# Mental Health Stigma Among Generation Z Students in Salafi Islamic Boarding Schools

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### ABSTRACT

Salafi Islamic boarding schools adhering to traditional religious learning can potentially create mental health issues. The mental health problems often experienced by Generation Z students in Islamic boarding schools potentially led to the emergence of stigma. This study aims to describe mental health stigma among Generation Z students in Salafi Islamic boarding schools. It used a quantitative design and a survey approach. The population was Generation Z students in Salafi Islamic boarding schools. Furthermore, there were 155 samples by stratified random sampling. This study was carried out in 3 boarding schools in Bantur District, Malang Regency, from January to February 2022. The variable was mental health stigma. The data were collected by distributing a questionnaire to Generation Z students at Salafi Islamic boarding schools in the Bantur District. The questionnaire used the Peer Mental Health Stigmatization Scale (PMHSS). The PMHSS consisted of 2 indicators: Stigma agreement (self-stigma) and stigma awareness (social stigma). Data analysis used median and percentile values because the data was not normally distributed. Normality test used Kolmogorov-Smirnov using SPSS Statistics 25. The results showed that social stigma had a median value of 40, self-stigma had 40, and overall mental health stigma had 80. In conclusion, Generation Z students in the Salafi Islamic boarding schools had a high mental health stigma. Therefore, efforts to reduce and prevent the Stigma in Salafi Islamic boarding schools through a technology-centered approach and cross-sectorial collaboration with Public Health Center or health workers are crucial.

# INTRODUCTION

Mental health can impact health status individually, socially, and in the environment. Depression, anxiety, stress, substance abuse, and psychotic disorders are the manifestations of mental health problems (Stuart, 2013). Thus, mental health issues are essential. The World Health Organization (WHO) stated that 450 million people lived with mental disorders in 2013. Furthermore, In Indonesia, the number was 1.7 million in 2013. Unfortunately, the incidence in 2018 increased to 7% from 2013. In addition, mental health issues in 2018 also increased, with 6.1% of individuals over 15 years old experiencing depression. Furthermore, emotional, and mental health problems also increased to 9.8% from 6% in 2013, with individuals aged 15 years and above being predominant (Kementerian Kesehatan Republik Indonesia, 2018).

Lack of public knowledge about mental health care correlated with increasing mental health problems in society (Yin et al., 2020). Further, it can create a stigma toward people with mental health problems. In addition, the results of an Indonesian study of 1,269 people noted that stigma was influenced by several factors, one of which was age (Hartini et al., 2018). Furthermore, external factors are also essential in the individuals' ability to receive knowledge. Knowledge will change a person's perception of an object,

either a negative or positive perception. One of the external factors was the media or technology (Baki, Birgoren, and Aktepe, 2018).

Currently, the Indonesian population is dominated by Generation Z, 15–25 years old. Generation Z is an intelligent generation that constantly uses the Internet for information and learning media (Verma, BHARDWAJ and SACHAN, 2019). However, Generation Z is at risk of experiencing mental health problems, especially the risk of early psychosis. It is because the generation is often more concerned about technology than their social environment (Enos, 2020). Therefore, Generation Z potentially experiences a stigma of mental illness (Stangl et al., 2019).

Indonesia is the country with the largest Muslim population in the world. Thus, boarding schools in Indonesia are overgrowing (Muazza et al., 2018). Nowadays, many Generation Z parents choose to send their children to Islamic boarding schools. However, schooling in Islamic boarding schools potentially affects the children's mental health. They feel sad, lonely, and excluded, face difficulties adapting, and come into fights or violent engagements between friends (Khamida et al., 2020). The mental health problems often experienced by Generation Z students in Islamic boarding schools led to the emergence of stigma. The stigma is influenced by gender and level of piety (Abuhammad and Al-Natour, 2021).

Islamic boarding schools, especially Salafi ones, are known to be traditional institutions administering informal learning. Thus, generation Z probably lacks health information because Salafi Islamic Boarding Schools only focus on religious education. Their students think and lead their lives under the guidance of religion (Nor, 2021). A preliminary study on three students of Generation Z in Salafi Islamic boarding schools found that their perception of individuals with mental illness was due to evil spirit possession, empty heart disease, and a lack of worship or intimacy with God. They believed that ruqyah by Kyai could overcome mental health issues. In addition, two students stated that female students in the Islamic boarding school often get possessed by evil spirits and lose their minds. That preliminary study illustrated the problems faced by Generation Z students within the Salafi Islamic boarding school, especially concerning mental health stigma. This study aims to describe mental health stigma among Generation Z students in Salafi Islamic boarding schools.

### **METHOD**

This research used a quantitative design and a survey approach. The population was Generation Z students in Salafi Islamic boarding schools. Furthermore, there were 155 samples by stratified random sampling. This study was carried out in 3 boarding schools in Bantur District, Malang Regency, from January to February 2022. The variable was mental health stigma. The data were collected by distributing a questionnaire to students at Salafi Islamic boarding schools in the Bantur District.

The questionnaire used the Peer Mental Health Stigmatization Scale (PMHSS) (Mckeague et al., 2015). The PMHSS consisted of 2 indicators: stigma agreement (self-stigma) and stigma awareness (social stigma). Furthermore, stigma agreement refers to young people's beliefs about stereotypes, prejudices, and discriminatory behavior. Meanwhile, stigma awareness refers to their perception of stigmatized attitudes espoused by most members of society (Nearchou et al., 2021). There were 24 question items in the PMHSS, consisting of eight questions on self-stigma, eight on social stigma, and eight on positive questions that were not of both scales (4 on social stigma and four on personal stigma). The scoring of the instrument was based on the Likert scale, consisting of Strongly disagree (score=1), Disagree (score=2), neither agree nor disagree (score=3), agree (score=4), and strongly agree (score=5). The questionnaire interpretation was the higher the value, the greater the social stigma, self-stigma, and overall mental health stigma. Data analysis used mean and standard deviation for data with normal distribution. However, when the data distribution was not normal, it used median and percentile values. Normality test used Kolmogorov-Smirnov using SPSS Statistics 25. This research has received ethical approval from the Ethics Committee of STIKES Kepanjen Malang.

# **RESULT**

Most respondents were female (75.5%) and in early adolescence (61.2%). In addition, almost half of them confessed to enrolling in Islamic Boarding Schools due to their parent's advice. Nearly all the respondents disagreed that traumatic experience was the cause of mental health problems (90.3%). Most believed that mental health problems were God's punishment (96.1%) and were caused by possession or similar phenomenon (90.3%). Some students also perceived that physical violence causes mental health problems (60.6%) (Table 1).

Table 1 Characteristics of Generation Z respondents in Salafi Islamic boarding schools (n = 155)

Characteristics of respondents	Frequency	Percentage (%)
Sex		
Male	66	42.5
Female	89	75.5
Age		
Early adolescent (12–16 years old)	95	61.2
Late adolescent (17–25 years old)	60	38.8
Reason to enroll in Islamic Boarding School		
Peer invitation	34	21.9
Voluntary decision	43	27.8
Parent's advice	64	41.2
A desire to escape	14	9.0
Have you ever seen or met a friend who has strange behavior?		
Yes	148	86.5
No	7	4.5
The cause of mental health problems is traumatic experiences.		
Agree	15	9.7
Disagree	140	90.3

Mental health problems are God's punishment.		
Agree	149	96.1
Disagree	6	3.9
Mental health problems result from possession or similar		
phenomenon.		
Agree	140	90.3
Disagree	15	9.7
The cause of mental health problems is physical violence.		
Agree	94	60.6
Disagree	61	39.4

Figure 1 indicates the Q-Q plot of mental health stigma among Generation Z in the Salafi Islamic boarding schools mostly went along a line, but some strayed far from the line. Therefore, the data were assumed not to be normally distributed. In addition, the result of the Kolmogorov-Smirnov normality test was  $0.000~(\alpha<0.05)$ . In conclusion, the data were not normally distributed. Thus, the concentration and dissemination of data were measured using median and percentile values.

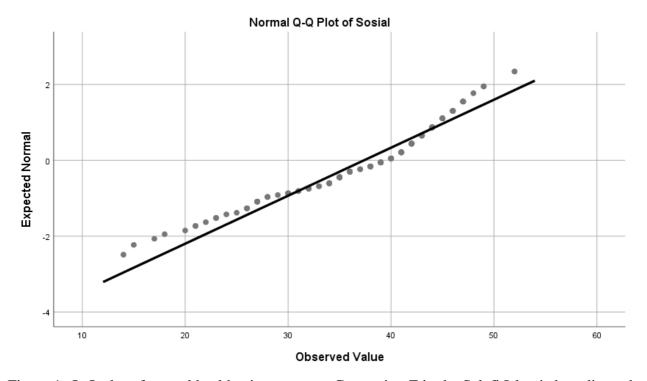


Figure 1. Q-Q plot of mental health stigma among Generation Z in the Salafi Islamic boarding schools

Mental health stigma has two types: social stigma and self-stigma. The social stigma had a median value of 40. In addition, self-stigma had a median value of 40 (Table 2). Thus, respondents demonstrated a high level of social stigma and self-stigma. Furthermore, overall mental health stigma among Generation Z in the Salafi Islamic boarding schools had a median value of 80 (Table 3). Therefore, overall mental health stigma was high among Generation Z in the Salafi Islamic boarding schools.

Table 2. Mental health stigma among Generation Z in the Salafi Islamic boarding schools per indicator (n = 155)

Mental health stigma	Minimum	Maximum	Median
Social Stigma	14	52	40
Self-stigma	12	56	40
Overall mental health stigma	26	102	80

# **DISCUSSION**

Mental health stigma consists of two types, self-stigma, and social stigma. Our findings found that the self-stigma among Generation Z in this study was high. Self-stigma is a feeling of having mental health problems, and the person experiencing it can recognize and approve of the stigma of their condition. It can result in the person behaving negatively toward themselves (Schwarzbold *et al.*, 2021). The factors affecting self-stigma include sociodemographics, consisting of gender, age, status, and education. In this study, all respondents were Generation Z (12–25 years old). The generation is of the productive age range and is incredibly well-versed in using technology (Jaciow and Wolny, 2021).

In addition, this study revealed that the social stigma among Generation Z in the Salafi Islamic boarding schools was high. Social Stigma refers to negative characteristics attached to a person due to environmental influence (Jung, von Sternberg, and Davis, 2017). The high social stigma was probably due to a lack of knowledge of mental health problems among Islamic Boarding Schools students. Inadequate knowledge about mental health issues can raise prejudices, stereotypes, discrimination, and exclusion (Stangl *et al.*, 2019). Salafi Islamic boarding schools still adhere to traditional education systems. The learning methods are still centered on studying *kitab kuning*. Therefore, the novelty literature available is minimal (Musaddad, 2021). As a result, the literacy levels of Generation Z in the Salafi Islamic Boarding Schools related to mental health problems, especially self-stigma, and social stigma, are inadequate.

Furthermore, this paper revealed that the overall mental health stigma among Generation Z in the Salafi Islamic boarding schools was high. One factor affecting mental health stigma is the education system applied in Islamic boarding schools, including using technology as a source of literacy to improve students' knowledge (Kholili, 2021). In addition, the phenomena of Islamic boarding schools or *Kyai* not involving health workers in health problem prevention are ubiquitous. Moreover, many students have more trust in the opinions of *Kyai* than in health education from health workers (Bajari, Wahyudin, and Erlandia, 2019).

Cross-sectorial collaboration can prevent mental health stigma among Generation Z in Islamic Boarding Schools. One is establishing a Poskestren to avoid health problems in Islamic Boarding Schools. In addition, using media and technology concerning health knowledge is essential because Generation Z heavily relies on technology in learning (Seibert, 2021). Another preventive effort is using a

psychotherapeutic approach, such as psychoeducation. Furthermore, a psychological approach is crucial to prevent mental health problems in the community (Alfianto *et al.*, 2019). Playing Sufi music also can be one way in Islamic boarding schools (Gurbuz-Dogan *et al.*, 2021). Students also believe in the spiritual approach used by *Kyai*. Therefore, the mental health stigma among Generation Z in Islamic boarding schools can be overcome by the collaboration between *Kyai* and health workers.

Ruqyah (n): Islamic ritual used to expel demons or jinn that disturb the body of Muslims, like Exorcism in Catholicism

*Kyai* (n): an expert in Islam, usually used among the ethnic Javanese people.

Kitab kuning (n): the traditional set of Islamic texts used by the educational curriculum of the Islamic seminary in Indonesia

*Poskestren* (n): it stands for Islamic Boarding School Health Post. It is part of one form of Community-Based Health Efforts (UKBM) in Islamic boarding schools.

# **CONCLUSION**

In conclusion, Generation Z students in the Salafi Islamic boarding schools had a high mental health stigma. Therefore, efforts to reduce and prevent the Stigma in Salafi Islamic boarding schools through a technology-centered approach and cross-sectorial collaboration with Public Health Center or health workers are crucial.

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