

General Help-Seeking Attitudes in Pregnant Women and Mothers: the Role of Stigma, Knowledge, and Locus of Control

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Abstract:

Background: About 15% of women experience peripartum depression, yet most do not seek help. This study aimed to examine stigma, knowledge about peripartum depression, and locus of control as determinants of attitudes toward seeking psychological help in the context of peripartum depression.

Method: Pregnant women and mothers with infants up to one year old (N=279) completed the Edinburgh Postnatal Depression Scale (EPDS), Stigma Scale for Receiving Professional Psychological Help (SSRPH), Knowledge about Postpartum Depression Questionnaire (KPPD-Q), Rotter's I-E Scale (RI-E), and Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF).

Results: Higher education, higher perceived socioeconomic status, and previous psychiatric treatment were associated with more positive attitudes toward seeking help. Also, lower public stigma, higher levels of knowledge about postpartum depression, and a more internal locus of control were associated with more positive attitudes toward seeking professional help. However, regression analysis revealed that lower stigma and an internal locus of control were significant predictors of more positive help-seeking attitudes, but not the knowledge.

Conclusion: These findings enhance the understanding of predictors of attitudes towards seeking professional help and can help develop practical programs that encourage help-seeking during the peripartum period, targeting stigma and locus of control.

Keywords: stigma, knowledge, locus of control, help-seeking, peripartum depression

Introduction

Peripartum depression (PD) occurs during pregnancy and up to 12 months postpartum (Nakić Radoš, Akik, et al., 2024). According

to meta-analyses, 14% of postpartum mothers experience depressive symptoms (Liu et al., 2022), which can leave lasting consequences for both the mother and the child (Slomian et al., 2019). Research has primarily focused on

examining prevalence and screening options, while little attention has been given to help-seeking behaviour for this issue (Jones, 2019). For the clarity, in this study, we use term “peripartum depression” (PD) when referring to both depression during pregnancy and postpartum, and “postpartum depression” when referring only to depression after childbirth.

Despite the increasing availability of various forms of psychological support, women often find it challenging to take this step (Fonseca & Canavarro, 2017; Grissette et al., 2018). A recent study in Poland found that 92% of women who screened positive for postpartum depression did not accept a referral for further psychological consultations (Chrzan-Dętkoś et al., 2025). A study conducted in Croatia (Pipun, 2022) showed that 69% of mothers were aware that mental health professionals could help, yet only 10% of respondents who had some mental health difficulties sought professional help. Therefore, the question arises regarding the predictors that may contribute to women experiencing suffering in silence.

According to the Theory of Planned Behaviour (Ajzen, 1985), actions are driven by intention, which serves as a motivational factor for behaviour, and the stronger the intention, the greater the likelihood that the behaviour will occur. It is affected by three determinants: attitudes toward the behaviour (whether the person evaluates the action and its outcomes positively or negatively), subjective norms (the individual’s beliefs about how others will react), and perceived behavioural control (the person’s perception of their ability to perform the behaviour successfully). A meta-analysis by Gulliver et al. (2010) found that negative attitudes toward help-seeking were among the key reasons why individuals did not seek assistance for common mental disorders. Previous studies examining barriers to help-seeking during the peripartum period

have highlighted various social (e.g., stigma, lack of knowledge), instrumental (e.g., financial constraints, transportation), and structural (e.g., information about services, accessibility) factors (Grissette et al., 2018; Jones, 2019; Pipun, 2022).

The stigma associated with seeking psychological help is widespread (Bell et al., 2016; Grissette et al., 2018). In the context of PD, stigma can be considered dual-layered: the stigma associated with having a mental disorder and the additional stigma of not meeting societal expectations of being a “good” mother. One in four participants believed that women are instinctively equipped to care for a child (Branquinho et al., 2019), which can amplify feelings of shame and guilt and make it harder for women to seek help (Daehn et al., 2022).

Knowledge about PD is crucial for women and their support network to recognise symptoms and seek appropriate help (Branquinho et al., 2019). A lack of knowledge can lead to negative attitudes toward help-seeking and act as a barrier to taking this step (Grissette et al., 2018; Jones, 2022). Many women do not seek help because they believe they are the only ones experiencing such symptoms and fail to recognise that they are dealing with PD (Branquinho et al., 2019; Daehn et al., 2022).

Another characteristic that may play a role in help-seeking is locus of control. According to Rotter (1966), individuals with an internal locus of control believe that outcomes result from their actions, while those with an external locus attribute outcomes to external factors. An association between locus of control and attitudes toward help-seeking remains unclear, with some studies suggesting that positive attitudes are associated with an internal locus (Chan et al., 2019; Perenc & Radochonski, 2016), while others indicate an external locus of control (Oladipo & Oyenuga, 2013). Individuals with a more inter-

nal locus may blame themselves for difficulties, while those with a more external locus attribute challenges to external circumstances. This external attribution can reduce self-imposed pressure but may also lead to passivity (April et al., 2012; Rotter, 1966). To date, no known studies have examined the relationship between locus of control and attitudes toward help-seeking in the context of PD.

Some of the previously mentioned constructs are also interrelated. Greater knowledge about mental health has been associated with lower levels of stigma (Branquinho et al., 2020; Griffiths et al., 2008), although some authors have found no such association (Cheng et al., 2018). Research also indicates that an internal locus of control is linked to less stigmatising attitudes (James, 2020; Yamaoka & Stapleton, 2016). However, the number of studies examining predictors of attitudes toward seeking professional psychological help in the context of PD is limited (Bell et al., 2016; Grissette et al., 2018). Thus, this study aims to explore stigma, knowledge, and locus of control as determinants of attitudes toward seeking psychological help for PD among pregnant and postpartum women. We hypothesised that greater knowledge about PD and lower public stigma would predict a more positive attitude toward seeking psychological help for PD. On the other hand, we could not set a firm hypothesis regarding the locus of control due to the inconsistent findings.

Method

Participants

The inclusion criterion was being a pregnant woman or a mother with a child up to one

year of age. A total of 279 participants took part in the study. Participants' ages ranged from 21 to 47 years, with a mean age of 31 ($SD = 4.66$). The majority of participants were in the postpartum period (62.1%), while 37.9% were pregnant. Most participants were married (79.1%) or cohabiting (19.1%), and 72.3% had completed higher education. Most participants were employed on a permanent basis (70.3%) and perceived their income as average (61.3%) or above average (33.7%). Over half of the participants lived in urban areas (60.9%). The majority of participants reported not receiving treatment for psychiatric conditions in the past (89.2%). However, 21.6% reported a psychiatric family history. Regarding parity, 16.7% were expecting their first child, 44.6% had one child, and 38.7% had two or more children.

Measures

The *Edinburgh Postnatal Depression Scale* (EPDS; Cox et al., 1987) measures postpartum depressive symptoms. It consists of 10 items, with a total score ranging from 0 to 30. A higher score indicates higher levels of depression, with a cut-off score of ≥ 13 for probable depression during pregnancy and postpartum (Levis et al., 2020). The validated Croatian translation has been used (Nakić Radoš et al., 2013). In the current study, McDonald's ω was .81.

The *Stigma Scale for Receiving Psychological Help* (SSRPH; Komiya et al., 2000) comprises five items that describe the stigma associated with receiving professional psychological help. Responses are given on a 4-point scale. The total score is calculated as an average ranging from 1 to 4, with higher scores indicating a greater perception of stigma when seeking psychological help. The scale has been translated into Croatian (Bojanić et al., 2016). In the current study, McDonald's ω was .79.

The Postpartum Depression Knowledge Scale (KPPD-Q; Branquinho et al., 2019) consists of 15 statements assessing PD knowledge. Participants are required to respond with “True,” “False,” or “I don’t know.” One point is awarded for a correct answer. The total score ranges from 0 to 15, with higher scores indicating greater knowledge about PD. The scale was previously translated into Croatian (Banovac, 2022). In the current study, McDonald’s ω was .68.

The *Rotter’s Internal-External Scale* (RI-E; Rotter, 1966) consists of 29 pairs of statements designed to measure the perceived locus of control over life events. For each pair, the participant must choose between two options: one statement represents an external locus of control, while the other represents an internal locus of control. The total score is calculated as the sum of points from 23 items, ranging from 0 to 23, where a higher score indicates a greater external locus of control. Six items are not scored as they serve to obscure the purpose of the scale. This scale was previously translated into Croatian (Knezović, 1981). After factor analysis with Varimax rotation, a one-factor solution with 16 items was retained, and seven items were excluded due to low factor saturation. In the current study, McDonald’s ω was .75.

The Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995) consists of 10 items, rated on a 4-point scale. The total score ranges from 10 to 40, with a higher score indicating more positive attitudes toward seeking psychological help. The scale has been previously translated into Croatian (Ćorić, 2019). In the current study, McDonald’s ω was .72.

The sociodemographic questionnaire included questions about the participant’s age,

education, marital status, employment, socioeconomic status, place of residence, personal and family anamnesis, pregnancy/childbirth, and the number of children.

Procedure

Ethics Committee of the Catholic University of Croatia approved the study. The recruitment of participants was conducted through online platforms, including social media and relevant groups. Data collection took place between April and June 2023 via the LimeSurvey platform. Before accessing the questionnaire, participants had the opportunity to read the informed consent, and their participation was anonymous.

Statistical Analyses

The data were analysed using the IBM SPSS Statistics 23 software. The factorial structure of *Rotter’s Internal-External Locus of Control Scale* was examined using Principal Axis Factoring with Varimax rotation. All variables significantly deviated from a normal distribution according to the Kolmogorov-Smirnov test, but their skewness and kurtosis indices were within the range of -1 to 1, which is considered normal distribution (Hair et al, 2022), so parametric statistics were applied. Pearson’s correlation coefficient was used to examine the relationships between variables. All assumptions were met, and hierarchical regression analysis was used to determine the predictive contribution of the variables. Using the G*Power program (Faul et al., 2007), it was calculated that by entering up to eight predictors with a medium effect size, a significance level of 5% and a power of 90%, at least 136 participants were needed, which was far exceeded.

Results

Descriptive Data

In the sample, 29.5% of pregnant and 33.3% of postpartum women had elevated depression scores. The average score on the knowledge scale indicates a moderate level of knowledge about PD. The average score on the questionnaire assessing attitudes toward seeking psychological help indicates more positive attitudes. The average score on the stigma scale suggests a lower level of stigma, while the scale measuring locus of control shows a higher degree of internal locus of control in the sample.

Associations between help-seeking and related variables

Participants who had more negative attitudes toward seeking psychological help also

reported a higher stigma regarding receiving help, had lower knowledge about PD, and had a higher level of external locus of control (Table 1). Symptoms of depression were not statistically significantly related to attitudes toward seeking psychological help. Higher education ($r = .12, p < .05$), higher perceived socioeconomic status ($r = .17, p < .01$), and previous psychiatric treatment ($r = -.21, p < .05$) were associated with more positive attitudes toward seeking help. Therefore, these variables were controlled for in the subsequent analyses.

Explaining help-seeking attitudes

A hierarchical regression analysis was conducted to determine the predictive contribution of stigma, knowledge about PD, and locus of control to attitudes toward seeking psychological help (Table 2). In the first step, demographic variables (education level, perceived income, and psychiatric treatment

Table 1. Descriptive data and the correlation matrix ($N=279$)

| | <i>M</i> | <i>SD</i> | <i>Min</i> | <i>Max</i> | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------|----------|-----------|------------|------------|---|-------|-------|-------|--------|
| 1. Stigma | 1.91 | 0.69 | 1 | 4 | - | -.13* | .23** | .23** | -.33** |
| 2. Knowledge | 8.82 | 2.78 | 0 | 15 | | - | -.13* | -0.05 | .18** |
| 3. Locus of control ^a | 8.65 | 3.34 | 0 | 16 | | | - | .31** | -.22** |
| 4. Peripartum depression symptoms | 10.21 | 4.45 | 0 | 21 | | | | - | -0.11 |
| 5. Help-seeking attitudes | 33.48 | 4.4 | 14 | 40 | | | | | - |

Note: * $p < .05$; ** $p < .01$. ^a Locus of control RI-E with 16 items: 2, 4, 6, 9, 10, 11, 12, 13, 15, 16, 17, 18, 22, 23, 25 & 28.

Table 2. Hierarchical regression analysis with attitudes toward seeking professional help as a criterion ($N=279$)

| Variables | 1 st step | | | 2 nd step | | |
|------------------------------------|------------------------|---------|--------------|-------------------------|---------|--------------|
| | <i>B</i> | β | <i>SE(B)</i> | <i>B</i> | β | <i>SE(B)</i> |
| Level of education ^a | .77 | .08 | .59 | .19 | .02 | .57 |
| Perceived income ^b | 1.22 | .15* | .48 | .93 | .12* | .45 |
| Psychiatric treatment ^c | -2.93 | -.21** | .84 | -2.83 | -.20** | .79 |
| Stigma | | | | -1.77 | -.28** | .37 |
| Knowledge | | | | .14 | .09 | .09 |
| Locus of control | | | | -.18 | -.14* | .08 |
| | $R^2 = .06$ | | | $R^2 = .18$ | | |
| | $F(3,257) = 6.89^{**}$ | | | $\Delta R^2 = .12$ | | |
| | | | | $F(6,254) = 10.67^{**}$ | | |

Note: * $p < .05$; ** $p < .01$. ^a Education, graduated from: 1 – primary school, 2 - secondary school, 3 – college or university; ^b Perceived income: 1 – below average, 2 – average, 3 – above average; ^c Psychiatric treatment: 1 – yes, 2 – no.

experience) were included as control variables, which explained 6% of the variance in the model. Psychiatric treatment experience and higher perceived income were significant predictors of more positive attitudes toward help-seeking. In the second step, when stigma, knowledge, and locus of control were included, 12% of the additional variance was explained. Lower stigma and a more internal locus of control were significant predictors of more positive attitudes toward seeking psychological help. In contrast, knowledge was not a significant predictor.

Discussion

This study aimed to examine stigma, knowledge about PD, and locus of control as determinants of attitudes toward seeking psychological help for mental health problems in the peripartum population. Our findings indicate that lower stigma and an internal locus of control were statistically significant predictors of more positive attitudes toward seeking help. On average, attitudes toward seeking professional psychological help were positive, which aligns with a previous study from Portugal (Branquinho et al., 2019). We cannot account for these positive attitudes solely based on the empirical data from the current study, but we can speculate on several

possible explanations. First, the positive attitudes toward seeking help in this study may be partially explained by the fact that the participants were women. Women are more open to seeking help and have more positive attitudes; however, attitudes toward seeking professional psychological help are also becoming more positive (Perenc & Radochonski, 2016). Furthermore, during the COVID-19 pandemic, various media emphasised the importance of seeking mental health support, which may have contributed to the positive attitudes found in this study.

Our results are consistent with the hypothesis that higher levels of stigma would predict more negative attitudes toward help-seeking, and these findings align with other studies in Croatia on general populations (Gazibarić, 2022). However, they differ from those of Bojanić et al. (2016), where public stigma and attitudes toward seeking professional help were not associated. Still, reviews examining barriers to seeking help showed that some of the most common barriers are stigma and shame in young people (Gulliver et al., 2010) as well as in peripartum women (Daehn et al., 2022).

A more internal locus of control predicted more positive attitudes toward seeking psychological help. To the best of our knowledge, no research has examined the role of locus of control in help-seeking among peripartum women; however, there are somewhat conflicting findings from other populations. Our finding is contrary to the study showing that an external locus of control is associated with seeking psychological help, as individuals with an external locus do not believe they are capable of solving their problems on their own, which is why they seek help (Oladipo & Oyenuga, 2013). However, more studies are showing an association between an internal locus of control and positive attitudes toward help-seeking, such as studies on students

(Ćorić, 2019; Perenc & Radochonski, 2016) and participants from Hong Kong and the West (Chan et al., 2019).

Concerning the knowledge about PD, peripartum women in this study showed a mediocre level of knowledge, which aligns with a study on the general population in Croatia (Banovac, 2022) and the review showing a lack of knowledge about the PD symptoms both in peripartum women and the general population (Daehn et al., 2022). A meta-analysis examining barriers to seeking help found that inability to recognise symptoms and lack of knowledge about mental health services were among the most common barriers (Gulliver et al., 2010). Branquinho et al. (2020) demonstrated that greater knowledge about PD was associated with a stronger intention to recommend professional help, as it reduced negative attitudes. Although we showed that greater knowledge was associated with more positive attitudes toward seeking help at the bivariate level, knowledge did not prove to be a significant predictor of attitudes in the regression analysis when stigma and locus of control were considered, probably due to shared variance. However, it should be emphasised that the reliability of the knowledge questionnaire was on the borderline of acceptability ($\omega = .68$), and it is possible that some questions were not well-adapted. According to Ajzen (1985), knowledge has less influence on attitudes if they are strongly positive or negative. Since participants demonstrated highly positive attitudes toward seeking help, it is possible that knowledge no longer plays a significant role in providing a meaningful predictive contribution in this case.

Some limitations have to be addressed. Intentions and attitudes can change over time, so data collected from the same person at a single point may change, meaning that previously collected attitudes and intentions do not predict behaviour perfectly (Ajzen, 1985).

Therefore, this topic should be examined using a longitudinal design. The RI-E scale of locus of control did not show the original factor structure and was reduced from 23 to 16 items with a one-factor solution. The participants were predominantly married, highly educated, had an average income, were employed, and resided in urban areas. Therefore, the results of this study may not be relevant to women who do not fit this description. Future research should include a sample with under-represented groups, especially considering the perceived income, as it has been shown to be a predictor of attitudes. Finally, the majority of the sample did not reach the clinical threshold for PD, so future studies could be replicated in clinical samples. However, the prevalence of about 30-33% of peripartum women with elevated levels of depression symptoms is double than the one shown in the literature (Liu et al., 2022), which can imply that the sample was self-selected toward women with more mental health problems.

In conclusion, this research has shown that stigma and internal locus of control were significant predictors of more positive attitudes toward seeking help for PD. It is important to focus interventions on changing attitudes to increase the number of women seeking help for PD. Women are in frequent contact with the healthcare system during pregnancy and the postpartum period, and these encounters could be an opportunity for screening, as recommended by the latest guidelines on PD (Nakić Radoš et al., 2025), where a recently developed Peripartum Depression Scale, based on the recent criteria for PD, can aid in this process (Nakić Radoš, Matijaš et al., 2024). Additionally, there is a recognised need to enhance knowledge about PD. Branquinho et al. (2019) demonstrated that participants who had received public campaign education had better knowledge. It is important to raise societal awareness about PD, which could

help reduce stigma in society and improve attitudes toward seeking help, thus contributing both preventively and alleviating symptoms.

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Opći stavovi prema traženju pomoći kod trudnica i majki: uloga stigme, znanja i lokusa kontrole

Sažetak:

Uvod: Oko 15% žena ima peripartalnu depresiju, ali većina ne traži pomoć. Ovo istraživanje imalo je za cilj ispitati stigmatu, znanje o peripartalnoj depresiji i lokus kontrole kao odrednice stavova prema traženju psihološke pomoći u kontekstu periportalne depresije.

Metoda: Trudnice i majke s dojenčadi do godinu dana ($N=279$) ispunile su Edinburšku ljestvicu poslijeporođajne depresivnosti (EPDS), Upitnik javne stigme kod primanja stručne psihološke pomoći (SSRPH), Skalu znanja o poslijeporođajnoj depresiji (KPPD-Q), Rotterovu ljestvicu unutrašnjeg naprama izvanjskom mjestu kontrole (RI-E) i Upitnik stavova o traženju stručne psihološke pomoći (ATSPPH-SF).

Rezultati: Visoko obrazovanje, viši socioekonomski status i prethodno psihijatrijsko liječenje bili su povezani s pozitivnijim stavovima prema traženju pomoći. Također, niža javna stigma, viša razina znanja o poslijeporođajnoj depresiji i veći internalni lokus kontrole povezani su s pozitivnijim stavovima prema traženju stručne pomoći. Međutim, regresijska analiza je pokazala da su niža stigma i internalni lokus kontrole značajni prediktori pozitivnijih stavova traženja pomoći, ali ne i znanje.

Zaključak: Ovi nalazi poboljšavaju razumijevanje prediktora stavova prema traženju stručne pomoći i mogu pomoći u razvoju praktičnih programa koji potiču traženje pomoći tijekom periportalnog razdoblja ciljajući na stigmatu i lokus kontrole.

Ključne riječi: stigma, znanje, lokus kontrole, traženje pomoći, periportalna depresija

