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## Research Article

### A Comparative Study of Self-Stigma of Seeking Help among Filipino College Students

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## ABSTRACT

This study examined gender differences in self-stigma of seeking psychological help among Filipino college students, which was defined as negative beliefs and attitudes that individuals have that are significant barriers to seeking psychological help for mental health concerns. This study employed a causal-comparative design. About 210 students were recruited, with an equal 105 males and 105 females. Utilizing the Self-Stigma of Seeking Help Scale (SSOSH) to assess students' attitudes or behaviors related to seeking psychological or academic help often reflects their fear of stigma or embarrassment. An independent samples t-test indicated that males reported significantly higher self-stigma ( $M = 2.79$ ,  $SD = 0.67$ ) than females ( $M = 2.33$ ,  $SD = 0.61$ ),  $t(208) = -5.24$ ,  $p < .001$ ,  $d = 0.72$  (large effect). Findings suggest the need for gender-sensitive interventions to reduce stigma and promote help-seeking behavior among male students. The observation of higher self-stigma in males indicates the influence of gender norms surrounding the stigma in seeking mental health support. To address this, culturally informed programs and mental health education may help encourage help-seeking behavior and reduce the stigma.

**Keywords:** *Self-stigma, Mental Health, Filipino College Students, Sex Assigned at Birth, Causal-Comparative Study*

## Background

Mental health concerns among Filipino college students result from various factors such as academic pressures, financial struggles, and social and family expectations (Benedicto et al., 2023). Counseling is an essential university service that supports student learning and

eases emotional burdens. A study by Nizam and Nen (2022) showed that a negative attitude toward obtaining counseling services is linked to high self-stigma. Students are often reluctant to seek help due to self-stigma, concerns about confidentiality, and prior negative experiences.

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Mahalik and Di Bianca (2021) investigated why men are less likely to seek help for depression and how help-seeking is perceived as a threat to masculinity. Traditional masculine norms, emphasizing self-reliance and emotional control, contribute to higher self-stigma and lower willingness to seek help. Men experiencing depression often respond by reinforcing self-reliance instead of seeking professional support.

Pfeiffer et al. (2022) examined both self-stigma and public stigma and found that individuals, regardless of gender, showed higher self-stigma than public stigma. However, males exhibited higher public stigma compared to females, often minimizing symptoms and showing less compassion toward others with mental health issues. Although both genders experience similar levels of self-stigma, the findings suggest a need for gender-sensitive interventions that address both internalized and externalized stigma, especially among male youth.

In the Philippines, access to mental health services remains limited due to financial constraints and persistent stigma. According to Bollettino et al. (2023), 40% of Filipinos struggle to afford professional help. Additionally, 35.9% feel self-conscious about seeking treatment, and 31% fear being labeled "crazy." These stigmas worsen mental health outcomes. Cultural expectations that emphasize strength and resilience prevent individuals from acknowledging mental health issues, leading to perceptions that help-seeking is a sign of weakness. Bollettino et al. (2023) recommended improving accessibility and reducing stigma through government programs, community-based services, and public awareness campaigns.

Tolosa and Mabulay (2023) explained that stigma in the Philippines is deeply rooted in cultural beliefs, including the association of mental illness with spirituality and weakness. Despite the passage of the Mental Health Act, limited resources and personnel continue to hinder mental health care. Self-stigma affects individuals' self-worth and deters help-seeking. The study emphasizes the need for mental health education and awareness programs to reshape societal views and provide safe spaces for open expression.

Staiger et al. (2020) supported the view that men are less inclined than women to seek help, linking this reluctance to traditional masculine values such as emotional control, self-sufficiency, and strength. Depression is often viewed as incompatible with masculinity, reinforcing the stigma. Men may avoid treatment to escape labels like "mentally ill" or "unmanly," and the pressure to fulfill societal and family obligations exacerbates this avoidance.

Psychological help-seeking refers to any behavior by an individual seeking psychological or emotional support from health or social services. People may turn to formal sources (e.g., counselors, psychologists) or informal ones (e.g., family, friends). Evidence shows that young people are more likely to seek help from informal than formal sources (Cox et al., 2024). Alsubaie et al. (2019) found that university students lacking social support are more vulnerable to mental health problems. While family support is important, adolescents increasingly rely on peers during this stage of development. Interventions are essential to help individuals with mental health issues, particularly in reducing self-stigma. Drapalski et al. (2020) evaluated group interventions aimed at decreasing internalized stigma among individuals with severe mental illness. One such intervention, "Ending Self-Stigma," includes nine weekly sessions of 75–90 minutes and uses cognitive-behavioral strategies to reinforce positive self-perceptions and promote connection with family, friends, and the community.

While studies have examined stigma globally, limited research focuses on Filipino college students, particularly differences by sex assigned at birth. This research study aimed to examine gender differences in the levels of self-stigma of seeking help among male and female college students. Specifically, it attempted to answer the following questions: What is the demographic profile of the respondents in terms of sex assigned at birth? What is the level of self-stigma of seeking help among college students when grouped according to their sex assigned at birth? Is there a significant difference between male and female college students in terms of self-stigma of seeking help? The hypothesis suggests that there is no significant difference between male and female college

students in the levels of self-stigma of seeking help.

## Methods

This section constitutes the systematic procedures that the researchers employed. Ensuring accurate and reliable data collection. It highlights the research design, locale, sampling of participants, data analysis, and ethical considerations.

### Research Design

A quantitative research method was employed to analyze direct gender-based comparison between groups of male and female Filipino college students' self-stigma of seeking help. Causal-comparative research design is an *ex post facto* approach that does not involve manipulation of variables but rather investigates pre-existing differences between male and female participants (Taherdoost 2022). Since the participants naturally belong to their respective sex assigned at birth, the study does not assign them to conditions but rather analyzes existing differences.

### Research Locale

This study was conducted across higher education institutions in Pampanga, Philippines. The researchers selected the previously mentioned places as their main research site because Pampanga had diverse institutions, providing a representative sample of Filipino college students. Two hundred and ten (210) participants were recruited to participate in the study.

### Participants and Sampling

The respondents to the research consisted of 210 Filipino college students (105 males and 105 females) from higher education institutions in Pampanga, Philippines. The researchers determined the required sample size using G\*Power 3.1.9.7. The specified parameters were 95% statistical power, 0.5 effect size, and 0.05 level of significance. In this scenario, there was a 95% likelihood that the actual value was within 5% of the measured value. Quota sampling was employed for demographic profiles defined by sex to ensure proportional repre-

sentation of male and female students. Moreover, quota sampling was selected over random sampling due to the research context of comparing responses from two subgroups, ensuring balanced sex representation. Quota sampling allowed the researchers to gather targeted data that enabled more accurate insights.

### Research Instrument

In this study, the researchers used two open-access instruments in order to gather all the data that are needed to complete the study. The Self-Stigma of Seeking Help, also known as SSOSH, which was developed by Vogel et al. (2006), assesses the degree to which participants thought that getting mental health treatment would lower their self-esteem. This has a 5-point Likert scale that ranges from strongly disagree (1) to strongly agree (5). It includes 10 items, wherein items 2, 4, 5, 7, and 9 are reverse scored to control for response bias. SSOSH assesses that the participants' agreement has exhibited high reliability ( $\alpha > 0.86$ ). The researchers reached out and obtained permission from the original authors to use and adapt the instrument. The scale was adapted into a Google Form format for ease of administration.

### Data Gathering Procedure

The data collection process followed three phases:

**Phase 1.** Preparation of the research instrument. The Self-Stigma of Seeking Help Scale (SSOSH) is used to measure the perception that seeking help from a mental health professional threatens one's self-regard, satisfaction with oneself, self-confidence, and total value as an individual. The SSOSH was formatted into a Google Form for online administration.

**Phase 2.** Recruitment of participants. Participants were recruited through online platforms and provided with a survey link via private messaging, ensuring voluntary participation and informed consent.

**Phase 3.** Data Collection. After sending the Google Form link, the study was administered survey questionnaires to 105 male college students and 105 female college students within Higher Education Institutions (HEIs) in Pampanga, Philippines.

### Ethical Considerations

This research adhered to the guidelines specified in the 2021 Psychological Association of the Philippines (PAP) Code of Ethics, which placed a strong emphasis on respecting the autonomy of study participants. In accordance with Republic Act No. 10173, Section 11, also referred to as the Data Privacy Act of 2012, the study protected the privacy of its participants. In order to prevent any personal information from being connected to the data, all responses were anonymised and encrypted. The data was safely kept, and only the researchers had access to it.

### Data Analysis

The researchers utilized JAMOVI 2.4.14 to analyze and code the data for accurate and reliable results. The analysis employed a systematic approach, beginning with descriptive statistics to outline the fundamental characteristics of the data. The analysis employed descriptive statistics, including total sample size,

frequencies and percentages of sex assigned at birth, and levels of self-stigma associated with seeking help to outline the fundamental characteristics of the data. Inferential statistics included an independent sample t-test to compare SSOSH scores between male and female Filipino college students. The t-test's assumptions of homogeneity of variances and normality were examined before proceeding with the parametric t-test, all of which reported no violation of these assumptions. Normality was assessed using the Kolmogorov-Smirnov test ( $p = 0.35$ ) and distribution plot inspection. Homogeneity of variances was evaluated using Levene's test ( $p = 0.97$ ).

### Results and Discussion

The outcomes of the study and examination of data are presented in this section. In the same order as described in the introduction of the study, the specific areas that are listed in the statement of the problem are supplied.

*Table 1. Sex Assigned at Birth Differences in Self-Stigma of Seeking Help*

| Variable                    | Female <sup>a</sup> |           | Male <sup>a</sup> |           | <i>t</i> (208) | <i>p</i> | Cohen's <i>d</i> |
|-----------------------------|---------------------|-----------|-------------------|-----------|----------------|----------|------------------|
|                             | <i>M</i>            | <i>SD</i> | <i>M</i>          | <i>SD</i> |                |          |                  |
| Self-Stigma of Seeking Help | 2.33                | 0.61      | 2.79              | 0.67      | -5.24          | <.001    | -0.72            |

*Note.* N = 210

The first research question is the demographic profile of the respondents based on their sex assigned at birth. There are 105 male respondents (50%) and 105 female respondents (50%), resulting in an equal distribution between the two groups. The total sample size is 210 participants, comprising exactly half male and half female. This balanced representation ensures that gender-based comparisons in the study are methodologically sound and free from sampling bias.

The second research question is the level of self-stigma of seeking help among Filipino college students based on their sex assigned at birth. The highest-rated statements were: "I would feel okay about myself if I chose to seek professional help" ( $M = 4.13$ ,  $SD = 0.94$ ), "My view of myself would not change just because I

chose to see a therapist" ( $M = 3.77$ ,  $SD = 1.13$ ), and "My self-confidence would not be threatened if I sought professional help" ( $M = 3.72$ ,  $SD = 1.17$ ), each interpreted as Agree. These items also had relatively lower standard deviations, indicating more consistent agreement among respondents. In contrast, the lowest-rated items "Seeking psychological help would make me feel less intelligent" ( $M = 2.50$ ,  $SD = 1.36$ ), "If I went to a therapist, I would be less satisfied with myself" ( $M = 2.59$ ,  $SD = 1.27$ ), and "It would make me feel inferior to ask a therapist for help" ( $M = 2.72$ ,  $SD = 1.35$ ) had greater standard deviations, suggesting more variability in student opinions. The overall mean score was 2.56 ( $SD = 0.68$ ), interpreted as Disagree, reflecting a generally low level of self-stigma in the sample population.

The narrow overall standard deviation ( $SD = 0.68$ ) implies a fairly homogeneous perspective across the respondents, reinforcing that most students lean toward rejecting negative self-perceptions associated with seeking psychological help. This trend suggests growing mental health openness in college settings, particularly among students exposed to awareness campaigns and institutional support systems (Benedicto et al., 2023). High agreement on positive self-perception items, especially those reverse-coded, shows increasing resilience against internalized stigma, in line with Drapalski et al. (2021), who emphasized the role of cognitive-behavioral support in dismantling self-stigma. However, the high standard deviations observed in negatively framed items indicate that traditional stigmatizing beliefs persist in subsets of the population, likely due to deeply ingrained cultural norms and social pressures (Tolosa & Mabulay, 2023; Agbayani et al., 2018). This ambivalence also reflects the conflicting values students may experience between collectivist ideals of strength and modern psychological literacy (Aruta et al., 2021; Qiu et al., 2024).

These findings collectively affirm that although Filipino college students are beginning to adopt healthier attitudes toward mental health help-seeking, some remnants of cultural stigma and toxic masculinity still hinder full acceptance. This is consistent with Martinez et al. (2020), who noted that while awareness has improved, stigma rooted in fear of being labeled as "weak" remains a strong deterrent, especially among male students. Hence, targeted interventions, such as group-based cognitive therapies and stigma reduction workshops, are vital to address these inconsistencies and support more uniform positive help-seeking behaviors across diverse student populations (Parent, 2019; Pfeiffer et al., 2022).

These findings imply that mental health campaigns in higher education must go beyond general awareness and address nuanced gender- and culture-specific beliefs that sustain stigma. Furthermore, psychological support systems should prioritize consistent outreach and follow-up to reach students who may still hesitate due to deep-seated fears of inadequacy or social judgment.

Table 1 presents the results of the independent samples t-test examining whether there is a significant difference between male and female Filipino college students in terms of self-stigma of seeking help.

The results show that male students had a higher mean self-stigma score ( $M = 2.79$ ,  $SD = 0.67$ ) than female students ( $M = 2.33$ ,  $SD = 0.61$ ), with a mean difference of  $-0.464$ . The difference was statistically significant,  $t(208) = -5.24$ ,  $p < .001$ , with a large effect size ( $d = -0.724$ ), indicating a substantial gender-based disparity in self-stigma levels.

This result indicates that male college students are more likely to internalize negative beliefs about seeking psychological help than their female counterparts. This finding supports Mahalik and Di Bianca (2021) assertion that traditional masculine norms, such as emotional control and self-reliance, contribute to higher self-stigma and reduced willingness to seek help among men. Furthermore, the greater standard deviation in males suggests more variability in their views, likely influenced by differing levels of exposure to mental health literacy and social expectations (Agbayani et al., 2018; Lee et al., 2020). In contrast, the lower self-stigma among females may be attributed to cultural norms that encourage emotional openness and greater social support, aligning with findings by Villamor and Dy (2022) and Martinez et al. (2020). Additionally, this gender disparity features the cultural double standard in Filipino society that often equates male vulnerability with weakness and discourages open emotional expression (Parent, 2019; Staiger et al., 2020).

Stigma reduction programs should be gender-sensitive, addressing the specific social constructs that reinforce help-seeking hesitancy among the male population. Educational institutions and mental health advocates must develop targeted interventions that dismantle toxic masculinity and redefine emotional vulnerability as a form of strength. However, it is also important to note that the study is limited to using quota sampling, self-report measures, and confinement to Pampanga institutions; hence restricting the generalizability of the results.

## Conclusion and Recommendations

The study found a significant difference in self-stigma of seeking psychological help among Filipino college students based on their sex assigned at birth. Despite a relatively low level of self-stigma, male students displayed significantly higher self-stigmatizing beliefs compared to female students. This disparity, supported by a large effect size, is attributed to cultural and social norms, particularly those tied to traditional masculine ideals, which discourage emotional vulnerability and reinforce self-reliance. Female students appeared more open to help-seeking, likely influenced by social expectations that encourage emotional expression and support-seeking behavior. Male college students in the Philippines are more reluctant to seek psychological help. To address this, the study recommends integrating mental health education into higher education institutions to promote emotional literacy and reduce stigma. Students with high self-stigma and traditional beliefs are often reluctant to seek help, leading to negative academic and psychological outcomes. Informal drop-in sessions, providing a social space and health information, were most effective in engaging male students. By examining barriers to help-seeking, this research contributes to the United Nations' Sustainable Goal (SDG) 3: Good Health and Well-being, which aims to foster college students' mental health. The results emphasized reducing stigma against oneself as a key strategy toward better mental well-being and the encouragement of early interventions. The promotion of culturally competent mental health education facilitates healthy lives for all across all sexes. Moreover, the findings underscore how gender norms negatively impact men's psychological help-seeking, affirming the need for gender-sensitive interventions. Addressing these inequalities aligns with SDG 5 by promoting gender equality in accessing psychological help and challenging harmful gender norms. Future research should explore the personal experiences of Filipino college students and analyze the underlying causes of self-stigma. Including a more diverse demographic would provide more insights for creating effective interventions and expanding mental health support.

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