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Eliminating Stigma Toward Persons with Mental Disorders: Fostering Closeness and Recognizing Them as Part of Us

Ellen Lombonaung[1], Fany Sabban[2*], Trysna Ayu Sukardi[3]
STIKes Maluku Husada
Corresponding Author: Fany Sabban fanysabban89@gmail.com

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A B S T R A C T

Mental disorders remain frequently accompanied by negative public stigma toward Persons with Mental Disorders (PMD), expressed through labeling, stereotyping, and discriminatory treatment that hinder social acceptance and the recovery process. One strategy to reduce stigma is health education delivered through audiovisual media, which conveys information in an engaging and easily understood manner. This study aimed to determine the effect of health education through audiovisual media on the level of public stigma toward PMD in Nania Village, Ambon. The study employed a quasi-experimental One Group Pretest-Posttest design involving 35 respondents selected through total sampling. Data were collected using the Perception of Discrimination Devaluation Scale (PDDS) before and after the educational intervention and analyzed using the Wilcoxon Signed Rank Test. Before the intervention, most respondents exhibited high stigma (20 respondents; 57.1%) and moderate stigma (15 respondents; 42.9%). After the intervention, respondents with moderate stigma increased to 23 (66.7%) and those with low stigma reached 12 (34.3%). The Wilcoxon test results showed Z = -5.167 with p = 0.000 (p < 0.05). Health education through audiovisual media was shown to significantly reduce public stigma toward PMD, foster closeness between the community and PMD, and promote acceptance of PMD as an integral part of societ

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INTRODUCTION

Mental disorders constitute a health problem that affects not only the individuals experiencing them but also disrupts the broader fabric of social life. According to the World Health Organization (2023), approximately 450 million people worldwide live with mental disorders, and nearly one in four individuals will experience a mental health problem at some point in their lives. In Indonesia, an estimated 1.7 million people live with mental disorders, and among individuals with schizophrenia, the proportion who had ever been physically restrained (pasung) reached 18.2% in rural areas, higher than the 10.7% recorded in urban areas (Survei Kesehatan Indonesia [SKI], 2023). In Maluku Province, the prevalence of emotional mental disorders among the population aged ≥15 years is estimated at 7.5% (Ministry of Health of the Republic of Indonesia, 2023).

Mental disorders that are not adequately managed are frequently accompanied by stigma in the form of negative perceptions, stereotyping, and discriminatory treatment from the community, which ultimately hinders social acceptance and the recovery process of persons with mental disorders (PMD) (Nasriati, 2024). A preliminary study conducted by the researcher on May 6, 2026, in Nania Village, Ambon City, found that negative stigma toward PMD remained considerably high; some community members perceived PMD as potentially dangerous and difficult to cure, and tended to avoid social interaction with them, while none had previously received mental health education through audiovisual media.

Health education through audiovisual media is considered effective because it combines auditory and visual elements, making messages easier to understand, more engaging, and more memorable (Halmawati, 2024). A previous study by Rohmi (2025) demonstrated the effect of electronic media-based counseling on public stigma toward PMD, while Halimah et al. (2025) and Pratiwi et al. (2024) demonstrated the effects of leaflet- and audiovisual/poster-based education on knowledge and attitudes. However, no study has specifically examined the effect of health education through audiovisual media on changes in public stigma toward PMD in Nania Village, revealing a research gap that warrants investigation.

Based on this background, the present study aimed to determine the effect of health education through audiovisual media on the level of public stigma toward Persons with Mental Disorders (PMD) in Nania Village, Ambon, with the expectation that it may contribute to eliminating stigma and fostering closeness between the community and PMD as an integral part of society..

LITERATURE REVIEW

A mental disorder is a condition of disrupted mental functioning encompassing cognitive processes (thinking), affective processes (feeling), volition (willing), and psychomotor processes (behavior), which impairs social functioning and daily activities (Sulistyorini, 2024). Contributing factors include biological factors (genetics, neurotransmitter imbalance), psychological factors (trauma, prolonged stress), and social and environmental factors (poverty, discrimination, lack of support) (Rinawati & Alimansur, 2025).

Stigma refers to negative views or judgments assigned by society to individuals perceived as deviating from social norms, typically manifested as negative labeling, stereotyping, and discriminatory treatment (Sutini, 2024). According to Hakim (2024), stigma comprises public stigma, self-stigma, and structural stigma, which collectively may diminish the self-esteem of PMD, restrict employment opportunities and access to health services, and impede the recovery process (Zaini & Abdurrahman, 2024).

Health education is a promotive and preventive strategy aimed at enhancing knowledge, shaping positive attitudes, and encouraging behavioral change within the community (Nurul, 2025). Audiovisual media, which combine auditory and visual elements, are considered more effective than one-way media because they can convey messages concretely and emotionally in a memorable manner, thereby potentially enhancing understanding and reducing public stigma toward PMD (Basit & Lathifah, 2025; Halmawati, 2024).

H1: Health education through audiovisual media has an effect on public stigma toward Persons with Mental Disorders (PMD) in Nania Village.

The conceptual framework of this study illustrates the relationship between the independent variable, health education through audiovisual media, and the dependent variable, the level of public stigma toward PMD (low, moderate, high). Health education was administered as a single intervention, after which the level of stigma was measured before (pretest) and after (posttest) the intervention to assess the resulting change (Muin, 2023).

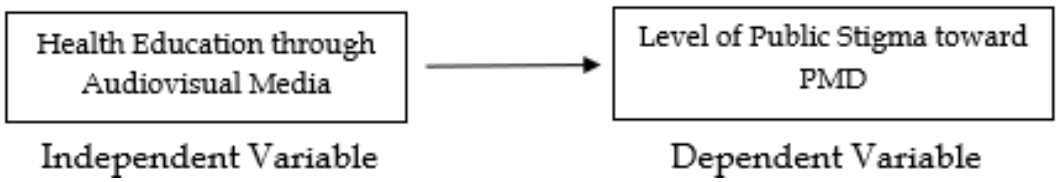

Figure 1. Conceptual Framework: Health Education Through Audiovisual Media (Independent Variable) → Level of Public Stigma Toward PMD (Dependent Variable)

METHODOLOGY

This study employed a quantitative approach using a quasi-experimental method with a One Group Pretest-Posttest Design, measuring the level of public stigma toward PMD before (pretest) and after (posttest) a health education intervention delivered through audiovisual media, without a control group (Notoatmodjo, 2021).

The study was conducted in Nania Village, Ambon City, Maluku Province, from April to May 2026. The study population comprised all residents of Nania Village who met the inclusion criteria, totaling 35 individuals. As the population size was fewer than 100, a total sampling technique was employed, whereby all 35 members of the population were included as study respondents.

The independent variable in this study was health education through audiovisual media, while the dependent variable was the level of public stigma toward PMD. The instrument used was the Perception of Discrimination Devaluation Scale (PDDS), consisting of 12 statement items scored from 1 to 4 (favorable and unfavorable items), categorized into low stigma (score 13–24), moderate stigma (score 25–36), and high stigma (score 37–48).

The research procedure began with obtaining research permits and explaining the study objectives and procedures to prospective respondents, followed by the signing of informed consent and administration of the stigma questionnaire as a pretest. Health education was then delivered through audiovisual media for approximately two hours, covering the definition of mental disorders, contributing factors, management, and the importance of social support for PMD, concluding with re-administration of the same questionnaire as a posttest.

The collected data were processed through the stages of collecting, checking, coding, entry, and processing using SPSS software. Univariate analysis was used to describe respondent characteristics and stigma levels before and after the intervention. The Shapiro-Wilk test was used to assess data normality; as one dataset was not normally distributed, the difference in stigma levels before and after the intervention was analyzed using the Wilcoxon Signed Rank Test at a significance level of $\alpha = 0.05$. This study adhered to ethical research principles, including informed consent, anonymity, data confidentiality, and beneficence toward respondents

RESULTS

The study was conducted in Nania Village, Ambon City, Maluku Province, involving 35 local residents as respondents. The results presented include respondent characteristics, the level of public stigma toward PMD before and after health education through audiovisual media, the results of the data normality test, and the results of the Wilcoxon Signed Rank Test.

Respondent characteristics by age, sex, and educational attainment are presented in Table 1 below.

Table 1. Distribution of Respondent Characteristics in Nania Village, Ambon City (N=35)

Characteristic	n	%
Age		
26–35	16	54.3
36–47	19	45.7
Sex		
Male	16	45.7
Female	19	54.3
Education		
Senior High School	16	45.7
Junior High School	9	25.7
Bachelor's Degree	10	28.6
Total	35	100.0

Based on Table 1, of the 35 respondents, the majority belonged to the 26–35 year age group (54.3%), were female (54.3%), and had completed senior high school as their highest level of education (45.7%).

Table 2. Distribution of Public Stigma Level Before Health Education (Pretest)

Pretest	n	%
High Stigma	20	57.1
Moderate Stigma	15	42.9
Total	**35**	**100.0**

Before health education was provided, the majority of respondents were categorized as having high stigma (57.1%), while the remainder exhibited moderate stigma (42.9%), indicating that the community still held considerably negative views toward PMD.

Table 3. Distribution of Public Stigma Level After Health Education (Posttest)

Postest	n	%
Moderate Stigma	23	66.7
Low Stigma	12	34.3
Total	35	100.0

After health education was provided, the majority of respondents were categorized as having moderate stigma (66.7%), and a low-stigma category emerged (34.3%), indicating an improvement in stigma levels toward a more positive direction.

Tabel 4. Hasil Uji Normalitas Data Shapiro-Wilk

Variable	df	Sig.
Pretest Public Stigma Level	35	0.000
Posttest Public Stigma Level	35	0.165

The Shapiro-Wilk test results showed a significance value of 0.000 ($p < 0.05$) for the pretest data, indicating a non-normal distribution, whereas the posttest data yielded a significance value of 0.165 ($p > 0.05$), indicating a normal distribution. As one dataset was not normally distributed, the non-parametric Wilcoxon Signed Rank Test was used to assess the difference between measurements.

Table 5. Wilcoxon Signed Rank Test Results for the Effect of Health Education Through Audiovisual Media on Public Stigma

Variable	Negative Ranks n (%)	Positive Ranks n (%)	Ties n (%)	Z	p-value
Public stigma level	35 (100.0)	0 (0.0)	0 (0.0)	-5.167	<0.001*

The Wilcoxon Signed Rank Test results indicate that all respondents (n = 35) experienced a decrease in public stigma level following health education through audiovisual media (negative ranks = 35; mean rank = 18.00; sum of ranks = 630.00). No respondents exhibited an increase in stigma level (positive ranks = 0) or identical pretest and posttest scores (ties = 0). The analysis yielded $Z = -5.167$ with an Asymp. Sig. (2-tailed) < 0.001 ($p < 0.05$), indicating a statistically significant difference between public stigma levels before and after health education through audiovisual media. These findings demonstrate that health education through audiovisual media had a significant effect on reducing public stigma toward Persons with Mental Disorders (PMD) in Nania Village, Ambon

DISCUSSION

The findings indicate that prior to health education, the majority of respondents exhibited high stigma toward PMD. This condition reflects persistent negative perceptions in the form of labeling, stereotyping, and a tendency to restrict social interaction with PMD, influenced by limited knowledge of and experience interacting with PMD (Halimah et al., 2025). This finding is consistent with Danukusumah et al., as cited in Abdurrahman (2024), who reported that public stigma toward PMD remained relatively high, and with Hanifa (2026), who explained that stigma is shaped by the social environment and constitutes a barrier to the recovery process.

Following health education through audiovisual media, stigma levels shifted in a more positive direction, marked by a shift in the proportion of respondents from the high-stigma category to the moderate-stigma category, along with the emergence of a low-stigma category. The education provided enhanced respondents' understanding of the causes, management, and recovery process of mental disorders, thereby helping to reduce previously held negative perceptions, stereotypes, and prejudice. This finding aligns with Zaman et al. (2024), who found that greater knowledge is associated with lower stigma toward PMD, and with Putri (2023), who demonstrated that education about PMD can significantly enhance knowledge and thereby potentially reduce stigma.

The Wilcoxon Signed Rank Test results yielded $Z = -5.167$ with $p = 0.000$ ($p < 0.05$), indicating a statistically significant difference between public stigma levels before and after health education. This finding is consistent with health education theory, which posits that increased knowledge can influence individual attitudes and behavior (Sutini, 2024). The researchers posit that health education through audiovisual media constitutes an effective approach to reducing public stigma toward PMD, as it conveys information in an engaging, concrete, and easily understood manner, thereby encouraging the community to become more open, foster closeness, and accept PMD as an integral part of society.

CONCLUSIONS AND RECOMMENDATIONS

Before health education was provided, the majority of respondents were categorized as having high stigma toward PMD (20 respondents; 57.1%), while the remainder exhibited moderate stigma (15 respondents; 42.9%).

After health education was provided, a shift in public stigma levels occurred, with 23 respondents (66.7%) categorized as having moderate stigma and 12 respondents (34.3%) categorized as having low stigma.

The Wilcoxon Signed Rank Test results yielded $Z = -5.167$ with $p = 0.000$ ($p < 0.05$), indicating a statistically significant difference in public stigma levels before and after health education.

Health education through audiovisual media was shown to have a significant and effective impact in reducing public stigma toward PMD in Nania Village, Ambon. Audiovisual media enhanced community understanding of mental disorders, thereby helping to eliminate stigma, foster closeness, and

cultivate acceptance of PMD as an integral part of society. It is recommended that educational institutions and healthcare providers incorporate health education through audiovisual media as part of a sustainable mental health promotion program within the community.

FURTHER STUDY

This study has several limitations, namely a relatively limited number of respondents (n = 35), which restricts the generalizability of the findings to a broader population; the use of a one-group pretest-posttest design without a control group, meaning that the observed change in stigma cannot be fully attributed solely to the health education intervention; data collection relying on a self-report questionnaire, which depends on respondents' honesty and perception; and measurement conducted only shortly after the intervention, such that the long-term sustainability of the educational effect remains unknown.
Future research is recommended to employ a design incorporating a control group with a larger and more varied sample size, to compare the effectiveness of audiovisual media with other educational media, and to measure stigma levels over a longer time period in order to examine the sustainability of the effect of health education in reducing public stigma toward PMD.

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