



Information behaviour as a mediator of the influence of e-health literacy on counselling decisions among Universitas Indonesia students

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Abstract

Introduction.

Universities promote digital mental health support; however, how literacy translates into actual help-seeking remains unclear. This study examined whether health information-seeking behaviour functions as a potential mediating pathway between mental e-health literacy and counselling uptake among Universitas Indonesia students, extending Wilson's (1999) and Savolainen's (1995) models of information behaviour.

Method.

A mixed-methods design was used, combining surveys of 99 counselling users (2022–2025) with four follow-up interviews with experts. Quantitative data were analysed using partial least squares structural equation modelling, and qualitative interviews explored behavioural mechanisms and contextual experiences.

Analysis.

The quantitative analysis examined the direct and indirect effects of mental e-health literacy, health information seeking behaviour, and counselling decisions. Qualitative data were thematically coded to identify patterns related to digital trust, confusion, and social influence in students' online information practice.

Results.

Mental e-health literacy predicted health information seeking behaviour ($\beta = 0.399$, $p < 0.001$) and counselling decisions ($\beta = 0.342$, $p = 0.007$), and health information seeking behaviour predicted counselling decisions ($\beta = 0.295$, $p = 0.016$). The indirect effect was marginal ($\beta = 0.118$, $p = 0.057$), indicating a positive but statistically unsupported mediating effect. The model explained 28.4% of the variance in the counselling decision-making.

Conclusion.

The findings suggest that health information seeking behaviour supports the relationship between literacy and counselling decision-making but highlights its limited mediating role. Universities should integrate mental e-health literacy training into credible and navigable online ecosystems. The limitations of this study include its single-site focus, small sample size, and potential self-selection bias.

Introduction

Mental health problems among university students are increasingly recognized as a global issue worldwide. Studies have shown that psychological distress, anxiety, and academic pressure are prevalent in higher education institutions (Liverpool et al., 2024). These concerns are evident in Indonesia. The Ministry of Health (Kementerian Kesehatan Republik Indonesia, 2023) reported that young people, including university students, face high levels of mental health problems but remain reluctant to seek professional help. Local studies similarly highlight that academic demands and stress contribute significantly to students' psychological burdens (Faradiba & Rahmatullah, 2023).

Despite these challenges, the use of professional counselling services in the country remains limited. Although many universities provide counselling centres, the actual utilization rate tends to be low, often due to stigma, lack of awareness, or uncertainty about the benefits of counselling (Fitriana, 2024). This gap between need and actual service use underscores the importance of understanding the factors that influence students' counselling decisions.

One crucial factor is how students engage with information before making decisions. From an information behaviour perspective, counselling-related decisions are often preceded by information engagement, evaluation, and interpretation processes rather than immediate service utilization. In practice, many students rely on digital platforms to address mental health concerns. They browse websites, social media, or online forums to find initial explanations, self-diagnoses, or seek peer testimonies (Balqis, 2023). This behaviour reflects the growing role of information practices in health-related decision making. However, while digital platforms provide accessibility, they also present risks; information may be fragmented, contradictory, or of questionable credibility (Saputri & Manggalani, 2024).

Thus, e-health literacy is a critical skill for patients. Defined by Norman and Skinner (2006) as the ability to find, understand, and apply online health information, e-health literacy has been further specified in recent years as mental e-health literacy, which refers to the skills required to evaluate and use digital mental health resources effectively (Xu et al. 2024). Empirical studies suggest that higher health literacy is associated with more informed help-seeking orientations and decision-related confidence (Di Novi et al., 2024; Yuen et al., 2024). However, how mental e-health literacy operates in relation to students' everyday information practices remains underexplored in Southeast Asia.

Health information-seeking behaviour is an important construct. Health information seeking behaviour refers to the ways in which individuals actively search for health-related information, the strategies they use, and the motivations behind their searches (Seboka et al., 2022; Zimmerman & Shaw, 2020). Among students, health information seeking behaviour typically occurs in digital environments, often involving searches for symptoms, coping methods, and peer advice. While health information seeking behaviour can empower individuals and encourage help-seeking, it can also produce confusion due to information overload, especially when evaluative skills are lacking. Despite its prominence in health research, the extent to which health information seeking behaviour functions as a mediating mechanism between literacy and decision-making remains unclear.

Against this background, the current study investigates the role of health information seeking behaviour as a potential mediating pathway between mental e-health literacy and counselling decisions. Specifically, it asks whether health information seeking behaviour explains how mental e-health literacy influences students' decisions to seek counselling. This question is theoretically relevant because it examines whether literacy translates into action through the use of everyday

information practices. This is also practically significant, as it can inform interventions aimed at increasing counselling uptake in Indonesian universities.

This study is based on established models of information behaviour. Wilson's (1999) model of information seeking emphasizes that information needs, barriers, and contextual factors shape individuals' behaviours. Savolainen's (1995) everyday life information-seeking framework further highlights that information activities are embedded in cultural and social contexts. By integrating these classical theories with contemporary perspectives on digital literacy, this study seeks to refine our understanding of how information behaviour influences health-related decisions in higher education.

In the Indonesian context, this contribution is particularly significant. Access to digital platforms is high, but counselling services remain underutilized due to stigma, lack of trust, and information uncertainties (Fitriana, 2024). By examining the interplay between mental e-health literacy, health information seeking behaviour, and counselling decisions, this study provides locally relevant and globally significant empirical evidence.

Literature review & hypotheses development

Information behaviour theories

Research on information behaviour provides useful frameworks for understanding how individuals identify needs, seek information, and use it to support their decision-making. Wilson's (1999) model of information behaviour emphasizes that information needs arise from contextual and personal factors and are shaped by intervening variables such as barriers, resources, and motivation. Similarly, Savolainen (1995) in his theory of everyday life information seeking highlights how information practices are embedded in individuals' cultural, social, and situational contexts. Together, these theories suggest that information seeking is not a linear process but one shaped by cognitive evaluations, social influences, and available resources.

In health contexts, these models have been widely applied to understand how individuals seek health information, manage uncertainty, and make decisions about treatment and professional support (Zimmerman & Shaw, 2020). Applying these frameworks to university students allows us to explore how digital information practices intersect with counselling decision-making.

Mental e-health literacy

E-health literacy, as defined by Norman and Skinner (2006), refers to the ability to locate, evaluate, and use health information from electronic sources. Recently, Xu et al. (2024) refined this concept to mental e-health literacy, which specifically relates to the evaluation and application of digital information about mental health. Students with higher mental e-health literacy levels are better equipped to distinguish credible resources from misinformation and apply this knowledge to make informed decisions.

Several studies have suggested that mental e-health literacy is associated with help-seeking behaviour. Di Novi et al. (2024) found that students with stronger digital health competencies were more likely to engage with counselling services. Similarly, Yuen et al. (2024) emphasized that digital literacy enhances the likelihood of translating information access into professional help-seeking. In the Indonesian context, Fitriana (2024) highlighted that a lack of evaluative skills contributes to hesitancy in accessing counselling despite high exposure to online information.

Based on this, the first hypothesis is formulated as follows:

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H1: Mental e-health literacy positively influences counselling decisions.

Health information seeking behaviour

Health information seeking behaviour refers to the actions and strategies that individuals use to seek health-related information (Seboka et al., 2022). Zimmerman and Shaw (2020) conceptualized health information seeking behaviour as multidimensional, involving not only frequency and sources but also motivation and evaluation. For students, health information seeking behaviour typically involves searching online for symptoms, coping strategies, and shared peer experiences.

While health information seeking behaviour can empower students by expanding their knowledge and supporting self-reflection, it can also generate confusion when the information is contradictory or overwhelming (Saputri & Manggalani, 2024). Balqis (2023) showed that Indonesian students actively use digital platforms as their first source of information about mental health but often struggle to evaluate the quality of the information they find.

Empirical studies indicate that health information seeking behaviour contributes to decision-making. Chauhan and Sagar (2023) found that active information seeking was associated with stronger intentions to pursue professional counselling. However, these associations do not necessarily imply that information seeking functions as a mediating mechanism in all contexts. Thus, we propose:

H2: Mental e-health literacy positively influences health information-seeking behaviours.

H3: Health information-seeking behaviour positively influences the counselling decisions.

The mediating role of health information seeking behaviour

A key question is whether health information seeking behaviour functions as a mediator between mental e-health literacy and counselling decisions. Theoretically, a higher Mental e-health literacy may enable students to search more effectively, which, in turn, may increase their confidence in seeking professional counselling. This perspective aligns with Wilson's (1999) view that literacy and resources shape subsequent information behaviours, which may influence the outcomes.

However, the mediating role of health information seeking behaviour is not straightforward. Faradiba and Rahmatullah (2023) note that while students experience high academic stress, they do not always translate information searching into counselling. Lancia et al. (2023) similarly reported that even when counselling services are available, utilization remains low due to doubts, stigma, and limited ability to process information. This suggests that while health information seeking behaviour may contribute, evaluative literacy may have a more direct influence on decisions.

Therefore, the final hypothesis is as follows:

H4: Health information-seeking behaviour mediates the relationship between mental e-health literacy and counselling decision-making.

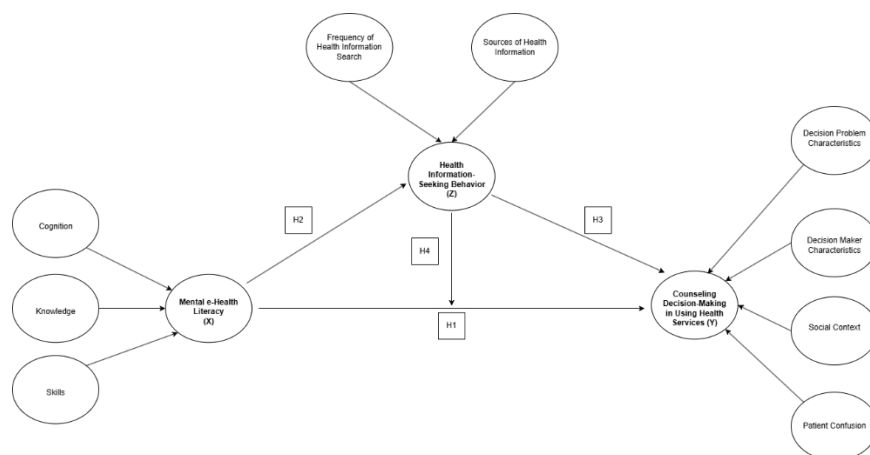


Figure 1. Conceptual model of the study

The proposed model illustrates the hypothesized relationships between mental e-health literacy, health information-seeking behaviour, and counselling decisions. Health information seeking behaviour mediated the relationship between mental e-health literacy and counselling decisions, as tested using the partial least squares structural equation modelling approach.

Methodology

Research design

This study employed a mixed-methods approach with an explanatory sequential design. A quantitative survey was first conducted to test the causal relationships between mental e-health literacy, health information-seeking behaviour, and counselling decisions, followed by qualitative interviews to enrich the interpretation of the statistical findings (Adhikari & Timsina, 2024; Ömercioğlu & Erman, 2023).

Participants and sampling

The population of this study consisted of clients who accessed counselling services at Klinik Satelit Makara, Universitas Indonesia, between 2022 and 2025. According to records from the Kantor Kesehatan Universitas Indonesia (2025), this population comprised 11,729 individuals, including current students and alumni of Universitas Indonesia.

A simple random sampling technique was applied to select respondents from a list of clients who met the study's inclusion criteria. The criteria included: (1) being a student or alumnus of Universitas Indonesia who had utilized counselling services during the specified period, (2) providing informed consent to participate in the study, and (3) completing the questionnaire in full. Based on Cochran's formula for finite populations with a 95% confidence level and a 10% margin of error (Yamane, 1967), a minimum sample size of 89 respondents was required. After data screening and exclusion of incomplete responses, 99 valid questionnaires were included in the final analysis.

For the qualitative phase, four participants were purposively selected to reflect variations in gender and educational background. This selection aimed to capture diverse perspectives on counselling experiences and information practices.

Measures

Three main constructs were measured using established instruments.

1. Mental e-health literacy: 23 items adapted from Xu et al. (2024) covering cognition, knowledge, and skills.
2. Health information seeking behaviour: Adapted from Seboka et al. (2022), focusing on the frequency and preferred sources of online health information.
3. Counselling Decisions: Adapted from Chauhan and Sagar (2023), covering decision complexity, individual capacity, social influence, and patient confusion.

All items were measured on a five-point Likert scale. Demographic data (age, gender, faculty, level of study, and counselling frequency) were also collected (Green et al., 2023).

Data collection

Data were collected between February 25 and March 15, 2025, using online and offline approaches. The questionnaire was distributed online through social media platforms commonly used by students, including Instagram, X, and WhatsApp, and through direct outreach. Offline distribution was also conducted to reach participants who preferred face-to-face engagement. The use of online questionnaires was intended to enhance accessibility and flexibility for respondents, allowing participation without geographical constraints and time limitations.

Content validity was ensured through expert judgement, and internal consistency reliability was confirmed using Cronbach's alpha values of 0.70 or higher (Hair et al., 2021).

Data analysis

Quantitative analysis involved descriptive statistics, measurement testing ($AVE \geq 0.50$; Cronbach's $\alpha \geq 0.70$), and structural modelling using partial least squares structural equation modelling (PLS-SEM) with SmartPLS 3.0 (Bentler & Chou, 1987; Hair et al., 2021). Mediation analysis of health information seeking behaviour between mental e-health literacy and counselling decisions was performed using bootstrapping with 2,000 resamples (Kostanek et al., 2024).

Qualitative data were analysed through thematic coding to identify recurring patterns, including information overload, reliance on peers, and confidence shifts post-counselling (Lee, 2024; Thomas & Earchy, 2023; Elhami & Khoshnevisan, 2022).

Ethical considerations

The participants provided informed consent prior to the data collection. Anonymity and confidentiality were guaranteed, and all procedures complied with ethical standards for social science and health research (Mahmoodi et al., 2022).

Results

Descriptive analysis

After data screening and exclusion of incomplete questionnaires, 99 valid responses were included in the analysis. The respondents were students and alumni who accessed the counselling services at Klinik Satelit Makara, Universitas Indonesia, between 2022 and 2025. The sample included variations in gender, age, faculty affiliation, and educational levels. Most respondents were female (76.8%) and fell within the early adulthood age category (82.8%), reflecting the dominant demographic profile of counselling service users in the university context (Green et al., 2023).

Variable	Category	Frequency (f)	Percentage (%)
Gender	Female	76	76.8
	Male	23	23.2
Age category	Early adulthood	82	82.8
	Adolescence	17	17.2
Faculty	Faculty of Cultural Sciences (FIB)	31	31.3
	Other faculties	68	68.7

Source: Primary data processed (2025).

Table 1. Respondent characteristics

The descriptive results indicated that the respondents generally exhibited moderate-to-high levels of mental e-health literacy, frequent engagement in health information-seeking behaviours, and positive attitudes toward counselling decisions. This pattern suggests a potentially strong link between literacy and decision-making behaviour in a digital context.

Measurement model

The measurement model was assessed for reliability and validity following Hair et al. (2021). All outer loadings exceeded 0.70, while the average variance extracted (AVE) values were above 0.50, confirming convergent validity. Furthermore, all constructs achieved satisfactory levels of composite reliability ($CR \geq 0.70$) and Cronbach's alpha ($\alpha \geq 0.70$), demonstrating internal consistency.

Construct	Indicator Range (Loading)	Cronbach's α	CR	AVE	Remarks
Mental e-health literacy (MeHL)	0.755–0.847	0.881	0.909	0.625	Valid & reliable
Health Information Seeking Behaviour (HISB)	0.707–0.779	0.850	0.889	0.572	Valid & reliable
Counselling Decision	0.742–0.891	0.899	0.926	0.715	Valid & reliable

Source: PLS-SEM output (SmartPLS 4.0).

Table 2. Measurement model results

All constructs demonstrated good internal consistency and discriminant validity, satisfying the Fornell–Larcker criteria (Fornell & Larcker, 1981).

Structural model

The structural model examined the hypothesized relationships among the three constructs: *mental e-health literacy*, *health information seeking behaviour*, and *counselling decisions*. Bootstrapping with 2,000 subsamples revealed that all direct paths were significant ($p < 0.05$).

Hypothesis	Relationship	Path coefficient (β)	t-value	p-value	Result
H1	MeHL $\rightarrow$ Counselling decision	0.342	2.723	0.007	Supported
H2	MeHL $\rightarrow$ HISB	0.399	4.212	0.000	Supported
H3	HISB $\rightarrow$ Counselling decision	0.295	2.424	0.016	Supported

Source: PLS-SEM output (SmartPLS 4.0).

Table 3. Structural Model Results

The R^2 values indicate that mental e-health literacy explains 15.9% of the variance in health information seeking behaviour ($R^2 = 0.159$), whereas mental e-health literacy and health information seeking behaviour together explain 28.4% of the variance in counselling decisions ($R^2 = 0.284$). The Q^2 value of 0.312 confirms the model's satisfactory predictive relevance.

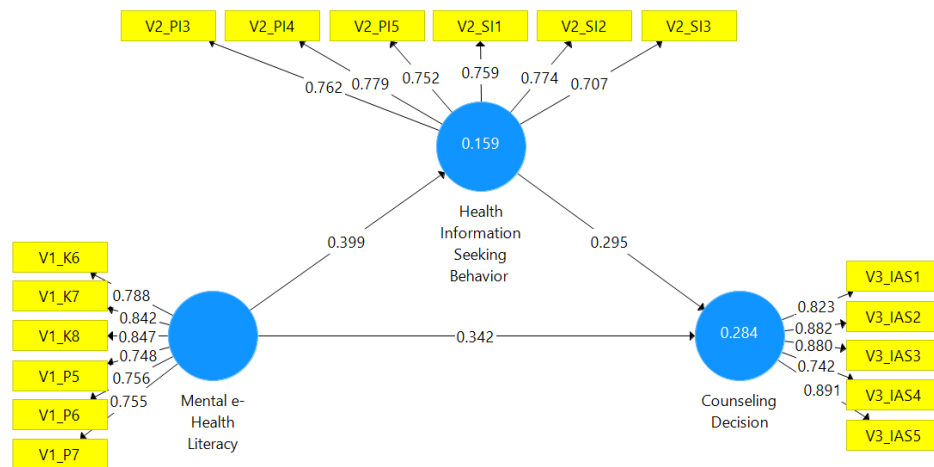


Figure 2. Structural model results (PLS-SEM)

The figure presents the results of the partial least squares structural equation Modelling analysis, including standardized path coefficients and R^2 values for each endogenous construct.

Mediation analysis

A mediation analysis was conducted to examine the potential indirect effect of mental e-health literacy on counselling decision-making through health information-seeking behaviour. The indirect effect yielded a coefficient of $\beta = 0.118$, with a t-value of 1.904 and a p-value of 0.057. As this effect did not reach statistical significance at the 0.05 level, health information-seeking behaviour cannot be considered a statistically significant mediator in the relationship between mental health and counselling decision-making.

Relationship	Direct Effect (β)	Indirect Effect (β)	t-value	p-value	Mediation Type
MeHL → HISB → Counselling Decision	0.342	0.118	1.904	0.057	Not significant

Source: PLS-SEM output (SmartPLS 4.0).

Table 4. Mediation Results

The results indicate that mental e-health literacy has a statistically significant direct association with counselling decision-making, whereas the indirect effect through health information-seeking behaviour did not reach statistical significance.

Qualitative findings

The qualitative phase involved semi-structured interviews with four participants and was analysed using thematic coding. Three recurring themes were identified in the interviews. First, participants emphasized the importance of digital trust and source credibility, reporting a preference for official institutional websites and mental health professionals' online content over user-generated sources. Second, participants described experiences of information overload and confusion when encountering conflicting or excessive mental health information online. Third, social influences, including encouragement from family members and discussions with peers, were frequently mentioned as part of the decision-making context related to counselling. These themes provided descriptive insights into the participants' information practices and experiences surrounding mental health and counselling services.

Discussion

Overview of key findings

This study examined the relationships between mental e-health literacy, health information-seeking behaviour, and counselling decision-making among Indonesian university students and alumni. The findings indicate that mental e-health literacy is directly associated with both health information-seeking behaviour and counselling decision-making, while health information-seeking behaviour is also associated with counselling decision-making. However, the indirect pathway through information-seeking behaviour was not statistically supported, indicating that health information seeking behaviour does not function as a mediating mechanism between mental e-health literacy and counselling decision-making. This pattern suggests that counselling-related decisions are more closely linked to individuals' mental e-health literacy than to their information-seeking activities alone.

The role of mental e-health literacy

The findings highlight mental e-health literacy as a central capability in counselling-related decision-making. Individuals with higher mental e-health literacy levels appear better equipped to evaluate mental health information, assess service options, and make informed judgements regarding counselling use. This interpretation is consistent with previous studies showing that mental e-health literacy is associated with greater self-efficacy and autonomy in health-related decision-making processes (Xu et al., 2024; Yuen et al., 2024).

From an information behaviour perspective, these findings align with Wilson's (1999) model, which conceptualizes literacy as a cognitive and contextual resource that enables individuals to engage with

their information environments. Rather than functioning as a direct determinant of behaviour, literacy shapes how individuals interpret information and assess the available options within broader emotional and situational contexts.

Health information-seeking behaviour as a mediator

Health information-seeking behaviour was positively associated with counselling decision-making, indicating that engagement with mental health information is part of the decision-making process. However, health information seeking behaviour did not mediate the relationship between mental e-health literacy and counselling decisions. This suggests that while information seeking plays a meaningful role, it does not fully explain how literacy translates into actions.

This finding partially contrasts with Savolainen's (1995) everyday life information seeking framework, which emphasizes information seeking as a bridge between knowledge and everyday decision making. In the present study, the mediation pathway appears incomplete, possibly because individuals with higher mental e-health literacy already possess sufficient evaluative confidence and understanding to make counselling-related decisions without extensive additional information searching.

The social and cognitive context of decision-making

The qualitative findings provide further insight into the limited mediating role of information-seeking behaviour. Participants frequently described experiences of information overload, uncertainty regarding source credibility, and emotional hesitation when engaging with mental health information online, consistent with prior findings on digital health information challenges (Elhami & Khoshnevisan, 2022).

Social influence has also emerged as an important contextual factor. Encouragement from peers and family members, as well as trust in institutional counselling services, shaped counselling-related decisions. This aligns with Chauhan and Sagar's (2023) argument that health decision-making involves not only cognitive evaluation but also emotional reassurance and social validation.

Integration of quantitative and qualitative insights

The mixed-methods design enabled a more nuanced understanding of how mental health e-literacy and information behaviour interact. While the quantitative results establish direct associations among the key constructs, the qualitative findings illuminate how emotional readiness, perceived credibility, and social support shape the ways in which information is used in counselling-related decision-making. This integrated perspective is consistent with Wilson's (1999) view of information behaviour as a dynamic response to perceived barriers, stressors, and situational demands.

Implications for practice

The findings suggest that initiatives aimed at supporting counselling engagement among university populations should move beyond increasing access to information. Efforts to strengthen mental e-health literacy may enhance individuals' capacity to evaluate information and make informed judgements. Simultaneously, counselling services and information providers should attend to the emotional and social dimensions of decision-making by offering credible resources, supportive communication, and reassurance within trusted institutional contexts. Collaboration among universities, counselling services, and public health institutions may further strengthen the reliability and accessibility of mental health information for adolescents.

Theoretical contribution

This study contributes to information behaviour research by refining the conceptual relationship between literacy, information seeking, and decision making. The findings suggest that health information-seeking behaviour functions as a behavioural complement rather than a mediating mechanism in the relationship between health literacy and decision-making. By situating health information seeking behaviour as a flexible and context-dependent expression of mental e-health literacy, this study extends Wilson's (1999) and Savolainen's (1995) frameworks and highlights the importance of emotional and social influences in digital mental health.

Conclusion

This study investigated the potential mediating role of health information-seeking behaviour in the relationship between mental e-health literacy and counselling decision-making among students and alumni of Universitas Indonesia who have used counselling services. The results demonstrated a positive association between mental e-health literacy and both counselling decision-making and health information seeking behaviour, as well as a positive relationship between health information seeking behaviour and counselling decision-making. However, the indirect pathway (mental e-health literacy → health information seeking behaviour → counselling decision-making) did not reach conventional levels of statistical significance, indicating that health information seeking behaviour did not function as a mediator within this sample. Overall, it appears that counselling decisions are more directly influenced by individuals' mental e-health literacy, with information-seeking behaviour serving as a supportive but non-essential pathway.

Future research should test this model using larger and more diverse samples across multiple universities and include both counselling users and non-users to reduce self-selection bias. Longitudinal or experimental designs are needed to examine whether improvements in mental e-health literacy lead to subsequent changes in health information seeking behaviour and actual counselling uptake over time. Studies may also incorporate additional mechanisms or moderators that were salient in the qualitative insights, such as trust in information sources and services, stigma, social support, emotional readiness, and information overload. Finally, objective behavioural indicators (e.g., platform usage traces or analytics) could complement self-reported measures, and emerging AI-mediated mental health information environments should be examined as contextual factors shaping mental e-health literacy, health information seeking behaviour, and help-seeking decisions.

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