



The Relationship Between Digital Information Exposure and Social Stigma in People with Mental Disorders in Rural Areas Based on Traditional Culture

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Article History

Submitted: 01-04-2026

Revised: 18-04-2026

Accepted: 21-04-2026

 doi.org/10.58545/jkki.v6i1.679

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Abstract

Background: Social stigma toward people with mental disorders (PMD/ODGJ) remains prevalent in rural communities, where traditional cultural beliefs often reinforce negative perceptions. Limited exposure to evidence-based digital health information may exacerbate stigma by hindering accurate mental health literacy. **Objective:** This study aimed to examine the relationship between digital information exposure and social stigma toward PMD in a traditional rural setting. **Methods:** A quantitative cross-sectional study was conducted in Nyalindung Village, Cianjur Regency, involving 109 community members selected via purposive sampling. Digital information exposure was measured using the eHealth Literacy Scale (eHEALS), and social stigma was assessed using the Perceived Devaluation and Discrimination Scale (PDDS). Data were analyzed using descriptive statistics and the Chi-Square test ($\alpha = 0.05$). **Results:** The majority of respondents reported low digital information exposure (52.3%), and 78.9% exhibited high social stigma toward PMD. Statistical analysis revealed a significant relationship between digital information exposure and social stigma ($p < 0.001$), with lower exposure strongly associated with higher stigma levels. **Conclusion:** Limited exposure to digital mental health information is significantly associated with elevated social stigma in traditional rural communities. Integrating culturally sensitive, digital-based mental health literacy interventions into primary healthcare and community outreach programs is recommended to reduce stigma and foster inclusive support systems.

Keywords

Digital information exposure, Social stigma, Mental disorders, Rural community

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How to cite:

Kurniawati, S. C., Fauziah, S., & Dewi, S. K. (2026). The Relationship Between Digital Information Exposure and Social Stigma in People with Mental Disorders in Rural Areas Based on Traditional Culture. *Jurnal Kesehatan Komunitas Indonesia*, 6(1), 27-40. <https://doi.org/10.58545/jkki.v6i1.679>

1. BACKGROUND

Mental health issues are a global health challenge that requires serious attention. Mental disorders are conditions

that affect an individual's ability to think, behave, and interact adaptively, thereby reducing quality of life and disrupting daily social functioning (Ki et al., 2025).

Clinically, mental disorders can lead to declines in cognitive, emotional, and behavioral function, as well as affect adherence to treatment and increase the risk of relapse (Suddell et al., 2023). According to WHO (2025), mental disorders are disturbances in the regulation of emotions and behavior that cause distress and interfere with an individual's essential functions.

Globally, the prevalence of mental disorders remains relatively high. The WHO (2023) estimates that more than 450 million people worldwide live with mental disorders, and approximately 80% of these live in developing countries. Mental disorders not only impact health but also impose significant social and economic burdens on individuals, families, and communities. This condition can lead to limitations in fulfilling social roles, decreased productivity, and increased dependence on others (Kurniati, 2025)

In Indonesia, mental disorders remain a significant health problem. Based on data from the 2018 Basic Health Research (Riskesdas), the prevalence of severe mental disorders reached 6.7 per 1,000 households, indicating that mental disorders remain relatively high and require special attention (Wulandari, 2023) Furthermore, the impact of mental

disorders is felt not only by individuals but also by families, who often face social pressures, particularly stigma from their surroundings (Nasriati, 2017).

Stigma toward people with mental disorders is a social process that begins with negative stereotypes, develops into prejudice, and culminates in discriminatory actions. This stigma can lead to low self-esteem, social exclusion, and limited opportunities for people with mental disorders to participate productively in society. Research shows that stigma also influences the attitudes of families and communities in providing support to people with mental disorders (Daulay et al., 2021).

In rural communities based on traditional cultures, the stigma against mental disorders tends to be stronger. Mental disorders are often perceived as the result of curses, spirit disturbances, or violations of social norms, leading to treatment relying more on traditional medicine than formal health services. Other research shows that rural communities experience higher levels of prejudice than urban communities due to the strong influence of traditional beliefs (Danukusumah et al., 2022). This condition causes people with mental disorders to experience obstacles in the

recovery process, decreased adherence to treatment, and difficulties in social interactions (Ardiyani & Muljohardjono, 2020).

To systematically examine this phenomenon, this study adopts Link and Phelan's (2001) conceptualization of stigma as its theoretical framework, which outlines stigma as a process of labeling, stereotyping, separation, status loss, and discrimination that occurs within a power context. Additionally, the Health Belief Model (HBM) was integrated to guide variable selection and instrument design, as HBM posits that perceived susceptibility, severity, benefits, and barriers (shaped by information exposure) directly influence health-related attitudes and behaviors. These frameworks directly informed the operationalization of digital information exposure as a cognitive precursor to stigma formation.

The development of digital technology provides opportunities to increase access to mental health information. Exposure to appropriate digital information can increase knowledge and reduce public stigma against people with mental disorders (Nauli et al., 2024). However, on the other hand, the dissemination of inaccurate or sensational information through digital media can

reinforce negative stereotypes and stigma against people with mental disorders (Zhang & Firdaus, 2024). This demonstrates the dual role of digital information in influencing public perceptions of mental disorders.

Previous studies have examined the relationship between digital media and stigma, but critical gaps remain. Taufiqnur (2024) focused exclusively on college students in metropolitan areas, while Sari and Pratama (2023) addressed stigma in mixed urban-rural communities without quantifying levels of digital information exposure. Furthermore, (Yuen et al., 2024) examined internet use for help-seeking but did not measure stigma outcomes in traditional rural contexts, and (Ihsanuddin et al., 2025) focused on digital literacy without linking it to culturally embedded stigma mechanisms. Unlike these studies, the present research specifically quantifies the relationship between digital information exposure and social stigma within a traditional rural setting, explicitly integrating cultural belief systems into the analysis to address the digital divide and culturally driven labeling processes.

2. METHODS

Study Design and Setting

This study employed a quantitative, analytical cross-sectional design to examine the association between digital information exposure and social stigma toward people with mental disorders (PMD/ODGJ). The research was conducted in Nyalindung Village, Cugenang District, Cianjur Regency, West Java, Indonesia, from November 2025 to April 2026, with primary data collection completed in February 2026. This rural setting was purposively selected due to its strong adherence to traditional cultural norms, limited digital health infrastructure, and documented community-level stigma, making it a highly relevant context for investigating the information-stigma dynamic.

Population and Sampling

The target population comprised adult residents (aged 18–45 years) of Nyalindung Village, totaling 6,065 individuals. A non-probability purposive sampling technique was applied to recruit participants who met predefined criteria reflecting the study's focus on community-stigma interactions. Inclusion criteria were: (1) permanent residency in Nyalindung Village; (2) aged 18–45 years; (3) residing within approximately five households of a known PMD/ODGJ or having regular social interaction with

individuals experiencing mental health conditions; (4) willingness to participate and provide informed consent; and (5) basic ability to communicate in Indonesian or Sundanese. Exclusion criteria included individuals diagnosed with a mental disorder themselves or respondents with cognitive, sensory, or communication impairments that hindered questionnaire completion.

The initial sample size was estimated using the Slovin formula with a 10% margin of error, yielding a minimum of 99 respondents. To ensure adequate statistical power for categorical analysis and account for potential non-response, 109 respondents were successfully recruited through purposive selection based on the inclusion criteria.

Research Instruments and Psychometric Properties

Data were collected using a self-administered questionnaire. The eHEALS instrument, originally developed by Norman and Skinner, demonstrates robust validity and reliability across diverse populations. In the present study, it yielded a Cronbach's α of 0.88, indicating excellent internal consistency. The PDDS, validated for community stigma measurement, achieved a Cronbach's α of 0.78, meeting the threshold for acceptable reliability.

Both instruments underwent forward-backward translation and content validation by two public health experts and mental health nursing specialists to ensure linguistic accuracy and contextual appropriateness for rural Indonesian communities.

Data Analysis

Data were cleaned, coded, and analyzed using IBM SPSS Statistics version 25. Univariate analysis was performed to describe respondent demographics and the distribution of both variables using frequencies and percentages. Bivariate analysis employed the Pearson Chi-Square test to examine the association between categorized digital information exposure and dichotomized social stigma, with statistical significance set at $\alpha < 0.05$. Prior to hypothesis testing, Chi-Square assumptions were verified, ensuring that

expected frequencies exceeded 5 in $\geq 80\%$ of contingency table cells. Given the 2×2 table structure, Yates' continuity correction was applied where appropriate to adjust for small sample bias. The strength and direction of the association were interpreted through cross-tabulation percentages and p-value thresholds.

Ethical Considerations

This study adhered to the Declaration of Helsinki and national research ethics guidelines. Ethical clearance was obtained from the STIKes Nusantara Research Ethics Committee (Approval No: 083/9.V/KEPK-PERNUS/III/2026). Participation was strictly voluntary, with the right to withdraw at any time without penalty or impact on local health services. Confidentiality was maintained throughout reporting by omitting personal identifiers.

3. RESULTS

Table 1. Demographic Characteristics of Respondents (N = 109)

| Characteristic | Category | Frequency (n) | Percentage (%) |
|----------------|--------------------|---------------|----------------|
| Age (years) | 18-25 | 31 | 28.4 |
| | 27-34 | 40 | 36.7 |
| | 40-45 | 38 | 34.9 |
| Gender | Male | 28 | 25.7 |
| | Female | 81 | 74.3 |
| Last Education | Elementary School | 47 | 43.1 |
| | Junior High School | 27 | 24.8 |
| | Senior High School | 30 | 27.5 |
| | Bachelor's Degree | 5 | 4.6 |

Table 1 presents the demographic profile of the 109 respondents participating in this cross-sectional study on digital information exposure and social stigma toward people with mental disorders in a traditional rural setting. Regarding age distribution, the largest proportion of respondents fell within the 27–34 years category (n = 40; 36.7%), followed by those aged 40–45 years (n = 38; 34.9%) and 18–25 years (n = 31; 28.4%). This age spread reflects the inclusion of early-to-late adulthood participants who are likely to serve as primary caregivers or social contacts for individuals with mental disorders in the community.

In terms of gender composition, female respondents constituted the predominant majority (n = 81; 74.3%), while male respondents accounted for only 25.7% (n = 28). This gender imbalance aligns with the sociocultural context of rural Indonesian communities, where women

frequently assume primary roles in family health management, community health activities (e.g., posyandu), and informal caregiving for individuals with mental health conditions. Consequently, findings related to stigma attitudes should be interpreted with consideration of this gendered perspective.

Educational attainment among respondents was generally low, with the largest group having completed only elementary school (n = 47; 43.1%). This educational profile is consistent with broader patterns in rural Indonesia and has important implications for digital literacy and health information processing. Lower educational attainment may limit respondents' ability to critically evaluate online mental health content, potentially reinforcing reliance on traditional belief systems and contributing to the high levels of social stigma observed in this study.

Table 2. Analysis of Digital Information Exposure About Mental Disorders in Rural Communities Based on Traditional Culture (N=109)

| Digital Information Exposure | Frequency (n) | Percentage (%) |
|------------------------------|---------------|----------------|
| Low | 57 | 52.3 |
| High | 52 | 47.7 |

Table 2 shows the distribution of respondents' exposure to digital information can be divided into two categories, namely: 52 respondents (47.7%)

have high exposure to digital information and 57 respondents (52.3%) have low exposure to digital information.

Table 5. Analysis of Digital Information Exposure About Mental Disorders in Rural Communities Based on Traditional Culture (N=109)

| Social Stigma | Frequency (n) | Percentage (%) |
|---------------|---------------|----------------|
| Low | 23 | 21.1 |
| High | 86 | 78.9 |

Based on table 5, it is presented that the data shows that the distribution of social stigma among respondents is divided into two categories, namely: 23

respondents (21.1%) have a low level of stigma, while 86 respondents (78.9%) show a high level of stigma.

Table 6. The Relationship between Exposure to Digital Information and Social Stigma in People with Mental Disorders in Rural Areas Based on Traditional Culture (N=109)

| Digital Information Exposure | Low Stigma n (%) | High Stigma n (%) | Total n (%) | p-value |
|------------------------------|------------------|-------------------|-------------|---------|
| Low | 22 (38.6) | 35 (61.4) | 57 (100) | 0.000 |
| High | 1 (1.9) | 51 (98.1) | 52 (100) | |
| Total | 23 (21.1) | 86 (78.9) | 109 (100) | |

The results of the hypothesis test presented in Table 6 indicate that this study applied the nonparametric chi-square test. With an alpha value of 0.000 (p-value <0.05), it can be concluded that there is a statistically significant relationship between exposure to digital information and social stigma in people with mental disorders in rural areas based on traditional culture.

4. DISCUSSION

Exposure to digital information plays an important role in shaping public understanding of mental health, particularly in increasing mental health literacy and reducing social stigma. Consistent with Link and Phelan’s (2001) framework, limited access to accurate information perpetuates labeling and stereotyping, which subsequently leads to

separation and status loss for ODGJ. Access to evidence-based digital information allows individuals to acquire accurate knowledge about causes, symptoms, and management of mental disorders. This aligns with research by Yuen et al. (2024), which states that using the internet as a source of mental health information can increase the likelihood of individuals seeking professional help and reduce stigma. However, in the context of rural communities rooted in traditional culture, the use of digital media still faces various limitations, so the benefits have not yet been fully realized.

Guided by the Health Belief Model (HBM), the findings suggest that low digital exposure functions as a perceived barrier, preventing individuals from recognizing the severity of mental disorders and the benefits of medical

intervention. This condition closely relates to the digital divide that still exists in rural areas. Limitations in technology infrastructure, low digital literacy, and the lack of habit of the public in using digital media as a source of health information become inhibiting factors in the dissemination of accurate information. These findings align with Wideasanti et al. (2025), who stated that inequality in internet access and digital skills contributes to low utilization of information technology in the community. In addition, factors such as age, education level, and technological experience influence an individual's ability to access and understand digital information (Ihsanuddin et al., 2025).

Exposure to digital information can lead to a lack of understanding of the disturbance of the soul. In conditions of limited information, society tends to form perceptions based on untested trust. Of course, in accordance with a scientific approach. This reinforces negative stigma towards People With Mental Disorders (ODGJ), such as the assumption that they are dangerous or must be shunned. Findings. This aligns with the study (Sukrang, 2022), which found that a lack of evidence-based information on mental health can reinforce negative stereotypes in society. Besides that, Nisa and Widodo

(2025) also emphasized that low literacy mental health contributes to increasing stigma and discrimination against ODGJ. In a public-based culture, the traditional perception of disturbing the soul is also influenced by the system's inherited trust.

Disorder soul is often associated with supernatural factors such as evil spirits, curses, or the consequences of violating certain norms under certain conditions. This shows that culture plays a strong role in shaping how the public views mental health. These results are in line with a study (Sumarsih et al., 2021), which stated that the belief in non-medical causes is still dominant in traditional societies, so that strengthening the stigma against ODGJ. Mental illness is often seen as a disgrace that can tarnish a good family reputation, leading individuals to hide their illness or not receive proper treatment. This stigma can cause emotional burdens for families and hinder the patient's recovery journey (Sifa Fauziah et al., 2024). This aligns with Ninuk et al. (2023), who stated that social and cultural pressure can strengthen stigma and hinder patients' recovery process. Besides that, stigma also impacts a decline in quality of life, limitations in access to work, and a low desire to seek help from a professional (Danukusumah et al., 2022).

The findings of this study also show that exposure to digital information is associated with the formation of social stigma. Theoretically, improving access to accurate information will influence changes in individuals' knowledge, attitudes, and behavior. This is in accordance with the theory of change behavior, which states that information is a factor in forming perceptions and actions. Research (Wahyudi et al., 2021) supports this finding, stating that digital-based literacy can reduce social stigma and self-stigma. On the other hand, limited access to information leads the public to maintain trust in traditional approaches that are not fully aligned with medical standards. Research results are also consistent with a study (Vitria, 2023), which shows a connection between knowledge level and the public's perception of ODGJ. Low knowledge tends to produce a negative perception, whereas good knowledge contributes to the formation of more positive attitudes. Thus, exposure to digital information can become one of the effective strategies to increase knowledge in society, which ultimately plays a role in reducing social stigma towards ODGJ.

In general, the results of this study strengthen the argument that improving access to and the quality of information on mental health through digital media is very

necessary, especially in countries with traditional cultural backgrounds. Efforts are needed, accompanied by a considerate approach, to mark culture locally, so that the information conveyed can be accepted by society. Thus, intervention-based digital education not only increases literacy and mental health but also contributes to reducing social stigma and supporting the recovery process of ODGJ more optimally.

5. CONCLUSION

Stigma is the negative labeling or judgment of individuals or groups perceived as different, leading to inappropriate treatment. In the context of People with Mental Disorders (ODGJ), social stigma is generally influenced by the community's low knowledge about mental health. Based on research conducted in Nyalindung Village, Cugenang District, Cianjur Regency, most respondents had limited exposure to digital information. The majority showed a high level of social stigma towards ODGJ. The results of statistical tests showed a significant relationship between exposure to digital information and social stigma, with limited access to digital information contributing to the formation of negative perceptions that affect the social and psychological aspects of individuals and families. Therefore, efforts are needed to improve

mental health literacy through the use of digital media that is easily accessible and aligned with the cultural characteristics of rural communities, as well as by involving health workers and policymakers in providing evidence-based education to reduce social stigma. In addition, further research is expected to develop more effective digital-based interventions by considering cultural factors as important variables in shaping community perceptions of ODGJ.

AUTHOR CONTRIBUTIONS

The first author was responsible for conceptualization, data collection, data analysis, and manuscript preparation. The second author supervised the research process, contributed to the methodological design, validated the research instruments, and critically revised the manuscript. The third author contributed to data interpretation and provided critical review and final approval of the manuscript.

ACKNOWLEDGMENT

The author would like to thank the Nyalindung Village, Cugenang District, Cianjur Regency, for providing permission and support in carrying out this research, as well as all respondents who participated in the research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this research.

DATA AVAILABILITY STATEMENT

The data data can be accessed from the corresponding author upon reasonable request.

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