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Mental health literacy as a moderator relationship between self-diagnosis and help-seeking behavior in adolescent Posyandu

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ABSTRACT

In the context of rapid societal changes and the digital era, adolescents are increasingly vulnerable to mental health issues, which are often reflected in help-seeking behavior. A significant 34.9% of adolescents exhibit symptoms of mental disorders, yet only 2.6% seek professional help. The establishment of adolescent health posts (Posyandu) serves as a platform for monitoring adolescent health. However, challenges remain due to the low response rates in help-seeking behaviors and limited interest in Posyandu activities. This study aims to examine the relationship between self-diagnosis and help-seeking behavior, moderated by mental health literacy, among adolescents in Posyandu in the city of "Y." The research adopted a quantitative approach, targeting all members of adolescent Posyandu in the city. A purposive sampling method was employed, selecting adolescents aged 10-23 years who were active in the Posyandu, resulting in 114 respondents. Data were collected using scales for help-seeking behavior (α = 0.801), self-diagnosis (α = 0.795), and mental health literacy (α = 0.528). Data analysis was conducted using Chi-Square correlation and PROCESS Macro Hayes version 4.2. The correlation analysis revealed a significant positive relationship between self-diagnosis and help-seeking behavior. Meanwhile, the PROCESS analysis indicated that the interaction between self-diagnosis and mental health literacy negatively affected help-seeking behavior. It can be concluded that while mental health literacy moderates the relationship between self-diagnosis and help-seeking behavior, it does not strengthen this association among Posyandu adolescents in the city of "Y."

Keywords: adolescents, help-seeking behavior, mental health literacy, self-diagnosis

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INTRODUCTION

Adolescent health posts (Posyandu) serve as a valuable platform for monitoring and empowering adolescent health. The success of adolescent Posyandu programs is closely tied to the roles played by the volunteers and participants involved, who bear responsibility for

their own health and that of those around them [1]. However, the adolescent Posyandu program in City "Y" has not focused on psychological assessments and has remained limited to physical health checks. With inadequate psychological services, help-seeking behavior presents a significant challenge for adolescent Posyandu members. Adolescents are a vulnerable group concerning mental health due to the numerous changes they experience, including hormonal shifts, body development, social environment, and changes in brain function and thinking patterns [2]. According to the INAMHS survey, one in three adolescents (34.9%) exhibit symptoms of mental disorders, yet only 2.6% are willing to seek mental health services or counseling [3], [4]. This highlights the issue of help-seeking behavior, which remains insufficiently addressed, particularly among adolescents. Furthermore, the adolescent Posyandu setting has not been explored in research related to help-seeking behavior.

It is known that only a small percentage of adolescents in City "Y" regularly participate in Posyandu activities. It is estimated that only 20-50% of adolescents attend frequently, which has not met the expected attendance targets. Moreover, only 15% of adolescents in one of the Posyandu in City "Y" demonstrate high levels of help-seeking behavior. There are five adolescent Posyandu in the city, three of which show low levels of help-seeking behavior among their members, while the remaining two have moderate levels. Based on preliminary findings, it is evident that many adolescents are reluctant to attend Posyandu activities, and only a few exhibit high levels of help-seeking behavior. Peer knowledge and support are crucial factors influencing adolescents' willingness to attend Posyandu [5]. The low interest in attending Posyandu may indicate a low level of help-seeking behavior. Several factors contribute to the low help-seeking behavior among adolescent Posyandu members, including limited knowledge about mental health and available support services, family beliefs, attitudes, perceptions or trust in professional services, symptom severity, and accessibility [6], [7], [8], [9], [10], [11]. It is important to recognize that adolescents involved in Posyandu come from diverse backgrounds, including variations in education, socioeconomic status, and other factors.

Help-seeking behavior refers to any action taken by an individual to seek assistance for their mental health issues, whether affective, psychological, healthcare, or social, with the intention of positively addressing the need for support [12], [13]. A low level of help-seeking behavior can lead to several problems, including worsening mental health

conditions, engagement in negative behaviors (such as substance abuse and risky social interactions), and poor quality of life [14], [15]. These issues can be mitigated by addressing factors that inhibit help-seeking behavior, such as social stigma, fear, lack of knowledge or awareness, as well as the high costs and limited access to professional services [16]. In order for help-seeking behavior to occur, individuals must go through several stages, including experiencing and labeling symptoms as problems, associating them with mental health issues, deciding to seek help, and choosing a source of assistance [17], [18]. The process of labeling symptoms as a problem is where self-diagnosis plays a key role. As Wright suggests, self-diagnosis is a crucial factor influencing help-seeking behavior [19].

Self-diagnosis is the process in which an individual concludes they have a particular illness based on the information available to them [20], [21]. Sources of this information may include family, friends, the internet, or previous experiences [22]. Another definition states that self-diagnosis occurs when an individual observes pathological symptoms in themselves and uses this information to identify a disease or disorder without consulting a healthcare professional [23]. Self-diagnosis often arises from curiosity about the symptoms experienced, which are then matched with available references [20]. Studies have reported that one positive outcome of self-diagnosis is the empathy it generates, motivating individuals to seek help upon recognizing the symptoms of a condition [23]. Once an individual identifies a condition through self-diagnosis, they are more likely to seek professional assistance. This is supported by research indicating that as self-reported diagnoses increase, the utilization of mental health services also rises [24].

Mental health literacy plays a crucial role in the process that leads individuals to engage in help-seeking behavior. It has been stated that mental health literacy is essential in recognizing mental health issues and seeking help for those concerns [25], [26]. Mental health literacy is defined as an individual's knowledge and beliefs about mental health issues, enabling them to identify, manage, and prevent these problems, ultimately benefiting their own and others' mental well-being [27]. Mental health literacy is predicted to influence the relationship between self-diagnosis and help-seeking behavior. Self-diagnosis helps motivate individuals to seek help. Furthermore, mental health literacy can enhance the accuracy of symptom labeling based on self-diagnosis and guide individuals in finding effective sources of assistance, thereby increasing their likelihood of engaging in help-

seeking behavior when they believe that the professional support available can be beneficial [27]. This is supported by Jorm's perspective on mental health literacy, which enables individuals to recognize specific disorders, be confident in the availability of professional help, and understand how to approach and seek the appropriate assistance [28]. This is further reinforced by findings indicating that mental health literacy moderates the relationship between self-identification of depressive symptoms and the intention to seek psychological help [29]. Figure 1. Conceptual Framework of the relationship between self-diagnosis and help-seeking behavior, with mental health literacy as a moderating variable. Figure 1 conceptual framework of the relationship between self-diagnosis and help-seeking behavior, with mental health literacy as a moderating variable.

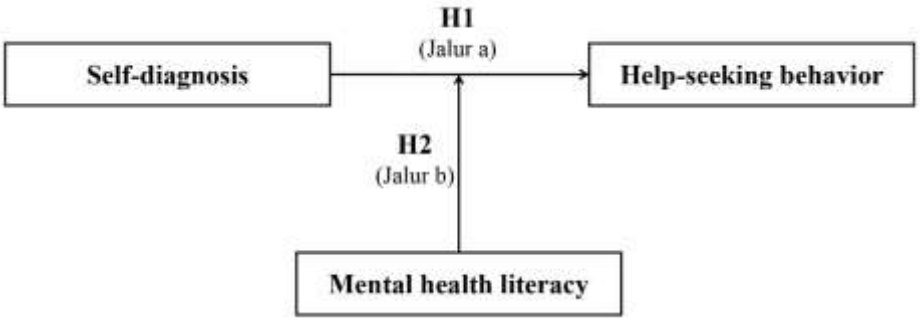

Figure 1. Conceptual framework of the relationship between self-diagnosis and help-seeking behavior, with mental health literacy as a moderating variable.

Based on the aforementioned explanation, two hypotheses are proposed: first, there is a positive relationship between self-diagnosis and help-seeking behavior. Second, mental health literacy acts as a moderator in the relationship between self-diagnosis and help-seeking behavior, such that the relationship between self-diagnosis and help-seeking behavior becomes stronger when mental health literacy is high.

METHOD

This study employs a quantitative research design with a correlational approach, utilizing statistical analysis to measure the relationship between two or more variables. The independent variables in this study are self-diagnosis, while the dependent variable is help-seeking behavior. The moderating variable is mental health literacy.

The population for this study consists of volunteers and participants from adolescent Posyandu in City "Y." The sample size was determined using a non-probability sampling technique, specifically purposive sampling, where the researcher’s judgment was used as the

basis for sample selection [30]. The inclusion criteria for respondents were adolescents aged 10-23 years who were members of adolescent Posyandu in five designated districts, based on the age categorization of adolescents [31]. The selection of Posyandu districts was based on the availability of community health centers overseeing these adolescent health posts in City "Y."

Data collection was conducted over four months using a questionnaire with adapted scales. The questionnaires were distributed in paper form and were accompanied by assistance during the completion process. To test validity and reliability, a pilot test was conducted with 118 adolescent respondents. The scale's validity was measured using Pearson's Correlation Product Moment, and reliability was assessed using Cronbach's Alpha. The help-seeking behavior scale ($\alpha = 0.801$) consisted of 27 items, with 12 items removed using the Guttman scale model, adapted from Kuswardana (2019) [13]. The self-diagnosis scale ($\alpha = 0.795$) contained 17 items, with 4 items removed using a Likert scale model, adapted from Agustina (2020) [32]. The mental health literacy scale ($\alpha = 0.528$) included 19 items, with 9 items removed using the Guttman scale model, adapted from Masitah (2019) [33]. A Cronbach's Alpha value between 0.50 and 0.70 is considered moderately reliable [34], [35].

Data analysis was performed using non-parametric statistics due to the categorical nature of the data. To test the hypotheses, Chi-Square correlation tests and logistic regression moderation analysis with the PROCESS Macro Hayes Model 1 version 4.2 were used, with Statistical Product and Service Solutions (SPSS) version 25 for data analysis. The choice of data analysis methods was based on the advantages of applying techniques that can be used with nominal data without requiring assumptions about population distribution.

RESULTS AND DISCUSSION

To determine the level of each variable among the respondents, a categorization process was performed based on the scores of each variable. The scores for each variable were grouped into three categories: low, moderate, and high, with the lowest and highest scores serving as the boundaries.

First, the categorization of help-seeking behavior scores was performed based on frequency and percentage in three different categories. The first category, "Low," with scores

≤ 5, included 45 respondents (39% of the total sample). The second category, "Moderate," with scores between 5 < x ≤ 10, included 34 respondents (30% of the total sample). The third category, "High," with scores > 10, included 35 respondents (31% of the total sample). The total number of respondents was 114, representing 100% of the sample. Based on these results, it can be concluded that the majority of adolescents in adolescent Posyandu in City "Y" exhibited low levels of help-seeking behavior.

Second, the categorization of self-diagnosis scores was also performed using frequency and percentage across three categories. The first category, "Low," with scores ≤ 26, involved 6 respondents (5% of the total sample). The second category, "Moderate," with scores between 26 < x ≤ 39, involved 70 respondents (62% of the total sample). The third category, "High," with scores > 39, included 38 respondents (33% of the total sample). The total number of respondents in this table was 114, representing 100% of the sample. The results indicate that the majority of adolescents in the adolescent Posyandu in City "Y" had moderate self-diagnosis scores.

Third, the categorization of mental health literacy scores was conducted based on frequency and percentage across three different categories. The first category, "Low," with scores ≤ 3, included 29 respondents (25% of the total sample). The second category, "Moderate," with scores between 3 < x ≤ 7, included 65 respondents (57% of the total sample). The third category, "High," with scores > 7, included 20 respondents (18% of the total sample). The total number of respondents in this table was 114, representing 100% of the sample. Based on these results, it can be concluded that the majority of adolescents in adolescent Posyandu in City "Y" had moderate mental health literacy levels.

Next, to test the correlation between self-diagnosis and help-seeking behavior, a chi-square test was performed, as shown below. The cross-tabulation results for Self-Diagnosis and Help-Seeking Behavior are presented in Table 1.

Table 1. Cross-Tabulation Results of Self-Diagnosis and Help-Seeking Behavior

Self-Diagnosis	Help-Seeking Behavior (No)	Help-Seeking Behavior (Yes)	Total
Low	33	22	55
High	23	36	59
Total	56	58	114

Based on the cross-tabulation results presented in Table 1, it can be concluded that there is a relationship between self-diagnosis and help-seeking behavior. Respondents with

low self-diagnosis were more likely to not seek help, as evidenced by 33 respondents who did not engage in help-seeking behavior, compared to only 22 who did. In contrast, among respondents with high self-diagnosis, a majority demonstrated help-seeking behavior, with 36 respondents seeking help and 23 not. These results indicate that individuals with higher self-diagnosis are more likely to seek help than those with lower self-diagnosis. Therefore, a positive correlation exists between self-diagnosis and help-seeking behavior, suggesting that individuals who are better able to diagnose their own issues are more likely to seek assistance. This means that as self-diagnosis increases, the likelihood of engaging in help-seeking behavior also increases, and vice versa. To further validate the strength of this relationship, a chi-square test was performed to assess its statistical significance. The results of the chi-square test are shown in Table 2.

Table 2. Results of the Chi-Square Test

Test	Value	df	Asymptotic Significance (2-sided)	Exact Significance (2-sided)
Pearson Chi-Square	5.031	1	0.025	0.039
Continuity Correction	4.225	1	0.040	
Likelihood Ratio	5.068	1	0.024	0.039
Fisher's Exact Test				0.039
Linear-by-Linear Association	4.987	1	0.026	0.039
Valid Cases	114			

Note: No cells (0.0%) have an expected count less than 5. The minimum expected count is 27.02.

Table 2 presents the results of the chi-square test, which was employed to examine the relationship between self-diagnosis and help-seeking behavior. The Pearson Chi-Square test yielded a chi-square value of 5.031 with 1 degree of freedom (df) and an asymptotic significance (2-sided) of 0.025, along with an exact significance (2-sided) of 0.039. These values indicate a statistically significant relationship between the two variables at the 0.05 significance level. The continuity correction test produced a chi-square value of 4.225 with a significance of 0.040, also suggesting a significant relationship. The likelihood ratio test showed a chi-square value of 5.068 with a significance of 0.024, while the Fisher's Exact Test and Linear-by-Linear Association tests both reported significance values of 0.039 and 0.026, respectively, further supporting the significant findings. Overall, the results from

these chi-square tests provide evidence of a significant relationship between self-diagnosis and help-seeking behavior, with all significance values being below the 0.05 threshold. The table also confirms that no cells have an expected count less than 5, with the minimum expected count being 27.02. Based on these findings, it can be concluded that there is a positive and significant relationship between self-diagnosis and help-seeking behavior. Therefore, the first hypothesis, which posits a relationship between self-diagnosis and help-seeking behavior, is supported. The next section presents Table 3: Coefficient of Determination.

Table 3: Coefficient of Determination

-2LL	Model LL	df	p	Nagelkerke R^2
146.1140	11.8884	3.00	0.0078	0.1321

Table 3 presents the results of the coefficient of determination analysis, which examines the moderating effect of mental health literacy on the relationship between self-diagnosis and help-seeking behavior using the PROCESS Macro Hayes model. The obtained value for -2 Log Likelihood (-2LL) is 146.1140, which represents the decrease in log likelihood within the model. The Model Log Likelihood (Model LL) value is 11.8884, reflecting the model's goodness of fit. The degrees of freedom (df) for this model is 3.00, with a p-value of 0.0078, indicating a statistically significant relationship between the variables at the 0.05 significance level. The Nagelkerke R^2 value of 0.1321 suggests that the model accounts for approximately 13.21% of the variability in the data. Overall, these results indicate that mental health literacy plays a significant moderating role in the relationship between self-diagnosis and help-seeking behavior. The next section presents the Moderation Test Results Using PROCESS Macro Hayes, shown in Table 4.

Table 4. Results of Moderation Test Using PROCESS Macro Hayes

Variable	Coefficient (Coeff)	SE (Standard Error)	Z	p-value	LLCI	ULCI
Constant	0.2592	0.3304	0.7846	0.4327	-0.3883	0.9068
Self-Diagnosis	0.1885	0.0699	2.6960	0.0070	0.0515	0.3255
Mental Health Literacy	-0.3527	0.4115	-0.8570	0.3914	-1.1592	0.4539
Interaction Moderation (Int_1)	-0.1640	0.0816	-2.0087	0.0446	-0.3240	-0.0040

Table 4 presents the results of the moderation test using the PROCESS Macro Hayes model. In the first section, the coefficient for the constant is 0.2592, with a p-value of 0.4327, indicating that the constant is not statistically significant, as the p-value exceeds 0.05. The confidence interval for this coefficient ranges from -0.3883 to 0.9068, including zero, further confirming the insignificance of this result in the model.

For the Self-Diagnosis variable, the coefficient obtained is 0.1885, with a p-value of 0.0070, suggesting that self-diagnosis has a significant effect on the dependent variable. The confidence interval for this coefficient ranges from 0.0515 to 0.3255, excluding zero, which indicates a strong positive influence in this relationship.

For the Mental Health Literacy variable, the coefficient is -0.3527, with a p-value of 0.3914. Since the p-value is greater than 0.05, mental health literacy does not have a significant effect on the dependent variable in this model. The confidence interval for this coefficient, ranging from -1.1592 to 0.4539, also includes zero, confirming the insignificance of this variable.

Finally, for the Interaction Moderation (Int_1), the coefficient is -0.1640, with a p-value of 0.0446, indicating that the interaction effect is statistically significant. The confidence interval for this coefficient, ranging from -0.3240 to -0.0040, excludes zero, reinforcing the presence of a significant moderating effect in the relationship between the independent and dependent variables.

Overall, the results in this table indicate that Self-Diagnosis and Int_1 have a significant impact on the dependent variable, while Mental Health Literacy and the Constant do not exhibit significant effects in the model. These findings suggest that self-diagnosis and the interaction moderation play crucial roles in the studied relationship, whereas mental health literacy does not contribute significantly in this model. Next, the Conditional Effects values are presented in Table 5.

Table 5: Conditional Effects Values

Mental Health Literacy	Effect
Low	0.1885
High	0.0245

As shown in Table 5, which presents the conditional effect values, the impact of mental health literacy on the relationship between self-diagnosis and help-seeking behavior varies between the "low" and "high" literacy categories. For individuals with low mental health literacy, the effect value is 0.1885, indicating a stronger influence. In contrast, for individuals with high mental health literacy, the effect is much lower, at 0.0245.

This suggests that for each unit increase in self-diagnosis, the impact is more pronounced in individuals with lower mental health literacy than in those with higher mental health literacy. In other words, individuals with lower mental health literacy are more likely to engage in help-seeking behavior following self-diagnosis compared to those with better mental health literacy.

From these findings, it can be concluded that mental health literacy does not strengthen the relationship between self-diagnosis and help-seeking behavior. On the contrary, higher mental health literacy tends to diminish the effect of self-diagnosis on help-seeking behavior, implying that the role of mental health literacy in this context may be more complex.

The majority of help-seeking behavior among youth community health workers in City "Y" is classified as low, while self-diagnosis and mental health literacy are predominantly at a moderate level. The low level of help-seeking behavior may be attributed to negative stigma, as individuals with high levels of stigma are more likely to perceive informal help as less valuable [36], [37]. Additionally, the moderate level of self-diagnosis aligns with research indicating that early adults typically exhibit moderate self-diagnosis, with decision-making largely driven by their ability to identify symptoms based on personal knowledge and compare these symptoms with their experiences [38]. Individuals who possess a broad understanding of mental health disorders are more likely to self-diagnose and seek help thereafter [39]. Meanwhile, the moderate mental health literacy category suggests that respondents have a sufficient understanding of health information to recognize appropriate actions to take [40].

Following the chi-square correlation test presented in Table 2, the Asymp. Sig. value of 0.040 (which is less than 0.05) indicates a statistically significant positive relationship between self-diagnosis (X) and help-seeking behavior (Y). These findings corroborate previous research, which suggests that labeling oneself with a physical or mental illness

increases the likelihood of seeking assistance from health services deemed appropriate for the condition [41]. Furthermore, the study results are consistent with findings that identify a significant impact of self-diagnosis on help-seeking behavior [42]. According to one source, individuals may seek help based on their self-diagnosed condition, and they must possess role-playing skills to communicate and understand their emotions, thus facilitating self-diagnosis and enhancing their healthcare experience [43]. Other research suggests that one positive outcome of self-diagnosis is that when individuals experience symptoms, they are more likely to seek professional advice, thereby utilizing self-diagnosis as a tool to improve mental health [23].

Furthermore, based on the results from the PROCESS Macro Hayes analysis presented in Table 4, the p-value for the interaction variable (Int_1), which reflects the interaction between self-diagnosis and mental health literacy, is 0.0446 (less than 0.05). This result indicates that mental health literacy significantly influences or acts as a moderator in the relationship between self-diagnosis and help-seeking behavior. The coefficient value of -0.1640 suggests a negative direction of this relationship. Specifically, self-diagnosis tends to decrease help-seeking behavior when mental health literacy is high, implying that mental health literacy weakens the relationship between self-diagnosis and help-seeking behavior. Therefore, the second hypothesis is rejected.

The finding that mental health literacy plays a moderating role is supported by previous studies, which indicate that simply recognizing vulnerability to mental health issues is not enough to predict help-seeking behavior. Individuals must also have health awareness or understand the benefits of seeking help from available sources [44]. Such health awareness and the benefits of these resources can be acquired when individuals possess mental health literacy. Consequently, mental health literacy is crucial in moderating help-seeking behavior.

The negative relationship identified in the moderation test can be explained by the fact that greater mental health literacy leads to a decrease in help-seeking behavior that is predicted by self-diagnosis. It is argued that individuals who engage in self-diagnosis often possess incomplete or inaccurate knowledge regarding their mental health condition [45]. Additionally, individuals who are capable of identifying their mental health issues (distinguishing between what constitutes a mental disorder and what does not) tend to

demonstrate lower help-seeking behavior [46], [47]. The study findings suggest that self-diagnosis can occur, in part, due to low mental health literacy [48]. Hence, when mental health literacy is high, it may actually discourage help-seeking behavior that stems from self-diagnosis. This may be due to the awareness that what has been self-diagnosed might not be accurate, as it has not been professionally examined. Moreover, possessing mental health literacy helps individuals better understand specific types of disorders or distress, prevent the onset of mental health issues, manage their mental health, and make informed decisions when seeking help [28], [49]. Ultimately, mental health literacy contributes to a more comprehensive understanding of the complex dynamics involved in decisions to seek help for mental health issues [50].

CONCLUSION

The findings of this study indicate that the majority of help-seeking behavior levels among members of the youth community health posts (Posyandu) in City "Y" fall within the low category. Self-diagnosis was found to have a positive influence on help-seeking behavior, suggesting that labeling oneself with an illness can increase the likelihood of seeking help. The study also revealed that mental health literacy functions as a moderator, weakening the relationship between self-diagnosis and help-seeking behavior. The results of this research are intended to raise awareness among respondents and the general public about the importance of both physical and mental health. This can be achieved by enhancing mental and physical health literacy through reliable sources of information, such as official Ministry of Health websites or research journals, and by encouraging individuals to seek professional consultation when they feel something is wrong with their health. Additionally, respondents should be encouraged to actively engage in youth health post activities and participate in events organized by local health centers, as this can improve their knowledge and compliance with health maintenance practices. Moreover, it is recommended that health posts and local health centers provide access to early detection services and psychological support facilities to promote overall well-being.

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