Assessment of the Potentials of Radio Broadcasting in the Dissemination of Health Education Communication Programmes in Lagos Metropolis

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ABSTRACT

Mental illness is a significant concern in the Lagos metropolis. Radio is a powerful tool for promoting mental health education. However, there is a dearth of data on the impact of radio programming on mental health education in Lagos. The study examined the perception on radio broadcasting on promoting mental health education in Lagos. Data was gathered online focusing on radio listeners of health education programmes in Lagos. 200 respondents living in Lagos were examined via a semi-structured online survey using the Open Data Kit. Agenda-setting theory was used. Findings revealed that radios create relevant content on mental health education. Regrettably, however, there is no significant impact on the reduction of stigmatization of people with a mental health condition after healing. No adequate programmes focused on that specific area. There is too much emphasis on news reporting to create awareness of mental illness rather than in-depth health education for the prevention and control of mental illness. There is a low audience participation in radio programmes on mental health. The study recommends more air time for radio on mental health education. Furthermore, radio presenters should be trained in health education, while more public health personnel should be featured frequently. Finally, radio presenters should make the content of programmes more user-friendly for effective audience participation.

Keywords: Mental Health, Radio Programmes, Mental Health Stigmatization, Radio Health Education, Mental illness.

INTRODUCTION

Mental illness is one of the most stigmatized health issues in Nigerian society, and this is burdensome. The World Health Organization (WHO) reports that one in every four Nigerians have some mental illness, perhaps not even realizing this (World Health Organization, 2020).

It is important to note that 12.5 per cent of Nigerians, or 21.2 million people, have mental illnesses, according to Lawal in Ifijeh (2019). This is because most people will eventually contract one of these diseases. One out of every four family members may experience mental illness at some point in their lives, and it affects people of all ages, cultural backgrounds, and socio-economic backgrounds (Kabir, Iliyasu, Abubakar, and Aliyu 2021).

Depression, anxiety disorders, eating disorders, schizophrenia, bipolar disorder, and other mental illnesses are poorly understood, and most people are unaware of their existence. People with mental illnesses are considered spiritually afflicted and then stereotyped and discriminated against, which leads to poor treatment, increased social isolation, and difficulties finding housing, education, and work. These outcomes increase the illness's incapacity and create a vicious circle of disadvantage, putting more hardship on patients and their families (NIMH, 2013).

Mental illness is a psychological sickness, a mental or behavioural pattern that causes substantial distress, difficulty in proper and normal functioning, loss of autonomy, and an elevated risk of mortality in the affected person (NIMH, 2013; Stein, Phillips, Bolton, Fulford, Sadler, Kendler, 2010).

Radio is an essential medium for both cultural transmission and public education. Its pervasiveness makes it accessible regardless of age, language, gender, educational background, or religious affiliation (Okorie & Bigala, 2016; Okorie & Bwala, 2017; Okorie & Saluwu, 2017). It addresses a more significant number of people all at once and simultaneously. It is a low-cost, easy-to-understand communication medium (Hasan & Khurshid, 1994, p. 225; Jumani, 2009) and allows even uneducated individuals in remote areas to obtain an education, information, and entertainment (Chioma, 2014). It also eliminates any inequity that might arise in formal schooling settings.

For decades, public health messages have been disseminated through mass media campaigns. Radio delivers information about health issues through various programmes and campaigns to influence, educate, and modify the public's health Behaviour regarding living and treating people with health challenges. It also serves as an advocacy channel to raise public awareness of specific topics and influence policy-making by providing simple access to external information. As a result, access to trustworthy health information is critical for long-term health outcomes and Behaviour (Godlee et al., 2015).

Radio, for example, is the most popular means of reaching the masses in Sub-Saharan Africa because of its capacity to reach a large number of people at once at a low cost, particularly in areas with poor electricity supply. According to statistics, even in the poorest countries, approximately 75% of African families own a radio (EFA, 2021). The rise of information and communication technology (ICT) and modern communication methods, such as mobile phones, have significantly changed how radio broadcasters interact with their listeners and evaluate their broadcasts (Gilberds & Myers, 2012). One of the changes in radio interactivity is the ability for listeners to call in during shows. According to (Grilli, Ramsay, Minozzi, 2011), these programmes and campaigns effectively educate the public. Campaigns influence and impact public perceptions on subjects such as mental illness.

Mental health is viewed differently in different cultures and groups, and there is no consensus on the origins of psychological illnesses. Because of ignorance and negative depiction in movies, societies like Nigeria and Africa attribute the causes of mental illness to demonic attacks (Akram et al., 2009; Aroyewun-Asekoimaya & Aroyewun, 2019; Olatunbosun, 2019), fostering negative stereotypes and beliefs. Kauye and Mafuta (2011) suggest that a lack of knowledge about mental illness, its causes, symptoms, and treatment options, as well as widespread discriminatory attitudes and stigma, are significant barriers to seeking help. For this reason, to raise awareness of mental illness, reduce the stigma and minimize stereotypical beliefs on a large scale in both rural and urban areas, the radio needs to educate the public through public mental health programmes and campaigns.

The Time to Change (TTC) campaign in the United Kingdom exemplifies a public education programme. This anti-stigma and anti-discrimination campaign started in 2007 to educate people about mental health concerns and change their Behaviour through radio broadcasts and other mediums. The programme's goal is to minimize stigma and discrimination against people with mental conditions. The programme's conceptual framework defined stigmatization as issues with knowledge (i.e., ignorance or misinformation), biased attitudes, and discriminatory behaviours directed towards mentally ill people (Henderson & Thornicroft, 2009; Thornicroft, 2006). The programme significantly reduced public awareness of mental health issues and created a positive shift in the public's attitudes towards mental health issues and those affected (Evans-Lacko S, Malcolm E, West K, Rose D, London J, Rüsch N, 2013; Mehta, N., Kassam, A., Leese, M., Butler, G., Thornicroft, G., 2009).

Because the media plays such an essential role in promoting public awareness about health issues, engaging the public through local radio coverage has much potential, especially considering the large number of people who listen to the radio. This can be accomplished by regularly reporting on public health issues, providing advice on healthy habits, and making legislative recommendations by lawmakers. Therefore, this study looked into the perception on radio messaging and content development on mental health to see how successfully radio has raised awareness and influenced Behaviour toward mentally ill victims. Thus, the study set out to examine the effectiveness of radio in developing and spreading health information on mental health and add to the body of knowledge in this field.

The study's objectives include investigating the frequency of mental health programmes produced by radios in Lagos metropolis, Nigeria. It also aims to ascertain the extent to which radio health programmes help reduce

mental health stigma and investigate the factors that restrict their success in minimizing mental health stigma in the metropolis.

This research highlights the important roles broadcast media can play in educating society on mental health. Data was collected to determine the general public's level of awareness about the causes, management, control and prevention of mental illness.

Public Perception of Mental Health in Nigeria

According to the World Health Organization (WHO), while 20-30% of Nigeria's 200 million people suffer from mental illnesses, mental health issues are usually associated with spiritual possession, bewitchment, and retribution for evil, among other things. A few members of the society also believe that mental ill health is associated with drug addiction, alcoholism and depression. According to Audu, Idris, Olisah, and Sheikh (2013), there is widespread ignorance among people in Nigerian society, especially in Northern Nigeria, about the causes, symptoms, and treatments available for mental illness, which leads to the stigmatization and marginalization of mentally ill people in the society. Only a few persons relate mental illness to brain pathology. Others blame demonic attacks and other subjective beliefs. As a result of negative attitudes and conceptions about mental illness originating from ignorance, discriminating practices and stigmatization are prevalent.

In Nigeria and elsewhere in Africa, government agencies (GAs) and non-governmental organizations (NGOs) have employed several approaches to distribute health information to the general public. The "Neem Foundation", the "Mentally Awareness Nigeria Initiative (MANI)", "She Writes Woman (SWW)" and the "Love, Peace, and Mental Health Foundation (LPM)" have all worked tirelessly to increase mental health awareness, advocacy, and improvement in Nigeria.

Although media exposure improves awareness of health-related issues, most Nigerian families tend to be less exposed to the media regarding mental illness awareness. Even when the family has access to the media, there appears to be a lack of understanding and insufficient mental health education programmes to stop stigmatizing and discriminating against mentally ill people. (Udedi, 2016)

Several studies have found that stigmatizing and discriminating against people with mental illnesses might lead to more severe health problems. Almost nine out of ten people with mental illnesses feel stigma and prejudice hurt their lives (Bhui et al., 2005; Gary, 2005; Reeds, 2005; Schuster, 2005). Clarity on the terms 'mental health' and 'mental illness' is essential for this study. These two terms have been related as two different but related issues. To Rowling, Martin and Walker (2002), the reduction of stigmatization of those with mental disorders and mental illness was referred to in terms of mental health. According to Rowling et al. (2002), mental health refers to the ability of an individual or group of persons to interact with other persons in society and the environment in manners that promote optimal development, use of cognition, subjective well-being, affective abilities, and self-actualization. This definition is corroborated by the American Psychiatry Association (2018), which states that to be mentally healthy means that an individual can function effectively in daily activities, which results in healthy relationships, productivity, the ability to cope with challenges and adapt to change, communication, learning, self-esteem, and the ability to contribute to the community.

Mental illness' on the other hand, is a diagnosable mental syndrome that causes individuals impairment or distress in their functioning ability (Bolton, 2018; Stein, Phillips, Bolton, Fulford, Sadler and Kendler, 2010). This syndrome increases the risk of death or makes one lose autonomy; meanwhile, this syndrome does not include deviant behaviour that does not pertain to dysfunction in individuals and normal reactions to grief (Stein et al., 2010). The definition was improved upon by the American Psychiatric Association (APA) in 2013, which defines mental illness as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning". According to APA (2018), the condition can affect persons at any age, although three-fourths of the illness starts at 24. Also, it can affect anybody irrespective of gender, socio-economic status, spatial location, age, sexuality, race, or religion. This illness may be mild, such as abnormal fears and eating disorders and only interferes with daily lives and functioning in a little way. In contrast, others are severe (psychotic disorders) and require medical attention.

Several researchers have linked mental illness to genetics (Insel, 2009; Reichborn-Kjennerud, 2010). Other risk factors that have been put forward include social stress, child and or sexual abuse, and other adverse life experiences (O'Connell, Boat, and Warner, 2009), nutrition (Krabbendam and Van, 2005), drug abuse (The Schizophrenia Commission, 2012; Royal College of Psychiatrists, 2013), alcohol, caffeine (Winston, Hardwick and Jaberi, 2005). Other researchers have submitted that there is a link between spirituality and some mental illnesses like schizophrenia (Mohr, Borras., Rieben, Betrisey., Gillieron, and Brandt., 2010; Siddle., Haddock, Tarrier and Faragher. 2002; Suhail & Ghauri, 2010). They reported that religious delusion may trigger schizophrenia (Mohr et al., 2010).

In some cultures and societies, the perception and attitude towards mental illness are pretty negative. Mental illness is often attributed to punishment from supernatural beings (s), consequences for evil deeds, and witchcraft afflictions, which they believe that traditional or spiritual treatments are often more reliable (Okafor, 2009). Gaines (1998) and Okafor (2009) submit that in Africa, mental illness is taboo and considered a curse, which validates the stigmatization and discrimination or avoidance of victims. To Schulze and Matthias (2003), these negative attitudes towards the affected victims create low self-esteem, affect relationships, and create inequalities in employment opportunities and other social needs. This is corroborated by Scrambler's (2009) identification of four dimensions of mental illness, which include the public's perception of mental illness, interpersonal interaction, structural discrimination and unequal access to social roles. Hence, stigmatization adds to the suffering of people with this illness as it limits life chances and delays or hinders professional help-seeking. Furthermore, apart from the cultural beliefs, these behaviours, according to Hayward and Bright (1997) and Emerson (2004), come from personal fear and assumptions that people suffering from mental illness are unpredictable and dangerous, difficult to communicate and relate with, and unable to fulfil their roles as members of the society (Hinshaw, 2005) therefore, they should be avoided.

Thus, mentally ill people are frequently seen as threats to the status quo, both to themselves and to others, and many are unsure of how to deal with them other than by avoiding and isolating them (Eminson, 2004). As a result, the sickness worsens, and feelings of guilt, abandonment, being unable to reach one's full potential, and resistance to seeking assistance grow (Link & Phelan, 2001; Crisp, 2004; Hinshaw, 2005). Inequalities and the unfavourable attitudes that society has toward people with mental illnesses only serve to exacerbate their problems and make their lives more difficult. People with mental illnesses already suffer from the symptoms of their condition. As a result, Picco and Chang (2019) contend that while some mentally ill people accept these unjust treatment practices, others retreat and lose their self-confidence (Picco et al., 2019), having an overall negative impact on their quality of life and treatment outcomes (Eissa, Elhabiby, and El Serafi 2020).

Theorectical Framework: Agenda Setting Theory

The media agenda-setting theory explains how the media influences the public. It maintains that the media has a tremendous influence on people's beliefs and conduct and intrudes on people's lives through messages they react to without control. In contrast to the extreme views of media direct effects theorists (Borah, 2016; Katz and Lazerfield, 1955), effects are viewed differently by the agenda-setting theorist. This idea assumes that the media, rather than popular opinion, determines public concerns such as public health. The significant issues that the media focuses on become the issues that society considers, argues, seek intervention on, and forms opinions on (Lang & Lang, 1981).

Due to its success in execution, the agenda-setting theory helps form public attitudes, supporting mental health campaigns, and exposing the public to material that elates specific desired thoughts and concepts in their brains. This is supported by Funkhouser's (1960) findings in his study on the relationship between media content and reality, which reveal that many members of the general public and many policymakers perceive the media as a reliable source of information on any public subject.

Based on the recent findings of this study, it was revealed that Radio has been a tool for creating awareness on mental illness as well as educating the public on mental health. The theory supports the findings as it posits that the use of media Agenda-setting for health education can have more substantial effects on both individual and group behaviour (Kuyuci, M. 2006), resulting in the desired change in behaviour toward mentally ill patients and improved health outcomes. The health promotion agenda describes and prioritizes problems and offers

alternative solutions to address mental health concerns and stigmatization (Kuyuci, M. 2006). Finnegan and Viswanath (2002) agree, suggesting that health practitioners use media agenda-setting to raise public awareness and understanding of specific health issues. However, the study revealed that radio has only had a little effect on desired behavior towards mental health in Lagos State. The reasons for this are discussed under the findings section of this study.

Finally, the agenda-setting method has substantially increased our understanding of the media's influence on public health perceptions. While there has been research on agenda-setting, there has been little research on agenda-setting for radio and mental health education in Nigeria.

RESEARCH METHODOLOGY

This study used a descriptive research design to examine how healthy radio has educated Nigerians about mental health. The population comprised residents of Lagos State. The research is set in Lagos metropolis because it is the country's commercial hub and comprises citizens from different ethnicities with socio-economic backgrounds. Thus, it serves as a suitable representation of the nation. Respondents were people of heterogeneous backgrounds, social media users who listened to the radio and lived in the Lagos metropolis.

Using the online Survey Monkey technique, the sample size derived for the study was 200. A semi-structured questionnaire was used to gather data from the respondents, using Open Data Kit on some popular digital media platforms. Hence, the questionnaire was not distributed physically but on four social media platforms (Facebook, WhatsApp, Twitter and Instagram). Data retrieved from respondents and coding sheets were presented using simple frequency counts and percentages in tables.

Table 1: Awareness level of mental illness of Respondents on mental health programmes on Radio in Lagos metropolis

How aware are you of mental illnesses?	Percentage (%)
Aware	56.3
Unaware	4.7
Somewhat Aware	8.9
Fully Aware	28.1
Indifferent	2

Source: Field survey 2023

Table 1 above shows that 56.3% of the respondents are aware of mental health illness while 28.1% are fully aware of mental health illness. Similarly, 4.7% are not aware at all, while 8.9% are partially aware of what is called mental illness. Only 2% of the respondents are indifferent about whether or not they are aware of mental illness.

Table 2: Frequency, duration, causes and limiting factors of mental illness Radio Programmes in Lagos metropolis

How frequently are mental health programmes broadcast on Radio in Lagos metropolis	Percentage (%)
Everyday	2
A few times a week	8.3
About once a week	11.7
A few times a month	11.7
About once a month	15
Less than once a month	51.3

Source: Field survey 2023

Table 2 shows that most of the radio programmes on mental illness are less than once a month. Most of the respondents (88%) know only one or two radio stations that produce mental illness programmes, most of which last between 15 minutes and one hour. Based on the radio programmes, causes of mental illness were mainly attributed to demonic attack (18%), psychology (20.8%) and genetics (20.5%). In comparison, childhood trauma causes about 12% of cases of mental illness in the Lagos metropolis. Other causes are poor dietary habits (9%) and evil deeds cause (5.5%) cases. A total of 8% of the respondents believe that radio programmes help a great deal in reducing mental illness cases.

In comparison, 65% say radio programmes have little impact on the reduction of mental illness in Lagos. Another 21% believe that radio programmes do not affect mental illness reduction in the metropolis. Factors limiting awareness of the importance and potential of radio programmes on information about mental illness include lack of sponsorship of such programmes 34.9%, low level of audience 20.8% and poor programme content 20%. Another 19% believe that socio-cultural factors limit awareness of the importance and potential of the radio to create awareness of mental illness in the Lagos metropolis.

FINDINGS AND DISCUSSIONS

Radio functions as one of the platforms for engaging and educating the public on health matters, especially in developing countries, Nigeria included. It is a medium for reaching people quickly regardless of the heterogeneous complexities and compositions, as the listeners can easily understand the messages or contents since mental illness is one of the most stigmatized health issues in Nigerian society, as the issue is mainly misunderstood and the affected poorly treated by the society, educating the public on the issue becomes imperative.

Therefore, this study examined radio's role in mental health education in Lagos state. This study aims to discover radio's vital role in improving mental health literacy. Educating society about mental health enhances people's knowledge of the causes, symptoms and treatments of mental illness to decrease stigmatization, thereby advocating behavioural changes in the perceptions and attitudes towards mentally ill persons. The WHO explains health education as empowerment, a driver of change. Therefore, improvements in mental health literacy are an important factor in stimulating demand for services by the mentally ill, reducing stigma and educating the public on the issue. The radio should have a significant influence in creating public awareness of mental illness in any society.

Findings from this study reveal that there is a broad misconception about the causes of mental illness. Also, it was revealed that the radio has done little in educating people about mental health in the study area. Therefore, stigmatization as a result of poor mental health education has become a bane in promoting social inclusion for mentally ill persons. These misconceptions are embedded in the social and cultural beliefs of the people in the society and the mystification of the illness. This is corroborated by Cross (2010) and Aina (2004) that the perception of mental illness in African society has deep historical and cultural roots. The study also conforms with the views of Guruje et al. (2005), who opined that mental illness is further sustained by a society that is rooted in and supported by magical or demonic beliefs as regards the existence and prevalence of mental illness specifically and other diseases generally. Similarly, the study is corroborated by Heaton (2013), who affirmed that the popularity of superstitious and magical beliefs confirms the importance of these beliefs in Nigerian society regardless of the spread of scientific knowledge. Therefore, witches and wizards, deities and deviance from the will of God are held to be common causes of mental illness.

Furthermore, in Stuart's (2008) submission, as much as media can aggravate the stigmatization of the mentally ill, it can also be used to mitigate the stigmatization of the mental illness. The finding of this study reveals, therefore, that radio in Lagos has been of little significance in mental health education and the reduction of stigmatization of the mentally ill. This finding supports the earlier findings by Onyeizu and Binta (2010) that most of the radio content on mental health is not particularly focused on mental health education of the general public. Instead, radio programmes' content on mental health is primarily reportorial, as mental health issues often appear as news headlines. However, several studies have found a significant relationship between radio programmes and health education or literacy, such as Ankomah et al. (2014) and Bowen (2013). In contrast,

Galiani et al. (2012) support this study's findings that there is no significant relationship between media channel messages and changes in people's behaviour and attitudes regarding health.

CONCULUSION AND RECOMMENDATIONS

The findings in this work are based on results collected from the field and limited old studies available in the field. Summarily, radio can create a public platform for mental health education through engagement and interactions that can influence the perceptions and behaviour of society members towards the mentally ill. However, the ineffectiveness of radio programmes on health education and recurring resistance to change in stigmatization attitudes serve as a significant obstacle to acquiring and utilizing such knowledge. Some of the limiting factors discovered in the findings are germane, but these challenges can be overcome. One of the ways to overcome this is media training on mental health issues, which is rare for programme anchors, as the case may be in the current study area. Kurtner (1999) sees such training as a missing opportunity by the media. This is because there is an increasing reliance on the radio for information, perception formation, and behavioural change. Radio programme producers, therefore, need to learn how to devise ways to educate and inform the public on mental health issues and effective mental health care services.

Although there exist improvements in attitudes towards the mentally ill as a result of the radio programmes, these are lower than expected or what they should be. This finding discovers that apart from some challenges encountered by radio programmes in the Lagos metropolis, the duration of these programmes is also an important factor. The study reveals that improvements in attitudes and stigma reduction are based on longer durations of mental health messages on the radio. The study further shows that the duration of radio programmes on mental health could serve as a significant factor for creating more demand for mental health knowledge, services and reduction of stigma.

This study identified some research gaps, such as factors affecting the effectiveness of radio in promoting mental health education in Lagos, which serve as suggestions for future studies. To further close the gap, radio presenters and other actors in mental health education programmes should evaluate the effectiveness of such programmes by collecting data from their audience to determine the best ways to project and reach people with such messages.

The radio has been broadcasting health content that helps to educate the public on mental health while at the same time striving to reduce stigmatization through such content. This study concludes that such programmes will only have a lasting and intended impact on the extended-lasting programmes in terms of duration of on-air time and the frequency of broadcasting. The coverage of mental health education in Lagos is very low compared to the results expected. Since this study supports previously conducted studies that radio programmes on mental health have not made a significant impact, the following recommendations are therefore put forward:

1. Radio should incorporate mental health issues regularly into their programmes.
2. Presenters of mental health issues on the radio should be trained to have the appropriate knowledge of mental illness and how to educate the public accordingly.
3. The radio should also be encouraged to consider its audience while producing such programmes.
4. Radio programme content should meet the audience's needs through a participatory design process, allowing for more audience participation, engagement, feedback and change in behaviour.
5. Media and health practitioners, policymakers, advocates, other stakeholders and government agencies should refocus their strategies on media initiatives to reduce mental illness stigma by sponsoring such programmes on radio in the Lagos metropolis.

Conflict Of Interest

No conflict of Interest

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