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THE IMPACT OF SOCIAL STIGMA AND LOSS OF FACE ON MENTAL HEALTH HELP-SEEKING BEHAVIOR AMONG UNIVERSITY STUDENTS IN MALAYSIA: EXAMINING MEDIATING RELATIONSHIPS

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Abstract:

Students in higher education often experience mental and emotional barriers. While this population is susceptible to mental health issues, university students in particular face social stigmatization of mental health by their peers and concerns about losing face, which are significant barriers to accessing mental health services. This is particularly important for Malaysian students, who espouse Asian cultural values and are more sensitivity to social status and reputation. Therefore, the study aims to examine the mediating role of loss of face on perceived social stigma and help-seeking behavior among Malaysian university students. The research participants are 306 university students aged 18 and above in Malaysian context, and this cross-sectional design study will be enlisted through convenience sampling. The results obtained from multiple linear regression indicated perceived social stigma negatively predicted the help-seeking behavior (β = -0.26, p < .001). Moreover, loss of face also negatively predicted help-seeking behavior (β = -0.36, p < .001). As

hypothesized, loss of face was found to have a statistically significant mediating effect (indirect effect = -0.13, $p < 0.01$) on the relationship between perceived social stigma and help-seeking behavior, accounting for approximately 33% of the total effect. This study contributes new statistical insights to the field of mental health, addressing existing gaps in knowledge and providing valuable reference material for the development of mental health awareness campaigns aimed at improving attitudes towards help-seeking among the public.

Keywords:

Help-Seeking Behaviors, Loss Of Face, Mediating Role, Social Stigma, University Students

Introduction

The increasing complexity of modern societal pressures has led to heightened concerns about the emotional resilience of today's youth. In recent years, there has been a growing global apprehension surrounding the mental health and psychological well-being of young individuals (Pitchforth et al., 2019; Said, Agency, & Getty, 2021). Nowadays, there is a growing public awareness of the role of professional psychological services in Asia (Zhou et al., 2019; Noh et al., 2020). University and college students in Malaysia severely underutilize counseling services, despite a significant demand, highlighting some factors and obstacles, such as practical challenges like financial burden (Duraku et al., 2023), personal opinions for example there was lack of perceived need for treatment (Blebil et al., 2021), and the pervasive influence of stigma (Aris & Othman, 2022). When stigma is coupled with a health condition, such as mental illness, it can have a substantial influence on a person's experience with the disease and treatment, potentially impeding access to appropriate and professional medical care (Subu et al., 2021). Also, within Asian communities, mental illness stigma is often intertwined with the concept of 'losing face,' particularly concerning family members of individuals dealing with mental health challenges (Ibrahim et al., 2019). Over the last decade, coinciding with the advancement of mental illness stigma research in Western contexts, there has been a gradual rise in studies specific to Malaysian society (Shoesmith et al., 2017).

Individual with mental disorders frequently face societal prejudice and discrimination because their behaviors and appearances are seen as deviating from accepted social norms. This issue is not unique to mental health alone, it extends to a variety of health conditions, including those with unexplained medical symptoms (Stangl et al., 2019). For instance, within the Asian community, it is common for discussions about mental health and related conditions to be seen as stigmatizing or shameful (Naito et al., 2020). Mental health stigma is a global challenge that transcends races and ethnicities, obstructing access to essential mental health care for individuals worldwide. This study also aspires to conclude with actionable solutions and strategies to raise awareness about mental health stigma and its impact on university students in Malaysia, with the hope of fostering a more informed and supportive society.

Secondly, it is worth noting that stigmatizing beliefs may be more prevalent in Asian countries due to the influence of Confucianism values and local cultural norms (Lin et al., 2024). These factors can contribute to the formation of stigma, increased feelings of shame, perpetuation of stereotypes about mental disorders, and a general lack of acceptance of such disorders, all of which act as significant barriers to seeking professional treatment (Yang et al., 2020). According to Thapar-Olmos & Myers (2017), South Asians may hold more stigmatized views

of depression, especially when the individual dealing with depression is South Asian. This can be attributed to the significant influence of Chinese Confucian culture, which places a high value on the notions of mutual respect and collectivism, as well as a greater concern for the appearance of families or oneself (Tan et al., 2021), potentially influencing an individual's behaviour and attitudes towards mental health issues (Despande et al., 2020).Hence, this study is dedicated to investigating the attitudes and beliefs of respondents regarding mental health illness, particularly in the context of Malaysian students.

Many individuals experiencing mental health challenges hesitate to seek professional support due to the negative perceptions surrounding mental illness. Stigma significantly affects help-seeking behavior, particularly within the broader population and among University students (Shahwan et al., 2020). University students are especially vulnerable to the effects of perceived stigma related to mental health from their peers, which significantly hinders their use of mental health services. Among these, the issue of social stigma holds particular significance and warrants a thorough investigation within the context of university students in Malaysia. However, past studies only focused on Malaysian students from low-income households, specifically refer to B40 Category. (Ibrahim et al., 2019; Wong et al., 2022) and conducted in other countries such as Mainland China (Chen et al., 2021). As a result, the current study seeks to bridge this population gap by examining a larger range of university students from throughout Malaysian society.

Furthermore, the existing body of research in this field has yielded inconclusive outcomes. For instance, Lally et al. (2013) conducted a study examining the stigma of mental illness and its implications for help-seeking intentions among university students. Surprisingly, their findings indicated that perceived public stigma did not significantly correlate with future non-help-seeking intentions, contrary to initial expectations. In addition, there is a notable methodological gap in previous studies. There is a distinct dearth of study designs that take 'loss of face' as a mediator into account when exploring the link between social stigma and help-seeking behavior. Kim and Yon (2019) previously investigated the association between stigma and help-seeking behavior, using 'loss of face' as a moderating factor. Their findings revealed that, while 'loss of face' is widely seen as a barrier to seeking aid in many circumstances (for example, among Asian Americans), its impact may not be uniformly absolute. In the present study, we aim to introduce a novel research approach by exploring 'loss of face' as a mediator between social stigma and help- seeking behavior. This research seeks to bridge the methodological gap by incorporating 'loss of face' as a mediator, thus advancing our understanding of the interplay between these variables, and addressing the gap in research methodologies, particularly by focusing on the mediating role.

In addition, in March 2020, the World Health Organization (WHO) classified COVID-19 as a global pandemic, designating it a public health emergency of international concern (Hiscott et al., 2020). This recognition prompted the implementation of stringent safety and quarantine measures worldwide to curb the virus's spread and protect public health, resulting in widespread lockdowns. Pedrosa et al. (2020) contend that the psychological impact of these lockdowns reverberated across all segments of society, affecting healthcare workers, the elderly, working adults, young adults, and adolescents. Particularly, young adults, notably university students aged 18 to 24, emerged as a vulnerable group, grappling with stressors that precipitated depression and anxiety as they navigated significant cognitive, social, and emotional developmental challenges, coupled with adjustments to physical changes (Caffo et

al., 2020; Ming et al., 2023). Consequently, this study aims to investigate stigma and help-seeking behavior among Malaysian university students in the aftermath of the psychological impact induced by COVID-19 and subsequent lockdowns. Through an understanding of their unique challenges, the study seeks to develop targeted interventions and enhance awareness about mental health issues, fostering a more supportive community.

The research aims to find out the level of perceived social stigma, loss of face related to mental health, level of mental help-seeking behavior, and the relationship between these variables among university students in Malaysia. Also, mediating role of loss of face on social stigma and help-seeking behavior among university students in Malaysia, is one of the questions guiding this research. The proposed research aims to achieve the following objectives:

1)   To investigate the level of perceived social stigma among university students in Malaysia.
2)   To investigate the level of loss of face related to mental health among university students in Malaysia.
3)   To investigate the level of mental help seeking behavior among university students in Malaysia.
4)   To examine the relationship between social stigma and loss of face related to mental health among university students in Malaysia.
5)   To examine the relationship between social stigma and help-seeking behavior among university students in Malaysia.
6)   To examine the relationship between loss of face and help-seeking behavior among university students in Malaysia.
7)   To determine the mediating roles of loss of face on social stigma and help-seeking behavior among university students in Malaysia.

Significant of Research
There are several factors highlighting the significance of this study. The study aims to contribute to the research literature by examining collectivist cultures, a focus often overshadowed by previous research on Western samples. Besides that, this study builds upon prior research conducted in both Western and Asian contexts (Kim & Yon, 2019) by employing distinct measures and a different sample. Building on these prior investigations, the present study extends this research line to the context of Malaysian university students. We specifically focus on investigating 'loss of face' as a mediator to gain a more comprehensive understanding of how social stigma shapes the help-seeking behavior of university students in Malaysia. In addition, the predicted findings of this study are likely to reinforce previous research findings addressing the influence of stigma on help- seeking behavior. As a result, local students, particularly university students, may become more conscious of their mental health difficulties. This increased knowledge may encourage local university students to seek help from authorized mental health specialists for mental health issues. Furthermore, a better knowledge of the important effect of stigma on behaviors that seek help and its consequences for mental health may inspire individuals to make necessary changes to reduce stigma. Moreover, this comprehension and awareness may assist in avoiding terrible occurrences like suicides by providing a more supportive atmosphere and removing obstacles that prevent people from obtaining the care they require.

Literature Review

Erving Goffman's Stigma Theory (1963)

Goffman's Stigma Theory (1963) posits that individuals with stigmatized attributes or conditions experience a "loss of face," wherein their social identity is compromised due to the devaluation of these traits within the broader societal context. It is further implied that when individuals perceive themselves as having socially devalued characteristics, there is a potential erosion of face – a loss in the positive social value they attribute to themselves. Goffman's theory sheds light on how the anticipation of social stigma and the desire to avoid spoiled identity can impact individuals' behavior, including their willingness to seek help (Goffman, 1963). The fear of being labeled or judged negatively may act as a significant barrier to seeking assistance. Individuals may be hesitant to seek support due to concerns about how their stigmatized attributes will be perceived by others, potentially leading to social isolation and a reluctance to disclose their challenges (Alluhaibi & Awadalla, 2022).

Perceived Social Stigma Among University Students in Malaysia

According to Corrigan (2014), perceived social stigma is the term used to describe an individual's viewpoint regarding societal stigma. Perceived social stigma arises when an individual becomes conscious of societal stigmatization (Eisenberg, Downs, Golberstein, & Zivin, 2009). For example, it involves the perception that others may consider them weak and potentially dangerous, thus necessitating increased attention and care from those around them (Hawton et al., 2022). A study with total of 2508 students from seven public Malaysia universities participated in the research of Salim (2010), examined the help- seeking attitudes of Malaysian students, found that higher perceived social stigma as one of the obstacles among university students to seek for professional psychological assistance.

Loss of Face Among University Students in Malaysia

The concept of "face" in Chinese culture is divided into two parts: "*Lian*" and "*Mianzi*" (Hu, 1944). *Lian* especially signifies moral face, and a loss of "*Lian*" can impair societal functioning by reducing faith in moral integrity and the capacity to complete social roles (Hu, 1944). "*Mianzi*", on the other hand, is concerned with public appearance, therefore focusing on social performance, and disclosing one's weaknesses to others may result in the loss of *mianzi* (Hu, 1944). Traditional Asian values include self-control, the suppression of emotional difficulties and minimizing one's self-importance in favor of the group (Zhao et al., 2021). Concerns about face, characterized by a desire to maintain one's and others' integrity in society (Nguyen et al., 2023), are particularly prevalent in larger Asian cultures and Malaysia as a country which located in Asia. The concept of "face" is deeply rooted in Confucian principles. Even in contemporary Asian families, the influence of Confucian values persists across various aspects of daily life (Meng et al., 2024). The avoidance of losing face or causing someone to lose face is strongly discouraged in cultures shaped by Confucianism (Ma, Zhu, & Bresnahan, 2022).

Help-Seeking Behavior Among University Students in Malaysia

According to WHO cross-national research, nearly one-third of college students have experienced psychological issues in recent years (Auerbach et al., 2018). There is solid evidence that the number of cases of mental health issues among teenagers and students has increased significantly over the previous decade (Lipson et al., 2022). For many people, the transfer to higher education is accompanied by increased psychological and academic pressures (Franzoi et al., 2022). University experience might either trigger or aggravate pre-existing mental health concerns in vulnerable individuals (Reiriz et al., 2023). Individuals' proclivity to

seek care for mental health issues is determined by their attitudes, which are shaped by personal knowledge, awareness, societal stigma, or contact with persons suffering from mental disorders (Subu et al., 2021). Positive manifestations of these attitudes result in helpful behaviors, such as a readiness to seek help from mental health specialists (Hao et al., 2023).

The Relationship between Perceived Social Stigma and Loss of Face Among University Students in Malaysia

In present Asian societies, the intricate relationship between perceived social stigma and the loss of face has emerged as a complex and pervasive phenomenon (Samari et al., 2022). Throughout Asia, mental illness often carries with it the burden of stigma, shame, and a perceived "loss of face," wherein individuals and their families risk losing the respect of others, a phenomenon partially attributed to the cultural values of collectivism prevalent in Asia (Zhang et al., 2020). The deeply entrenched concept of face, rooted in cultural and Confucian principles, is closely entwined with societal expectations and norms. Notably, worldwide research consistently report pervasive discrimination experienced by individuals with psychological problem, including social exclusion, discrimination within families, and limited job opportunities (Parker et al., 2022; Vargas et al., 2020).

Perceived social stigma, often linked to unconventional behavior, mental health challenges, or non-conformity, can result in the erosion of one's social standing and, consequently, a loss of face (Ponder et al., 2022). Within the face-conscious cultures of numerous Asian countries, individuals grapple with the fear of judgment and ostracization, driven by societal expectations. Lauber and Rössler's (2007) study delved into the stigma directed at individuals with mental illnesses in developing Asian nations, revealing a pervasive tendency to stigmatize and discriminate against them, particularly in comparison to Western countries.

The Relationship between Perceived Social Stigma and Help-Seeking Behavior Among University Students in Malaysia

People consistently face stigmatization, and concepts like mental health and seeking psychological assistance are often targets of negative perceptions and attitudes (Corrigan, Druss, & Perlick, 2014; DuPont-Reyes, 2020). According to Ahmedani (2011), mental health stigma pervades society, being internalized by individuals, and perpetuated by health professionals, posing an important obstacle to successful therapy engagement, help-seeking ability, and sustained participation in mental health programs (Corrigan, Druss, & Perlick, 2014). A study by Bulanda, Bruhn, Byro- Johnson, & Zentmyer (2014) examined the mental health stigma among young people in Malaysia, found that adolescents are less likely to seek assistance for themselves or help otherstudents experiencing mental discomfort because of the stigma associated with mental illness.Individuals who feel incompetent or inferior may see help-seeking as a threat, prompting them to avoid seeking help even while experiencing psychological discomfort (Hellstrom, 2021; Lannin et al., 2016). Misconceptions and unfavorable attitudes are usually associated with mental illness (Pang et al., 2017). Also, mental disorders and their treatment are particularly stigmatized among young people in Asian countries (DuPont-Reyes, 2020).

The Relationship between Loss of Face and Help-Seeking Behavior Among University Students in Malaysia

Traditional Asian values underscore the significance of face concern and self-restraint (Cogan et al., 2022). Consequently, individuals of Chinese descent are less inclined to discuss personal

matters with unfamiliar acquaintances and demonstrate a reduced willingness to seek assistance from mental health resources (Liu et al., 2023). According to an Asian based research, people who feel embarrassed by their mental health treatment are less likely to seek assistance or use services related to their mental health (Xiao et al., 2024). Exposure to stigmatizing attitudes from peers towards mental illness can have an influence on how individuals deal, particularly among the younger age. For example, some adolescents may refuse to take psychiatric medication because they believe it will set them apart from their peers or expose them to potential ostracism and stigmatization (Aoki et al., 2023), which in turn contributes to the idea that psychiatric medication is for those who are considered "crazy", which indirectly leads to loss of face and self-esteem issues.

Mediating Role of Loss of Face on Perceived Social Stigma and Help-Seeking Behavior Among University Students in Malaysia

Numerous research has thoroughly investigated the harmful impact of perceived social stigma on persons with mental health issues, emphasizing the hurdles it provides to help- seeking behaviors (Kim & Yon, 2019; Hellstrom, 2021). Concurrently, the concept of loss of face, deeply embedded in cultural frameworks such as traditional Asian values (She et al., 2023), emerges as a critical factor influencing individuals' responses to mental health issues. Contemporary studies have focused on the mediation effect of loss of face, shedding light on how concerns about social image preservation may act as a key mediator between perceived social stigma and the decision to seek or avoid mental health treatment (Kim & Yon, 2019). This intricate link highlights the significance of cultural and contextual elements, such as society expectations and individual values (DuPont-Reyes, 2020), in determining the complex interaction between stigma, loss of face, and desire to seek treatment for mental health difficulties.

Methods – Population, Sampling and Location

Current study enlisted 306 university students aged 18 and above as participants, from Malaysian context. The researcher utilized a non-probability sampling method, specifically employing convenience sampling for this study. To facilitate data collection, the researcher will distribute an online questionnaire via Google Form, disseminated through instant messaging applications, such as WhatsApp, and across various social media platforms, including Instagram among Malaysian university students.

Research Instruments

Komiya et al. (2000) Stigma Scale of Receiving Psychological Help (SSRPH) was used to assess perceived public stigma among university students. It included five measures that assessed participants' opinions of the overall public stigma associated with seeking professional psychiatric care. All items were assessed on a 4-point Likert scale, with 1 being strongly disagree and 4 being strongly agree. All the categories were added together to calculate the overall score, with higher scores indicating a larger impression of public stigma towards seeking help. The initial measure's internal consistency for Cronbach's Alpha was 0.79 (Komiya et al., 2000). The reliability estimates for the SSRPH scale developed from college student samples were between 0.72 and 0.80 (Vogel et al., 2013; Choi, 2016), and it has shown to be internally consistent among young adults (Komiya et al., 2000).

The Loss of Face Scale (LOF) developed by Zane and Yeh (2002) was used to assess the fear of losing face. The LOF contains 21 items and is rated on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree), with a higher score indicating greater concern with maintenance of social integrity. Based on prior studies, the LOF measure was internally consistent with an alpha of 0.83, which demonstrated that it has good reliability (Zane & Yeh, 2002; Leong et al., 2018; Kim & Yon, 2019). In this study, the Cronbach's Alpha of LOF scale was 0.88 with high reliability as well.

The Attitude Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF), developed by Fischer and Farina (1995), was employed to assess attitudes toward seeking professional help among university students. This instrument comprises 10 items that evaluate attitudes regarding seeking assistance from mental health professionals during emotional crises or distress. All items use a 4-point Likert scale, ranging from 1 (disagree) to 4 (agree), with five items being reverse-coded. The total score is derived by summing all items, and higher scores indicate a more positive attitude toward help-seeking. The original measure demonstrated an internal consistency of Cronbach's Alpha at 0.87. Reliability estimates for the ATSPPH-SF scale, obtained from various samples of college students, ranged from 0.79 to 0.82 in studies by Komiya et al. (2000), Pederson & Vogel (2007), and Vogel et al. (2006).

Data Collection
Before the data collection, the researcher seek for prior permission from the original authors of the questionnaires to be used in the study before commencing data collection. Subsequently, the researcher initiated the process of obtaining ethical clearance from the Institutional Ethical Committee (IEC) at UCSI University. Upon receiving the necessary approvals, the researcher conducted the pilot study to adjust the sample size. In the pilot study, researcher selected a small sample of 30 Malaysia university students from representing diverse backgrounds. The reliability in Cronbach's Alpha for SSRPH, LOF, and ATSPPHS-SF were found to be 0.78, 0.89, and 0.90 respectively, which are considered as good reliability (Amirrudin et al., 2020).

After that, the researcher will administer the questionnaires using Google Form. In the survey, participants will find a participant information sheet on the first page of the Google Form, which outlines the study's purpose. Before beginning the questionnaire, participants must carefully read the instructions and acknowledge the potential hazards. They will also be assured of the survey's confidentiality and their right to discontinue their participation at any point, as their involvement is entirely voluntary.

Furthermore, participants will be asked for their informed consent, signifying their willingness to engage in the research. To express their agreement, they will be prompted to click on the statement "Yes, I agree to participate" if they have no further inquiries and are willing to participate. The questionnaire consists of 36 items across three instruments: SSRPH, LOF, and ATSPPH-SF.

In addition, demographic information, including age, gender, ethnicity, highest level of education, location of study, and nationality, will be collected from respondents in the first section of the survey. The completion of the survey is estimated to take approximately ten minutes of the participant's time.

Data Analysis
Following the data collection, the analysis was conducted using IBM Statistical Package for the Social Sciences (SPSS) Version 21 and SmartPLS 4.0. To establish mediation, four essential steps, as suggested by Judd & Kenny (1981) and Baron & Kenny (1986), were followed. In the correlational approach, all four steps must be confirmed for mediation to be present (Judd & Kenny, 1981).

IBM SPSS Version 21.0 will be used in analyzing descriptive statistics, data cleaning, and data transformation. The first step involves demonstrating the significant total effect of the independent variable (X) on the dependent variable (Y). In this study, the correlation between perceived social stigma and help-seeking behavior was assessed using SPSS 27.0. The second step focuses on establishing a correlation between the independent variable (X) and the mediator (M). In this case, SPSS 27.0 was employed to analyze the relationship between perceived social stigma and loss of face.

The third step requires demonstrating that the effect of M on Y, while controlling for X, is statistically significant. Lastly, the fourth step aims to confirm that the direct effect of X on Y, adjusted for M, is non-significant. In other words, the effect of the independent variable on the dependent variable, when controlling for the mediator, should be zero to establish complete mediation. These last two steps will be addressed using SmartPLS 4.0. SmartPLS employs the Partial Least Squares (PLS) Algorithm, which is a non-parametric approach that does not rely on distributional assumptions and is well-suited for mediation analysis with small sample sizes and non-normal data (Benitez et al., 2020). SmartPLS was used to determine the mediation relationship between the variables of the research.

Results

The Level of Perceived Social Stigma Among University Students in Malaysia
Table 1 shows the level of perceived social stigma. Total of 306 respondents, the minimumrange of Stigma Scale for Receiving Psychological Help (SSRPH) was 5, the maximum range was 20, and the median was 12.5. The mean of perceived social stigma in this study was 16.80, which means that it had a high level of perceived social stigma among university students in Malaysia. The standard deviation of perceived social stigma in this study was 2.62.

Table 1
Descriptive Statistic of Stigma Scale for Receiving Psychological Help (SSRPH)

Variable	*n*	*M*	*SD*
Stigma Scale for Receiving Psychological Help (SSRPH)	306	16.80	2.62

Note. n = Sample size; M = Mean; SD = Standard derivation

The Level of Loss of Face Among University Students in Malaysia
Table 2 shows the descriptive statistics of loss of face scale among university students in Malaysia. Total of 306 respondents, the minimum range of Loss of Face Scale (LOF) was 21, the maximum range was 147, and the median was 84. The mean of loss of face in this study was113.75, which means that it had a high level of loss of face among university students in Malaysia. The standard deviation of perceived social stigma in this study was 15.18.

Table 2
Descriptive Statistic of Loss of Face Scale

Variable	*n*	*M*	*SD*
Loss of Face Scale (LOF)	306	113.75	15.18

Note. n = sample size; M = Mean; SD = Standard derivation

The Level of Help-Seeking Behavior Among University Students in Malaysia

Table 3 shows the level of help-seeking behavior among university students in Malaysia. A total of 306 respondents, the minimum range of Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH-SF) was 10, the maximum range was 40, and the median was 25. The mean of help-seeking behavior among university students in this study was 14.48, which means that it had a low level of help-seeking behavior among university students in Malaysia. The standard deviation of help-seeking behavior in this study was 4.40.

Table 3
Descriptive Statistic of Attitudes Towards Seeking Professional Psychological Help Scale

Variable	*n*	*M*	*SD*
Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH-SF)	306	14.48	4.40

Note. n = sample size; M = Mean; SD = Standard derivation

Normality Distribution

Table 4 shows the skewness and kurtosis result of the three variables were within acceptable range and showing a normal distribution, excepted the scale of Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF). The accepted range for the skewness and kurtosis coefficients, as shown by the references in some associated literature, were between -2 to +2 and between -7 to +7 respectively (Hair et al., 2010; Desoete et al., 2022). Therefore, the researcher transforms the data to achieve normality by using Spearman's rank correlation coefficient, to find a link between all the three variables. The findings for SSRPH and LOF scale indicated a negative skewness, ATSPPH-SF indicated a positive skewness.

Table 4
Skewness and Kurtosis of SSRPH, LOF, and ATSPPH-SF

Variable	Skewness	Kurtosis
Stigma Scale for Receiving Psychological Help (SSRPH)	-0.959	1.219
Loss of Face Scale (LOF)	-0.443	0.704
Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF)	3.651	14.115

Relationship Between the Variables

Table 5 presents the interrelationships among the variables examined in this study. A non-parametric test, Spearman's rank correlation coefficient was conducted to assess the relationshipbetween perceived social stigma and loss of face, perceived social stigma and help-seeking behavior, as well as loss of face and help-seeking behavior. The results revealed significant findings: a positive relationship between perceived social stigma and loss of face among university students in Malaysia ($r = 0.243$, $p < 0.01$), supporting the alternative hypothesis. Conversely, perceived social stigma exhibited a significant negative association with help- seeking behavior ($r = -0.147$; $p = 0.01$), as did loss of face ($r = -0.232$; $p < 0.01$), confirming the alternative hypotheses.

Table 5
Spearman's rank correlation coefficient

Variable	r	p
Perceived Social Stigma x Loss of Face	0.243**	0.000
Perceived Social Stigma x Help-Seeking Behavior	-0.147**	0.010
Loss of Face x Help-Seeking Behavior	-0.232**	0.000

Note. *$p < 0.05$, **$p < 0.01$, ***$p <0.001$

Multiple Linear Regression

Multiple linear regression analysis was performed to test if perceived social stigma and loss of face significantly predicted help-seeking behavior. Table 7 shows the model of perceivedsocial stigma and loss of face on help-seeking behavior was statistically significant, $F(3, 303) = 54.72$, $p < .001$, and accounted for 26% of the variance which shown in Table 6. According to Table 8, it was found that perceived social stigma ($\beta = -0.26$, $p < .001$) significantly negatively predicted the help-seeking behavior, as well as loss of face ($\beta = -0.36$, $p < .001$). Therefore, hypotheses 2 and 3 were supported.

Table 6
Model Summary of Perceived Social Stigma and Loss of Face in Predicting Help-SeekingBehavior (N=306)

Model	R	R^2	Adjusted R^2	SE of the Estimate
1	0.515	0.265	0.260	3.780

Note. R = multiple correlation; R^2 = multiple correlation squared or measure of strength ofassociation; SE = standard deviation

Table 7
Analysis of Variance of Perceived Social Stigma and Loss of Face in Predicting Help-SeekingBehavior (N=306)

Model		SS	df	MS	F	p
1	Regression	1564.01	3	782.00	54.72	0.000
	Residuals	4330.33	303	14.29		
	Total	5894.34	305			

Note. SS = sum of squares; df = degrees of freedom; MS = mean square; F = F distribution; p= significant value.

Table 8
Coefficients of Perceived Social Stigma and Loss of Face in Predicting Help-Seeking Behavior(N=306)

	Unstandardized Coefficients		Standardized Coefficients		
	B	SE	β	t	p
(Constant)	33.78	1.86		18.18	0.000
Perceived Social Stigma	-0.44	0.09	-0.26	-4.96	0.000
Loss of Face	-0.11	0.02	-0.36	-6.92	0.000

Note. B = unstandardized regression coefficients; SE = standard error; β = standardized regression coefficients; t = sample value of t-test statistic; p = significant value.

Mediation Analysis

Figure 9 showed the specific indirect effects of perceived social stigma on help-seeking behavior through loss of face was -0.133, which considered as significant. Furthermore, the direct effect of perceived social stigma on help-seeking behavior was -0.269, remaining statistically significant after accounting for the mediator, indicating a partial mediation effect, which is shownin Figure 4.8. The result shows that there were indirect negative effects on perceived social stigma and help-seeking behavior through loss of face, as well as the direct negative effect of perceived social stigma on help-seeking behavior. These findings provide support for the hypothesized mediationmodel, suggesting that loss of face partially mediates the relationship between perceived social stigma and help-seeking behavior.
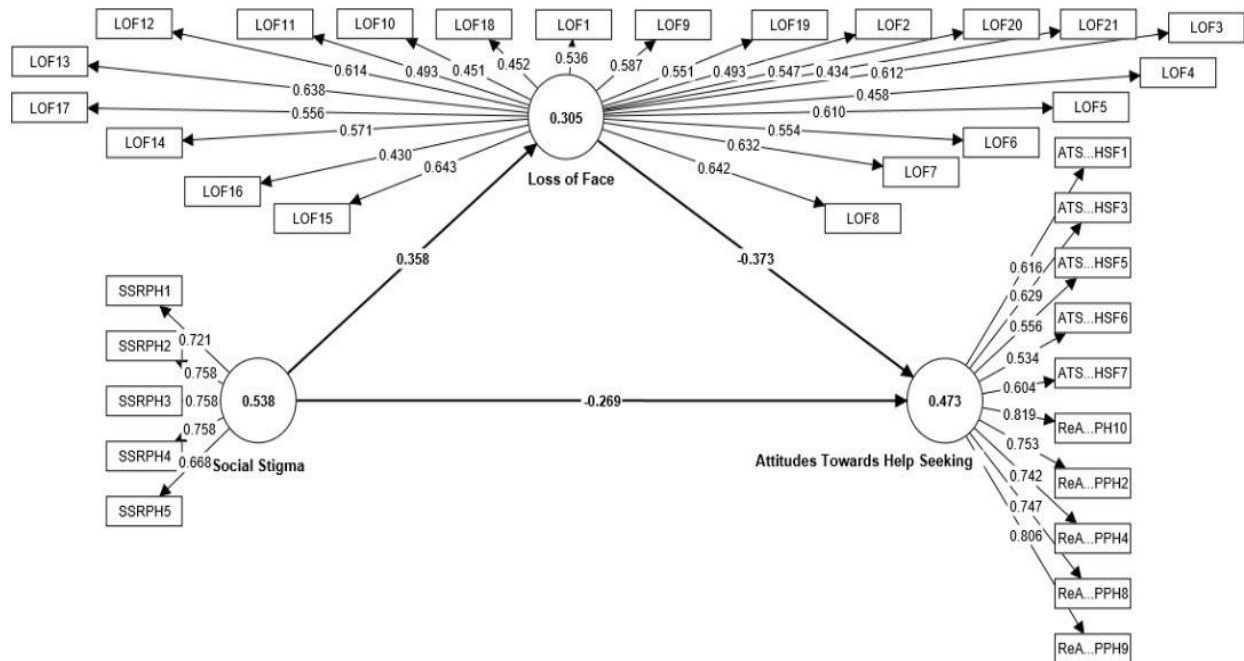
Figure 9: Mediation Analysis by using SmartPLS 4

Discussion

The Level of Perceived Social Stigma Among University Students in Malaysia

High levels of perceived social stigma suggest that university students in Malaysia may face substantial barriers when it comes to seeking help for mental health concerns (Kumaran et al., 2023). This finding is consistent with the past studies which also mentioned that social stigma among Malaysian university students with higher education was high (Pompeo-Fargnoli, 2020; Arifin et al., 2023; Kumaran et al., 2023). In Malaysian culture, mental health issues are often stigmatized and viewed as taboo topics. There is a prevailing tendency to associate mental illness with personal weakness or moral failing, leading to shame and discrimination towards those experiencing mental health challenges. Moreover, the high level of perceived social stigma may contribute to a culture of silence and secrecy surrounding mental health issues within the university community. Students may hesitate to disclose their mental health challenges to peers, faculty, or support services, fearing social rejection or discrimination (Cogan et al., 2022). Additionally, inadequate education and awareness about mental health contribute to the perpetuation of stigma (Fatmi, 2024). Many individuals lack accurate information about mental health disorders, leading to misconceptions and stereotypes. As a result, individuals may fear or avoid discussions about mental health and may be less likely to seek help due to concerns about judgment or social ostracization.

The Level of Loss of Face Among University Students in Malaysia

The mean level of loss of face among university students in Malaysia is high. This result was consistent with Fatmi (2024) which highlighted the sensitivity of face loss among university students. The fear of being judged, criticized, or ostracized by peers, family members, or society at large can lead individuals to prioritize maintaining their social image over addressing their mental health needs. This reluctance to seek help can be particularly pronounced in collectivist cultures like Malaysia, where social harmony and conformity are highly valued,

and individual well-being may be subordinated to societal expectations (Prutskikh & Merkulova, 2022). Also, the competitive academic environment in Malaysian universities may exacerbate the fear of losing face among students. There may be pressure to excel academically and maintain a façade of competence and success, leading students to avoid acknowledging or addressing mental health challenges for fear of appearing weak or incapable (Despande et al., 2019). Furthermore, the high level of loss of face may be exacerbated by cultural norms and beliefs about mental health and illness. In Malaysian culture, mental health issues are often stigmatized or viewed negatively, with individuals who seek help for psychological distress sometimes facing discrimination or social exclusion (Munawar et al., 2021).

The Level of Help-Seeking Behavior Among University Students in Malaysia

The finding that the mean level of help-seeking behavior among university students in Malaysia is low underscores significant challenges and barriers to accessing mental health support within this population. The result was consistent with Subu et al. (2021) and Kumaran et al. (2023), low levels of help-seeking behavior among university students may stem from various factors, including stigma, lack of awareness about available resources, cultural norms, and personal beliefs about mental health. Low level of help-seeking behavior may reflect a lack of awareness or knowledge about available mental health resources and support services within the university community. According to Despande et al. (2019), students may not be aware of where to seek help, how to access support services, or what types of assistance are available to them. Cultural beliefs about mental health and illness, as well as perceptions of mental health treatment, can influence individuals' willingness to seek help and their preferences for coping strategies (Subu et al., 2021). Moreover, personal beliefs and attitudes towards mental health can impact help-seeking behavior among university students. Some individuals may hold misconceptions or negative beliefs about mental illness, viewing it as a sign of weakness or moral failing (Pompeo-Fargnoli, 2020).

The Relationship Between Perceived Social Stigma and Loss of Face Among University Students in Malaysia

The finding of a significant positive relationship between perceived social stigma and loss of face among university students highlights the interconnected nature of these constructs within the context of mental health. This finding aligned with the study of Samari et al. (2022), which underscores the reciprocal relationship between perceived societal attitudes towards mental health and individuals' internalized concerns about social acceptance. At the psychological level, the positive association between perceived social stigma and loss of face suggests that individuals who perceive greater societal stigma towards mental health may internalize these negative beliefs, leading to heightened concerns about social acceptance and avoidance of help-seeking behaviors. According to DuPont-Reyes (2020), students may feel pressure to conform to societal norms and expectations, leading to heightened sensitivity to perceived judgment and stigma associated with mental health issues.

The Relationship Between Perceived Social Stigma and Help-Seeking Behavior Among University Students in Malaysia

The findings of the study revealed that perceived social stigma exerted a significant negative relationship on attitudes towards help-seeking. The study findings are consistent with the work of Kim and Yon (2019), who also observed a significant negative relationship between perceived social stigma and help-seeking attitudes. The study highlighted that when individuals are perceived in high social stigma, it will directly impact on their attitude towards

psychological professional help and their behavior for seeking the help. This underscores the notion that individual behavior is intricately linked to cognitive processes. When individuals perceive mental illness as socially unacceptable, it significantly shapes their attitudes towards seeking help (Subu et al., 2021).

The Relationship Between Loss of Face and Help-Seeking Behavior Among University Students in Malaysia

The significant negative relationship between loss of face towards help-seeking behavior and university students signifies a critical barrier to seeking support for mental health issues within this population. The negative association implies that individuals who experience greater concerns about preserving their social image are less likely to engage in help-seeking behaviors for mental health concerns. This finding aligned with the Yakunina and Weigold (2011) which underscores the profound impact of societal perceptions and personal concerns about social acceptance on individuals' willingness to seek support for psychological distress.

Moreover, the relationship between loss of face and help-seeking behavior among university students is underscored by research that emphasizes the cultural context in which these behaviors occur. Li and colleagues (2023) reported that Malaysian university students often avoid seeking help for mental health issues due to fears of social judgment and the potential for losing face within their peer groups. It further implied that students who place a high value on their social image are significantly less likely to utilize mental health services, aligning with the notion that the fear of stigma can overshadow their desire for support. The findings suggest that addressing these cultural concerns is crucial for developing effective mental health interventions tailored to the unique challenges faced by students in Malaysia. By fostering a greater understanding of the cultural implications of loss of face, universities can implement strategies that encourage students to seek help without the fear of societal repercussions, thereby promoting better mental health outcomes.

Mediating Role of Loss of Face on Perceived Social Stigma and Help-Seeking Behavior Among University Students in Malaysia

The statistically significant mediating role of loss of face on the relationship between perceived social stigma and help-seeking behavior offers valuable insights into the complex interplay of social, psychological, and cultural factors influencing mental health help-seeking among university students. The result aligned with Ma et al. (2022), and the finding underscores the importance of considering the nuanced pathways through which societal perceptions and personal concerns intersect to shape individuals' attitudes and behaviors related to seeking help for mental health issues. Perceived social stigma surrounding mental illness can create a pervasive culture of shame and silence, leading individuals to internalize negative beliefs and fears about seeking help.

Implications

Theoretical Implications

The theoretical implications of this study critically extend Erving Goffman's Stigma Theory by exploring its application within the Malaysian cultural context, specifically concerning mental health help-seeking behaviors among university students. While Goffman's theory highlights how individuals manage their self-image in response to societal pressures, this study reveals that the concept of "loss of face" intensifies the effects of social stigma in the Malaysian

setting. The findings challenge the universality of Goffman's framework by showing that, in collectivist cultures like Malaysia, the preservation of "face" plays a more prominent role in shaping behaviors related to mental health than in individualistic societies.

This research emphasizes that traditional stigma models may overlook important cultural dynamics such as the fear of losing social standing, which has a significant impact on students' decisions to seek help. Consequently, the study suggests that future theoretical models should incorporate cultural-specific constructs like "loss of face" to better understand how social stigma interacts with mental health behaviors in non-Western contexts.

Practical Implications
The practical implications of this study highlight the need for culturally sensitive mental health interventions and support systems tailored to the unique experiences of university students in Malaysia. The findings indicate that perceived social stigma and fear of "loss of face" are significant barriers to seeking mental health assistance, suggesting that traditional mental health campaigns may not be effective in this context.

Universities and mental health professionals should focus on creating safe, confidential environments where students feel less judged or stigmatized for seeking help. Mental health services must be designed to reduce the perceived risks of losing social standing, possibly through anonymous counseling options, peer support programs, and workshops that normalize mental health discussions. Additionally, awareness campaigns should address both social stigma and cultural concerns related to "face" by involving student influencers or respected community members to promote a more accepting view of mental health care.

Furthermore, integrating mental health education into university curricula could help dismantle the stigmatization of mental health issues and normalize help-seeking behavior. This approach can ensure students are equipped with better understanding and coping strategies, thus fostering a more supportive campus environment for mental well-being.

Limitations
Firstly, this study exposed a potential selection bias stemming from the utilization of non-probability sampling methods. Specifically, the recruitment of respondents via convenience sampling through online surveys introduced a source of bias, as participation was contingent upon internet access. Consequently, individuals residing in rural areas lacking internet connectivity were excluded from the survey, leading to a skewed representation of the population. Furthermore, the majority of responses were obtained from students enrolled in pre-university programs, with limited representation from undergraduate students, and no inclusion of doctoral candidates across Malaysian universities. This further exacerbates the likelihood of a biased sample that may not accurately reflect the broader demographic landscape. Moreover, due to the self-report survey used in the study, there is a chance of social desirability bias, which happens when respondents give answers, they think are more desirable or acceptable in society than ones that are totally accurate or truthful (Lavidas et al., 2022). This potential bias could impact the validity and reliability of the data.

Recommendations
Addressing the limitations identified in the study can enhance the validity and generalizability of future research findings. Firstly, to mitigate the potential selection bias resulting from non-

probability sampling methods, future studies could consider incorporating mixed-methods approaches, combining quantitative surveys with qualitative interviews or focus groups, to provide a more comprehensive understanding of attitudes towards mental health help-seeking.. Additionally, efforts should be made to diversify recruitment strategies beyond online surveys to include face-to-face interviews or paper-based surveys to reach individuals without internet access, particularly those residing in rural areas. Furthermore, to address the overrepresentation of certain demographic groups, such as pre-university students, researchers should implement targeted recruitment strategies aimed at achieving a more balanced representation of the population. This may involve collaborating with educational institutions and community organizations to access a broader pool of potential participants across different academic levels and religious backgrounds. Employing measures to minimize social desirability bias, such as ensuring anonymity and confidentiality, providing clear instructions, and using validated scales, can help improve the accuracy and reliability of data collected

Conclusion
In conclusion, the current study objectives were achieved. Different paternal parenting styles act as the element that influences undergraduates' subjective well-being. Perceiving fathers adopting an authoritative parenting style indicated a higher level of emotional intelligence and subjective well-being; Perceiving fathers adopting either an authoritarian or permissive parenting style indicated a lower level of emotional intelligence and subjective well-being. Besides, these findings added to the literature on modern parenting by suggesting that emotional intelligence plays a mediating role in the relationship between perceived authoritative paternal parenting style and subjective well-being. Therefore, current findings provided enlightening to the parents, educators, and other relevant authorities such as counsellors to become more conscious of the importance of paternal parenting style towards adolescents' emotional intelligence and subjective well-being, educate them about the importance of emotional intelligence, as well as how it could affect their subjective well-being which can be raised by using these findings to establish specific improvement strategies.

The current study utilized a self-administered survey method to collect data in which response bias occurred. To minimize response bias, future researchers can employ various strategies such as ensuring clear and concise survey instructions, maintaining anonymity to encourage honest responses, and verifying the willingness of participants to engage in the study. Moreover, current study utilised a cross-sectional quantitative methodology which could not analyse behaviours over time the cause and effect or establish a cause-or-effect relationship. Future research could incorporate qualitative methods such as interviews or focus groups to gain deeper insights into the experiences and perceptions of participants regarding paternal parenting styles, emotional intelligence, and subjective well-being.

Conflict of Interest
The authors have no conflicts of interest to declare.

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