with a long-term orientation are more hopeful regarding the future, and tailor their lives to making the positive future a reality<sup>29</sup>. In this regard, individuals with long-term orientation may be willing to sacrifice their time and put in the effort to seek help to construct a mentally healthier self in the future. In a study by Bradstreet and Parent,<sup>32</sup> future orientation was able to mediate the relationship between conformity to masculine norms and engaging in healthful behaviours. Therefore, individuals with long-term orientation might also overcome the stigma commonly associated with mental health help-seeking (e.g., amongst the German participants<sup>33</sup>), whereby the individuals might sacrifice current feelings of discomfort regarding

help-seeking to overcome their mental health concerns.

It is also interesting to note that collectivism was not a significant predictor of mental health help-seeking, as indicated by previous studies<sup>18,19</sup>. This may indicate that collectivism may depend on the prevailing social norm. Perhaps amongst university students, the prevailing social norm of being accepting towards mental health help-seeking made collectivism a value of less importance when determining attitudes towards help-seeking (i.e., the study participants may or may not collectively endorse mental health help-seeking). Furthermore, concerns regarding power distance and uncertainty avoidance were unrelated to attitudes towards mental health help-seeking. This bodes well for a country that scored very high on power distance<sup>34</sup>, as the perceived imbalance of power between the helper and the help-seeker might be a deterrent towards help-seeking<sup>35</sup>. Incidentally, the power distance index amongst the study participants was much lower than the national average, with a mean score of 9.98 (out of a possible total score of 25.00).

As expected, psychological well-being was positively associated with a positive attitude towards mental health help-seeking. This was also found in another study<sup>36</sup>. Individuals who have a positive attitude to seek help may actually get assistance for their mental health condition, therefore leading to a better psychological well-being.

From a theoretical perspective, the study findings contributed to current literature in understanding the relationship between attitude towards mental health help-seeking and cultural value amongst Malaysian university students. From a practical perspective, mental health service providers should take into account cultural factors when tailoring public health interventions in encouraging mental health help-seeking amongst university students. This includes addressing the notion of masculinity and long-term orientation. For example, the notion of heroism could be reframed to be related with an individual's courage in coming out to seek help, rather than trying to solve their mental health concerns in a self-reliant manner<sup>37</sup>. Mental health professionals should also be cautious in applying the concept of masculinity to males only, but they should also consider females who may be masculine-oriented. Long-term orientation could be utilised by public health campaigners to emphasise the long-term benefits of seeking help for mental health, which includes not only lesser psychopathology, but also towards leading a happier life in the future.

#### Limitations

This study had several limitations. Firstly, most participants were Chinese due to the non-probabilistic and non-purposive recruitment

method (convenient sampling). Therefore, the results may not be generalisable to represent university students in Malaysia. Some findings, such as the Chinese and Hindus showed significantly more negative attitudes towards help-seeking, were deemed to be unconvincing due to the imbalance in the number of participants from each race. Even though individual's well-being and experience with mental health illness were controlled, other factors that might influence university students' attitudes to seek help for their mental health could be pertinent to explore, such as stigma towards mental health illness, which could be a consideration for future studies. The study findings should be considered preliminary because they were not based on longitudinal or experimental evidence. Additionally, further studies should be conducted to examine whether more negative attitudes towards mental health help-seeking will also be found amongst the Chinese, Malays, and Hindus in other contexts. Moreover, reasons behind racial and religious differences could be better elucidated in future studies.

## CONCLUSION

Malaysia is a multi-cultural Southeast Asian country. This study found that cultural values of lower masculinity and higher long-term orientation predicted positive attitudes towards mental health help-seeking, after adjusting for psychological well-being, experience of having a mental health disorder, and sociodemographic correlates. The study findings should be channelled to influencing a culturally-informed public health approach, and encouraging help-seeking for mental health concerns amongst university students.

## Conflict of interest

The authors declare no potential conflict of interest.

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