Indian Students’ Age and Gender as a Predictor of Attitudes Toward Seeking Counselling Help

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Abstract

The aim of the study was to find how age and gender are related to attitudes toward seeking professional psychological help. Two hundred Jawaharlal Nehru University (JNU) students responded to the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS) questionnaire. The ATSPPHS consists of four subscales: Need (recognition of need), Stigma Tolerance (the degree of tolerance against stigma associated with help-seeking action), Openness (interpersonal openness), and Confidence (confidence in mental health professionals). It was hypothesized that JNU students would have negative attitude towards seeking counselling help. It was also hypothesized that age and gender would have a significant impact on the attitude towards seeking counselling help as measured by ATSPPHS. The study found that Indian university students had a positive attitude towards seeking counselling help. Overall, it was found that gender was the major predictors of attitude towards seeking counselling. In particular, female JNU students had positive attitude towards seeking counselling. Age did not play a significant role in attitude towards seeking counseling help.

Keywords: Counselling, Attitude, Age, Gender, Students
Introduction
Despite the various advances India has achieved, there are still numerous limitations affecting the current state of mental health services provided to the people of India. In India most individuals believe that counselling largely represents Western ideology, Carson and Chowdhury (2000) explain that counselling or therapy is generally an “unknown, misunderstood, or devalued enterprise in India”. They further explain that therapy or psychotherapy in particular are generally viewed in negative terms, and are usually associated by Indians with hospitalized treatment of the mentally or emotionally ill individuals. Furthermore, training of mental health professionals and research pertaining to mental and emotional disorder are greatly lacking despite the existing national policy guidelines (Carson and Chowdhury, 2000). There are a very limited number of centres that are catering for the Indian population, e.g. the Institute of Mental Health and Neurosurgery (NIMHANS) in Bangalore, and the Tata Institute of Social Sciences (TISS) in Mumbai. However, these few institutes are inadequate in number or have limited facilities, thus cannot provide the education, research and services that are required to meet the needs of India’s vast population (Carson and Chowdhury, 2000). Being the country with the second largest population, India requires more facilities and professionals to cater to its people than it already has.

Age and gender differences in counselling seeking attitudes
Numerous past researches have consistently indicated that men have less positive attitudes toward seeking mental health services than women (Vogel and Wester, 2003; Garland and Zigler, 1994; Turkum, 2005; Leong and Zachar, 1999). It was established that two thirds of all clients seeking psychological help are females (Good, Dell and Mintz 1989). Similarly, Komiya, Good, and Sherrod (2000) have found that American female college students were more willing to seek professional help compared to their male counterparts. Relating to this, Mackenzie, Gekoski and Knox (2006) have found that not only gender influenced intentions to seek profession psychological help but also women exhibited more favourable intentions to seek help from mental health professionals than men.

Gender difference in help-seeking attitudes has also been replicated across national boundaries and ethnic groups. Females were significantly more likely than were males to have positive attitudes toward seeking professional psychological help and this was found true for
White Americans (Neighbors and Howard, 1987), and Taiwanese (Yeh, 2002). Researchers Shea and Yeh (2008) found that Asian female students tend to have more positive attitudes toward seeking professional psychological help. According to them this finding may be due to expectations and a more “process surrounding counselling” (e.g., self disclosure) that are more culturally congruent for Asian females; whereas Asian males, on the other hand, are expected to be “emotionally restricted, logical, and counter-depended under the cultural and social influences”. For instance, Yoo, Gosh and Yoon (2005) also found that men showed more negative help-seeking attitudes than women. They had hypothesized that women should show a more positive attitudes toward counselling than men, and the researchers did their study with 162 (64 male, 98 female) undergraduate students in the South Korean cities.

In lieu with this, Leong and Zachar (1999) found gender to be a significant predictor of all Attitude Toward Seeking Professional Psychological Help (ATSPPH; Fischer & Turner, 1970). Females had more positive attitudes toward help-seeking overall, and were thus more willing to recognize the need for psychological help, were more open about their problems, and had more confidence in the mental health practitioner. However, gender was not found to have significant relationship to stigma tolerance. Similarly, another study done by Dadfar and Friedlander (1982; Flum, 1998), found that gender was not uniquely significant in predicting attitudes toward seeking professional help. These finding are very much in contrast to what Fischer and Turner (1970) and what other mentioned researchers have found.

On the other hand, age differences in help-seeking attitudes are less clear. Older adults are often thought to have negative help-seeking attitudes and to be especially sensitive to stigma associated with mental illness (e.g., Mackenzie, Gekoski and Knox, 2006; Berger, Levant , McMillan, Kelleher and Sellers, 2005).

The results from a study conducted by Mackenzie, Gekoski and Knox (2006) to explore age difference in relation to attitude difference towards seeking professional psychological help indicated that older participants showed a more positive attitude than younger participants. This showed a significant difference between age and attitude towards seeking psychological help. Furthermore, the researchers also found that older adults exhibited more favourable intentions to seek help from primary care physicians than younger adults.
In another study conducted by Berger, Levant, McMillan, Kelleher and Sellers (2005) it was hypothesised that older men will have more negative attitudes toward seeking psychological help. However the hypothesis was rejected, as the data indicated older men have more positive attitude than younger men toward seeking professional psychological help. The findings of Berger, Levant, McMillan, Kelleher and Sellers (2005) are consistent with the findings of Mackenzie, Gekoski and Knox (2006).

In contrast to Mackenzie et. al., (2006) Leaf, Bruce, Tischler, and Holzer (1987) had found that that young adults (18 to 24) and the elderly (over age 64) were less likely than the age group in the middle range to be highly receptive to mental health services. A greater number of elderly believed that their families would get upset if they were to enter treatment. On the contrary, it is interesting to note that the results indicated that the elderly participants had a higher level of confidence in mental health care than the younger age group. Similarly, in a recent study by Ting and Hwang (2009; Yeh, 2002), they found that age was a significant predictor of help-seeking attitudes. The researchers found that the younger student indicated a less favourable attitude towards help-seeking than older students.

The main objective of the present study was to examine the attitudes toward seeking counseling among the JNU students and also to investigate the JNU students’ attitude towards seeking counselling as predicted by age and gender. Hence, the present hypothesized that i) Indian University students tend to have a negative attitude towards seeking counselling help as measured by the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS); ii) Female Indian University students will more likely to have a positive attitude toward seeking counselling as measured by ATSPPHS. iii) Indian University students will have a significant difference in the attitude towards seeking counselling help according to their age.

Methodology

Participants and procedure
Data collection took place at JNU, New Delhi campus. Participants were randomly selected to complete the survey. Over three successive weekdays, the principal investigator approached students who were waiting for their class or were present on campus to take part in the study examining the attitude toward seeking counseling help. A total of 250 participants were selected using accidental sampling technique. However out of the 250 only 200 (66.5% females and
33.5% Males) sample were utilized in this study. Participants’ age ranged from 18 to 32 and above. The majority (65.5%) of the respondent’s age range between 21-25 years old. Only a small number (1.0%) of the students are above 32 years old. Each selected participant was given a copy of ATSPPHS questionnaire stapled together with demographic questionnaire and informed consent document; questionnaire was completed within 15 to 20 minutes.

Instrumentation

The first section of the questionnaire included the description of the purpose of the study, consent form, instruction for completing the questionnaire and request for demographic information.

Attitudes Toward seeking Professional Psychological Help Scale. The Attitudes Toward seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970) consists of 29 items designed to assess general attitudes toward seeking professional help for psychological problems and issues. Fischer and Turner found four factors for the ATSPPHS scale. These factors are: 1) Recognition of Personal Need for Psychological Help (8 items); 2) Stigma Tolerance Associated with Psychological Help (5 items); 3) Interpersonal Openness Regarding One's Problems (7 items); and 4) Confidence in Mental-Health Professionals (9 items). Items are rated using a 4-point Likert type scale ranging from (0) disagree to (3) agree. Eleven items are positively keyed so that agreement indicates positive attitudes, and 18 are negatively keyed so that disagreement with the item shows positive attitudes toward seeking psychological help. Total scores range from 0 to 87, with a higher score indicating positive attitudes toward psychological help seeking.

Internal reliability estimates as measured by coefficient alpha for the entire scale range from .83 to .73 and for the four factors range from .74 to .62 and from .76 to .53 (Fischer & Turner, 1970; Good & Wood, 1995). Test-retest reliabilities of .89 (two weeks) to .84 (two months) were reported by Fischer and Turner who also provided support for the construct validity of the scale.

Demographic information. Participants provided information regarding their gender, age, level of study, relationship status.
**Result**

The mean for ATSPPHS among the Indian University students is 77.56 with a minimum value of 53.00 and a maximum value of 104.00, indicating that Indian University students tends to have a positive attitude towards seeking counselling help as measured by the ATSPPHS.

Furthermore, Need subscale ($M = 2.76$, $SD = .42$) and Openness subscale ($M = 2.74$, $SD = .59$) scored the highest with a minimum and maximum value of (1. 63 and 3.74 for need) and (1.43 and 4.00 for openness). These results indicate that Indian University students not only have positive attitude on the overall scale of ATSPPHS but also on its two subscales. It is interesting to note that Stigma subscale ($M = 2.44$, $SD = .52$) scored the lowest with a minimum and maximum of (1.20 and 3.80) indicating that there is low level of stigma tolerance hence, lesser chances for the Indian University students to seek counselling help due to the existence of high level of stigma. Lastly, there was an average mean score for the Confidence subscale ($M = 2.69$, $SD = .38$) with a minimum and maximum of (1.78 and 3.78).

The second hypothesis was that female Indian University students will have higher mean scores than males on the subscales of the ATSPPHS. T-test was used to analyze the hypothesis. It was found that there was a statistically significant difference between males and females for two of the ATSPPHS subscales. Females reported more confidence in mental health provider ($M = 2.75$, $SD = .42$) than males ($M = 2.58$, $SD = .29$), $t (198) = -2.95$, $p = 0.04$. Likewise, females ($M = 2.8$, $SD = .56$) reported more openness towards seeking counselling help than male Indian University students ($M = 2.54$, $SD = .62$), $t (198) = -2.98$, $p = .003$. Indian University students did not statistically differ in the ATSPPHS stigma attached towards seeking mental health subscale, $t (198) = -1.50$, $p = 0.14$ ($M = 2.36$, $SD = .60$ for male and $M = 2.48$, $SD = .50$ for female).

For the ATSPPHS Need subscale, there was a difference but not statistically significant, $t (198) = -1.78$, $p = 0.07$ ($M = 2.68$, $SD = .04$ for male and $M = 2.80$, $SD = .43$ for female). It is interesting to note that, Need subscale was not significant at a value of $p \leq .05$, however, the $p$ value was not too large ($p \leq .07$) for the present study, indicating there is a difference on the Need Subscale between the males and females of Indian University respondents. The comparison of the means score indicates that there is a significant difference between the Indian University male students ($M = 2.80$) need’s for psychological help than compared to the Indian University
females students ($M = 2.68$). The mean scores of male and female on the need subscale indicates that Indian University male students had greater need for psychological help.

The result $F (3,196) = 1.05, p = .370$ shows that students of different age did not have significant differences in attitude towards seeking counselling help as measured by the ATSPPHS. Further analysis of the fours subscales of ATSPPHS using One-way ANOVA indicated that there was no significant difference for the age range of the respondents on all the four subscales. Need subscale $F (3,196) = .15, p = .927$. For Stigma subscale; $F (3,196) = 2.29, p = .08$. Similarly, for Openness subscale; $F (3,196) = 1.61, p = .188$ and lastly, Confidence subscale $F (3,196) = .25, p = .86$. Overall, the findings indicate that there is no significant difference in the attitude towards seeking counselling help of Indian University students according to their age as measured by ATSPPHS.

Conclusion

The results, of the hypotheses showed that Indian University students have favourable attitudes toward seeking counselling help similar to participants in other studies (e.g., Flum, 1998). The finding is very different from what was expected. Initially, it was expected that Indian University students would have a negative attitude towards seeking counselling due to the belief that psychological services and psychotherapy are a product of western culture. However, the present finding could be due to numerous changes that are having far-reaching implications in the Indian family, society, cultural, economic and political life. These include the widespread growth of education (especially women’s education), the impact of the mass media and modern communication, westernization; that is the gradual adaption of values and life styles of western nations.

In general, female students reported to have an overall positive attitude towards counselling than the male students. Particularly, female students were reported to score significantly on the confidence and openness subscales of the ATSPPHS than male students. The female students in this study indicated a considerable confidence in psychological health providers and this result is consistent with previous findings (Fisher and Turner, 1970). Second, female students reported higher level of openness towards expressing ones personal problems to others when compared to the male Indian University students. This finding is consistent with the findings of Leaf, Bruce, Tischler, and Holzer (1987; Mackenzie, Gekoski and Knox, 2006;
Komiya, Good and Sherrod, 2000), where the researchers found that females reported significantly higher openness to mental health treatment than males. The present finding could be due to the cultural structure of the Indian society, where males are encouraged to self-conceal their emotions and problems as it would show their weakness.

Past research has consistently found that age is a significant predictor of help-seeking attitude towards counselling. However, present study with the Indian University students has not shown any significant effect as expected neither on the overall ATSPPHS score nor on any of the four subscales. Present study is inconsistent with Mackenzie, Gekoski and Knox (2006) where the research was done between the age range of 18 to 89 and the researchers found that older participants showed a more positive attitude than younger participants. Similarly, in a recent study by Ting and Hwang (2009) found that age was a significant predictor of help-seeking attitudes. The researchers conducted a study, on Asian American college students in United States and found that the younger student indicated a less favourable attitude towards help-seeking than older students. However, in the present neither the younger participant nor the older participants showed any significant difference towards seeking counseling.

Overall, it is concluded that Indian University students have favourable attitudes toward seeking counselling help. In general, female students reported to have an overall positive attitude towards counselling than the male students. Particularly female students were reported to score significantly on the confidence and openness subscales of the ATSPPHS than male students. It is remarkable to note that age of the university students did not play a predictive role towards seeking counselling help.

**Limitations of study**

Several limitations are evident in the present study. First, the population of respondents is not fully representative of the general population of India. In other words, the interpretation of these findings requires special caution and the findings cannot be generalized to the entire student population of the Universities in India, because the present study did not include cultural factors. Participants were nearly all middle class or of higher denomination who come from an urban setting. Thus findings may not be applied to lower class Indians or to people living in different geographical regions. Similarly, another concern is that the present findings only provide a
limited scope of conclusion because of limitation in the participant’s characteristics. The present sample of university students of JNU represents a specific population. Clearly, when students from one university are sampled, issues such as regional influences, socioeconomic status, campus norms and other cultural issues may limit generalisability of the sample to the desired population. In other words, the interpretation of these findings requires special caution and the findings cannot be generalized to the entire Indian University students population. However, replicating the current findings on a large scale with the samples from all the Universities in India and other populations (high school students and psychiatric clients) would enhance the generalisability of the results.

**Recommendations**

Future research may wish to replicate this study with a greater sample size and over additional Indian university campuses and regions. Future research should also address the critical issues of the validity and reliability of using standardized Western questionnaires with Indian populations. Although the satisfactory estimates of internal consistency for the subscales offered some evidence for their reliability and validity of the data collected in the present study. Attitude toward seeking professional help may be culturally determined. Therefore, developing a scale to measure help-seeking attitudes in the Indian society would give a better picture on how psychological services are considered in this culture.

**Implications**

There are currently no instruments which have been normed on Indian populations. There is a great need to develop specific instruments which are normed on this population and would hence; more accurately measure the constructs of interest. Collecting more qualitative data about the experiences, attitudes and counselling – seeking behaviours of Indian University students will provide salient themes and factors which can then be used to design more culturally sensitive treatment programs on the University campuses that would attract more male students seek counseling help when in need.

**Reference**


