

The Influence of Mass Media Channels on Mental Illness Stigmatization among Students in Kenya Medical Training College

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Abstract

Mental illnesses have been known to distress the general population as a whole. Notably, no social demographic is exempt from mental illnesses with the modern dynamics and challenges increasing the magnitude of mental illness. Students especially in higher learning institutions are not spared from the over-increasing mental illnesses. Despite the challenges brought about by mental illnesses among the students, stigmatization of the mentally ill has been high among them. This has seen increased drop-out of school, total insanity and sometimes suicide due to lack of psychosocial support among the mentally ill students, especially their peers. The mass media has been a critical tool of communication. However, there is little evidence on its role in mental health stigmatization hence this study seeks to assess the role of mass media channels on the mental illness stigmatization among college students. The research utilized the descriptive survey design and where both qualitative and quantitative methods were used to collect and analyze the data. The target population of this study comprised of the students at the Kenya Medical Training College (KMTTC). There were 51045 students in the college as of July 2022. A questionnaire was used to collect data from the students. The data was analysed using mixed method analysis where both quantitative and qualitative data was analysed. The quantitative data was analysed using inferential and descriptive statistics through SPSS. Content analysis was used to analyse the qualitative data. The findings revealed that mass media channels played a critical role in determining the spread of information and the perceptions of mental illness among students. The channels of mass media communication were found to instigate mental illness stigmatization among college students. Digital media was found to have the strongest influence on mental health stigmatization followed by broadcasting media, print media and outdoor media. It is recommended that these channels of mass media ought to be more positive and encourage students to uphold and accept the mentally ill to minimize stigmatization.

Keywords

Kenya medical training college; mass media; mental illness; stigma; mental illness stigmatization



I. Introduction

1.1 Background to the Study

The Alma Ata declaration of 1978 and the draft Astana declaration (Alma-Ata 2•0) of 2018 strongly affirmed and restated respectively, that healthcare, whether physical, social or mental is a fundamental human right and that the attainment of the highest possible level of healthcare is an important world-wide social goal whose realization requires the action of all. (Hone, Macinko & Millett, 2018). Locally the Constitution of

Kenya 2010, in article 43 (1) (a) provides that “every person has the right to the highest attainable standard of health, which includes the right to mental healthcare services”

At present, however, mental illness stigmatization is considered the greatest impediment to seeking proper diagnosis, treatment and rehabilitation by persons with mental illness (Kimotho, 2018; Xu, Li, Zhang & Wang, 2018). All over the world, people with mental disorders face discrimination, unfair denial of employment and educational opportunities, and discrimination in health insurance, housing policies or even the most basic human rights (Lasalvia, et al., 2013). The Ministry of Health (MoH) reveals that it is hard to extract clear records of the number of people affected by the different forms of mental conditions in Kenya as majority of people would rather conceal their condition than seek help due to perceived mental illness stigmatization (Kimotho, 2018).

Mental illness is presently responsible for 12% of the global disease burden and is estimated to surpass 15% by the end of 2020 (Lama, Lakshmi, Shyangwa, & Parajuli, 2012). Accounting for one-third of disability adjusted life years (DALY), mental illness is a prominent cause of disability globally, and, therefore, has become a key public health concern (Bedaso, Duko & Yeneabat, 2020). The diagnosis of a mental illness among a family member places on the concerned family a big financial, psychological and social burden, and ultimately impacts on the family’s quality of life significantly.

Globally, about 450 million people suffer from mental illness, with a million of them in the world committing suicide every year (WHO as cited in Audu et al., 2013). In addition, one in every four families has at least one member with a mental disorder (World Health Organization, 2011). According to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019), one out of five, or 19.6% of adults in the United States (US), suffered from mental illness in 2018 with one in every twenty-five, or 4.6%, diagnosed with acute mental illness, which is defined as a mental, emotional or behavioral condition that severely hinder one from carrying out at least one key life undertaking (SAMHSA, 2019). As a result of acute mental illnesses, suicide rates are equally skyrocketing, and, according to the National Institute of Mental Health (NIH) 2019, suicide is the tenth leading cause of death overall in the U.S.

Locally the situation is not any different as Kenya is ranked 6th among African countries with the highest number of mental illness cases (WHO, 2019). A total of 1.9 million mental illness cases were reported in Kenya by 2018 with the World Health Organization Annual Report (2017) indicating that the number of people with mental illnesses has increased by 18% from 2005. A report by the Kenya National Commission on Human Rights (KNCHR), 2011 denoted that up to 25% and 40% of outpatients and in-patients respectively visiting healthcare facilities suffer from mental illnesses. Five years later, in 2016, the Kenya Mental Health Policy (2015-2030) report indicates that nothing has changed. The report further says that mental illness cases may have risen exponentially in Kenya with estimates highlighting that 20-25 percent of outpatients seeking primary healthcare present symptoms of mental illness at any one time. Furthermore Jenkins et al. (2012) stressed that the probable prevalence of the condition in Kenya is at an average of 1 % of the populace with insufficient qualified medical personnel and facilities to take care of this rising population of patients.

Mass media is the pressure exerted by a media message, which may end up changing or reinforcing audience or individual beliefs. The effects are the measurable effects that come from media influence or a media message. The effect the media message has on any of audience members, which can be positive or negative, abrupt or gradual, short term or long term, depends on many factors, including the members’ psychological characteristics

and demographics (Eksteen, Becker & Lippi, 2017). While some media messages may bring about change, others may reinforce an existing belief. In his the media ecology theory, McLuhan points out that "The medium is the message," (Scolari, 2012).

Mass media portrayals of mental illness are consistently unfavorable and inaccurate, and that people with mental illness were labeled as inadequate, unlikable, and dangerous. The studies indicated that media portrayals of mental illness influenced people's knowledge and attitudes toward mental illness. Negative depictions, the author added, could result in negatively changing people's attitudes toward people with mental illness. Lipson, Lattie, and Eisenberg (2019) review further found that newspaper articles covering mental illness often framed the topic negatively than positively, and also identified a decrease in the number of references toward the dangerousness of people with mental illness in newspaper coverage of mental illness. Regarding media effects, the researchers concluded that media could influence public knowledge and attitudes toward mental illness, and, like in Zehl, Mayer, Thomas, and Thiel (2018) findings, found the media could also propagate mental illness stigma.

Mental illness and associated stigmatization also affect medical students, who have been shown to have high levels of psychological distress, including self-stigmatization and unwillingness to seek care (Li, Liang, Yuan, & Zeng, 2020). Medical students face numerous challenges such as financial constraints, academic targets, performance pressure, and competition from fellow peers, concerns about the future as well as societal expectations from parents, guardians or even members of faculty which can have negative impact on their (student's) ability to study and academic outcomes (Verger, Guagliardo, Gilbert, Rouillon & Kovess-Masfety, 2010). Such conditions later lead to mental illnesses but students rarely try to find help for their problems (Dachew, Bisetegn, & Gebremariam, 2015). Researchers observe that the influence of mass media is increasing as it is a pervasive and permanent fixture of our lives. Thus, with little doubt that mass media serve as a powerful socializing agent, it is crucial to understand how interaction with mass-mediated messages shapes or changes KMTC students' values, beliefs, and norms associated with mental illness.

1.2 Statement of the Problem

Mental illness has been regarded as a major healthcare and societal concern depriving the best talents among the society. Mental illness continues to affect many members of the society including the young, youthful and elderly in both developed and developing countries (WHO, 2016). A report by the WHO on mental health shows that over 14% of the global burden of diseases is attributed to mental illness. On the other hand, Global Mental Health (GMH) (2019) noted that over 31% of the mentally ill persons across the globe were students in colleges and other higher learning institutions. Notably, in developed countries like Canada, USA, Australia and Malaysia, 30%, 50%, 53% and 41.9% of students in colleges and institutions of higher learning had mental illnesses and related conditions respectively between the year 2013 and 2019 (Dachew, Bisetegn, & Gebremariam, 2015; Auerbach et al., 2018; Lipson, Lattie, & Eisenberg, 2019; Oswalt et al., 2020). In Africa, Dessie, Ebrahim, and Awoke (2013) noted that 21.6% of the students in higher learning institutions in Ethiopia had mental health conditions while in Nigeria, Ishaku et al. (2018) indicated that over 25% of the college students had reported distress mentally. In Kenya, over 10.8% students in colleges were reported to experience mental disorders. This is an indication that mental health among students especially college students is rampant across the globe, and Kenya is not spared.

One of the astonishing aspects about mental illness among students is the continued stigma (Trautmann, Rehm, & Wittchen, 2016). According to Li, Liang, Yuan, and Zeng (2020), three (3) in every seven (7) mentally ill students have been stigmatized and one (1) in every three (3) stigmatized individuals end up taking more detrimental measures such as suicide or murder. This is an implication that stigmatization among the mentally ill has been high while still causing more harm to the victims (Elliott, Chakkalackal, Purcell, Graham, & Chandra, 2015). According to the World Federation for Mental Health (WFMH) (2018), one of the main interventions for curbing mental health is pushing for acceptance of the mentally ill in the society and eradicating stigmatization.

Empirical evidence shows that one of the main drivers of behaviours and perceptions among the members of the public on mental health and stigmatization is the mass media. Mass media serve as socializing agents that aid in construction and perpetuation of perceptions and learned behaviors. It is no longer a debate about the impact of the media on the thinking, behavior, and emotions of the general population (Srivastava, Chaudhury, Bhat, & Mujawar, 2018). Based on the aforementioned, the fight against mental illnesses and its associated stigma stand to benefit substantially from mass media, which have a strong effect on individuals' expectations for family, parents, and children, creating standards for the way of life, affection, worship, as well as society.

Despite extensive research on mental health, mental illnesses continue to financially and socially torment millions of people in Kenya especially the college students mainly because of the stigma, beliefs and stereotypes associated with the disease. Although numerous researches have been conducted around the world to show that mass media influence is pervasive and permanent in people's lives, there is little evidence on the role mass media channels, media content and how it portrays people with mental illnesses, as well as students' attitudes towards people with mental illness in shaping mental illness stigmatization among college students in Kenya. It is against this background that the study seeks to assess the role of mass media on mental illness stigmatization among students at the Kenyan Medical Training College (KMTC).

1.3 Research Objective

To examine the influence of mass media channels on mental illness stigmatization among students of Kenya Medical Training College.

1.4 Research Hypothesis

H0: There is no significant relationship between mass media channels and mental illness stigmatization among students of Kenya Medical Training College.

II. Review of Literature

2.1 Theoretical Review

The study was anchored on agenda setting theory. Formally developed by Dr. Max McCombs and Dr. Donald Shaw in 1972/1973 in a study on the 1968 presidential election (Edegoh, Ezebuenyi & Asemah, 2013), agenda-setting theory describes the "ability of the media to influence the salience of topics on the public agenda." The proponents argued that mass media have the power to transfer the salience of issues from the news agenda to the public agenda.

The theory posits that the more a news item is covered frequently and prominently, the more the audience will regard the issue as more important. In the 1968 "Chapel Hill study," McCombs and Shaw demonstrated a strong correlation between what 100 residents

of Chapel Hill, North Carolina thought was the most important election issue and what the local and national news media reported was the most important issue (McCombs, Shaw, & Weaver, 2014).

Agenda-setting is the creation of public awareness and concern of salient issues by the news media. Two basic assumptions underlie most research on agenda-setting: the press and the media do not reflect reality; they filter and shape it; and media concentration on a few issues and subjects leads the public to perceive those issues as more important than other issues. One of the most critical aspects in the concept of an agenda-setting role of mass communication is the time frame for this phenomenon. In addition, different media have different agenda-setting potential.

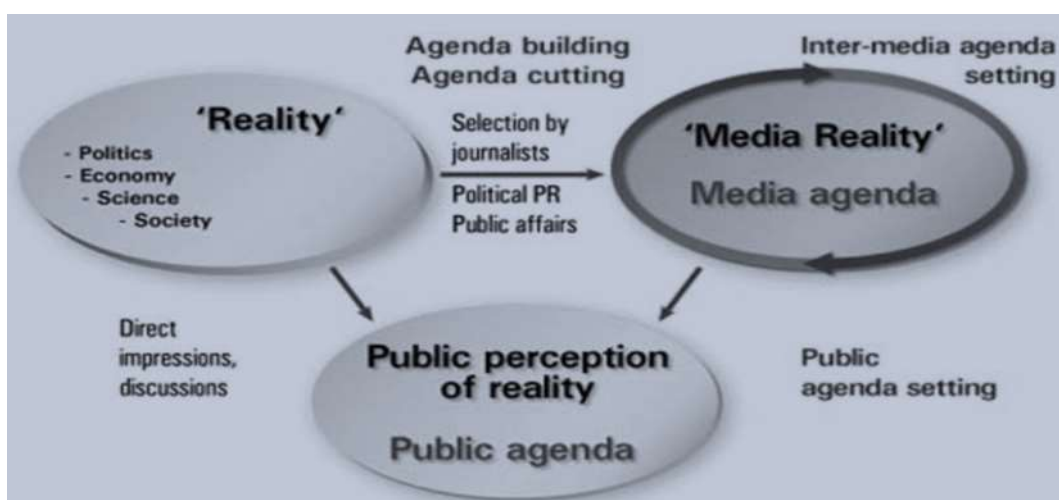


Figure 1. Agenda Setting Media Theory

Source: <https://lms.su.edu.pk/lesson/213/agenda-setting-theory>

Though the theory holds that most of the issues we discuss are based on what we have read, listened to or watched in different mass media, the major assumption of the theory is that the media set agenda for the public to follow (Ezegwu, Etukudo & Akpan 2015; Grzywińska, & Batorski, 2016). News media cannot create or conceal problems, they may only alter the awareness, priorities and salience people attach to a set of problems (Su, & Xiao, 2020). This theory instigated the role played by mass media channels on mental illness stigmatization.

2.2 Conceptual Framework

The conceptual framework, which is the graphical representation of the study variables is as shown in Figure 2. The mass media channel was the main independent variable which was assessed through broadcasting media, outdoor media, print media and digital media. The dependent variable was mental illness stigmatization which was conceptualized using the level of awareness, perception, inequality and discrimination and stereotypes and labeling.

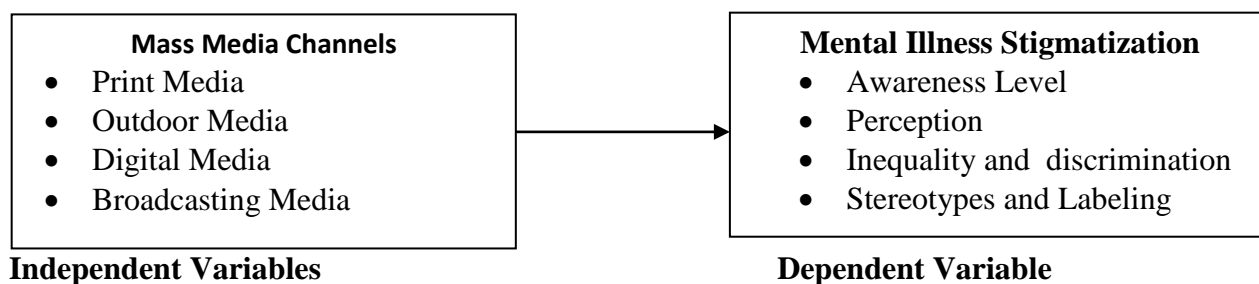


Figure 2. Conceptual Framework

2.3 Empirical Review

Extensive research has been carried out to demonstrate the use of mass media channels in influencing mental illness stigmatization, positively or negatively. This section therefore reviews research on mental illnesses and media channels. A study by Ma, (2017) reviewed 41 empirical studies published in the last 12 years and found that substantial research had been done to investigate media portrayals of mental illnesses and the effects of such portrayals might have on the public.

The researcher adds that with mental illness being an important public health issue in society, the media channels are the most common sources of information about mental illnesses. That media still generally portray mental illnesses negatively is blamed for contributing to the ongoing mental illness stigmatization. The researcher adds that discussions of mental illnesses in direct-to-consumer advertisements and social media tend to be more objective and informative, something that could help improve mental health literacy and reduce stigma. The study concludes that media channels can reduce the stigma if used strategically.

A Saudi study Alyousef, Alhamidi, Abloushi, and Eid (2019) examined Saudi graduate nurses' perceptions of stigma created by mass media and the influence those perceptions had on mental health issues concluded that media channels have a big role to play in forming normative behavior and attitudes toward mental illness in Saudi culture. The study recommended that media be used to create an enabling development of stigma-reduction programs.

2.4 Research Gap

The reviewed studies have attempted the general objective related to the nexus of mass media channels on the mental illness stigmatization among medical students (Zhu, Zhang, Yang, Hu, Liu, Guo, & Rosenheck, 2018; Eksteen, Becker, & Lippi, 2017; Röhm, Hastall, & Ritterfeld, 2017; Stefanovics, Rosenheck, He, Ofori-Atta, Cavalcanti, & Chiles, 2016) in the world, with a majority of those studies focusing on the developed world. Developing nations such as Kenya have received little attention in this area (Kagunda, & Nabushawo, 2018).

Most researches on mass media and mental illness stigmatization (Zehl, Mayer, Thomas, & Thiel, 2018; Miller et al., 2019; Parrott, Billings et al., 2019) have anchored their research on Media framing theory by Erving Goffman (1974). This research, however, proposed to use Agenda Setting Theory to study mass media influence on mental illness stigmatization among students of KMTC. Moreover most of the reviewed studies utilized varied methodologies, as opposed to the current study that utilized a descriptive approach.

III. Research Methods

3.1 Research Design

The study adopted a descriptive survey research design. This design entails explanation of a phenomenon, estimating a proportion of a population with similar characteristics and ascertaining the relationship that occurs amid the variables under study. The design was deemed appropriate for the study due to its ability to incorporate several aspects in a study and give the researcher a wide room to choose from, thus enhancing better understanding of the research problem.

3.2 Target Population

The target population for this study was the students and administrative staff the Kenyan Medical Training College (KMTC). The study targeted 51045 students drawn from the 72 campuses of KMTC across the country (KMTC, 2022). Moreover, the administrative staff particularly the students' counselors were targeted.

3.3 Sample and Sampling Technique

The sample size was determined using the Fisher *et al.* (1991) and Cochran (1977) formula that are designed for large populations. According to Fischer, any population of more than 10,000 people is considered infinite, and the sample size is calculated using the formula:

$$n = \frac{z^2 p (1-p)}{e^2}$$

Where:

z = is the Z value for the corresponding confidence level (i.e., 1.96 for 95% confidence);

e = is the margin of error (i.e., 0.05 = ± 5%) and

p = is the estimated value for the proportion of a sample that have the condition of interest.

P= 50% (the most conservative estimate)

$$n = \frac{1.96 \times 1.96 \times 0.5 (1- 0.5)}{0.05 \times 0.05} = 384$$

The study sampled 30% of the campuses which is 22 campuses out of the 72 total campuses. The campuses selected were those that have a students' population of 1000 students and above. A stratified random sampling was then used to draw the sample size from each of the campuses. The selection of the respondents was also done for the three years of study (first, second and third year) to ensure effective representation of the population. The administrative staff were randomly picked from the main campus. The staff in charge of students' guidance and counselling and the deans were prioritized.

3.4 Data Collection Instruments

The main data used in this study was the primary data which was collected using a structured questionnaire and an interview guide. The questionnaire was developed and administered by the researcher and two trained assistants to obtain qualitative data from sampled students. The questionnaires were used to collect data on mass media influence on mental illness stigmatization among KMTC students.

3.5 Data Processing and Analysis

Quantitative data from the questionnaires was coded into Statistical Package for Social Scientists (SPSS) and cleaned. It was then analyzed using descriptive statistics (mean, standard deviation and percentages) and inferential statistics aimed at testing the hypothesis of the study. This was done through a simple regression model shown below:

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon$$

Where:

Y = Mental Illness Stigmatization

β_0 = Constant

X_1 = Mass media Channels

β_1 = Coefficient for the dependent variable

ε = Error term

IV. Results and Discussion

4.1 Response Rate

The study sampled 384 respondents, out of which 281 returned back the fully filled questionnaires. This represented a response rate of 73.2%. According to Saunders (2019), a response rate of between 50% and 70% is adequate for the study with over a third (30%) of the population as the sample size. This implies that a response rate of 73.2% was appropriate to represent the population of the study.

a. Demographic Results

The demographic information obtained from the respondents indicated that the study had a diverse response as far as gender, age bracket, year of study and the level of education pursued at the college were concerned. This implies that the study's responses cut across divide as far as the varied characteristics of the respondents were concerned.

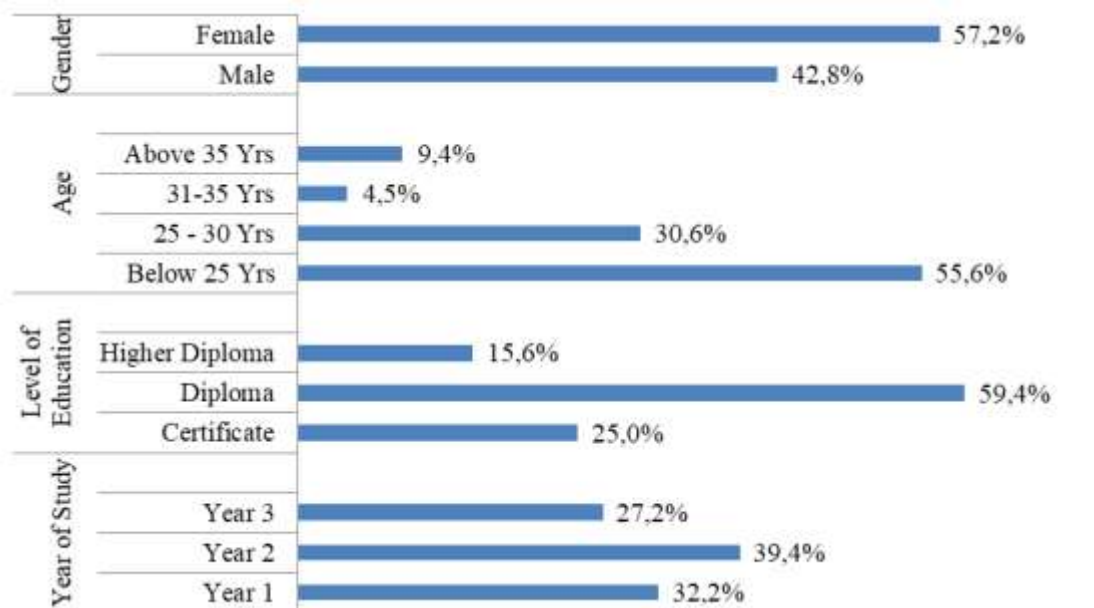


Figure 3. Demographic Results

4.2 Descriptive Findings on Mass Media Channels and Mental Illness Stigmatization

The first objective of the study was to establish the influence mass media channels on mental illness stigmatization among students of Kenya Medical Training College towards people with mental illness. The respondents were asked to indicate their level of agreement with key statements using a 5-points Likert's scale. The findings are as shown in Table 1. The findings are in line with those by Alyousef *et al.* (2019), who found out that print media is an integral channel to push for public awareness especially on sensitive issues like the stigmatization of people with mental illness. Ishaku *et al.* (2018) noted that through effective use of print media, a more emphasis is created while reaching out to a guaranteed audience. According to Parrott *et al.* (2019), as people especially the youth continue with the increased use of social media, the chances of people with mental illness opening up are high, while at the same time, the chances of them getting stigmatized and bullied are equivalently high.

According to Oswalt *et al.* (2020), electronic mass media such as TV and radio has a one-on-one kind of communication which plays an integral role in influencing one's perceptions and behaviours. Through the electronic media, more awareness and sensitization is created and the perception and acceptance of such sensitization is higher as compared to other mass media channels (Soghoian & Gasparyan, 2017).

Table 1. Mass Media Channels

Statements	Mean	Std. Dev.
I have attended discussion groups on mental health and related sicknesses	3.60	1.53
I have previously overheard people talking about mental illness stigmatization	3.36	1.69
I have come across individuals down-looking at the mentally ill persons	3.50	1.65
I have ever come across a newspaper article addressing mental health	2.90	1.65
I have recently read a magazine written about mental illness stigmatization	3.12	1.75
I have seen billboard/Poster with a message on mental illness stigmatization	3.39	1.64
I strongly believe that the print media has done a good job in addressing the mental illness stigmatization	3.75	1.69
I have social media accounts in at least one social media platform	3.70	1.54
I have recently come across a social media post on mental health related topic	3.16	1.67
I have recently come across individuals stigmatizing people perceived to be mentally-ill on social media	3.65	1.58
I have ever read on mental illness stigmatization on social media	3.48	1.65
I frequently watch TV and/or listen to radio	3.12	1.70
I have recently watched/listened to a programme on mental health on TV/radio	3.55	1.57
I believe that the electronic media has potential to reduce mental illness stigmatization	3.87	1.41

4.3 Descriptive Findings on Mental Illness Stigmatization

The study sought to establish the mental illness stigmatization among college students. The findings as shown in Table 2 revealed that majority of the respondents agreed that they were aware of the stigmatization among the mentally ill students (Mean = 4.16); and that they were aware of ways in which they could offend the mentally ill students they came across (Mean = 3.55). The respondents agreed that they avoided any actions that could be offensive to the mentally ill students and that they had perceptions that people with mental illness are not friendly (Mean = 4.13). The respondents agreed that they perceived the mentally stressed persons to be minority amongst other peers and that they focused on changing the perception of individuals who stigmatize mentally ill persons (Mean = 3.43).

The findings further revealed that majority of the respondents agreed that they had come across individuals who discriminate the mentally ill patients (Mean = 4.21) and that they always considered those with mental health conditions to be equal members of the society (Mean = 3.05). Most of the respondents agreed that they had come across stereotyping of mentally ill patients and that there were instances where mentally ill patients have been labeled as unequal members of the community. The findings imply that mental health discrimination and stigmatization of mentally ill persons was still rampant among college students.

Table 2. Mental Health Stigmatization

Statements	Mean	Std. Dev.
I am aware of the stigmatization among the mentally ill students	4.16	1.11
I know ways in which I may offend the mentally ill students I come across	3.55	1.54
I always avoid any actions that could be offensive to the mentally ill students	3.30	1.92
I have perceptions that people with mental illness are not friendly	4.13	1.25
I perceive the mentally stressed persons to be minority amongst other peers	3.23	1.51
I always focus on changing the perception of individuals who stigmatize mentally ill persons	3.13	1.51
I have come across individuals who discriminate the mentally ill patients	4.21	1.06
I always consider those with mental health conditions to be equal members of the society	3.07	1.43
Inequality and discrimination against the mentally ill students is prohibited in the institution	3.48	1.13
I have come across stereotyping of mentally ill patients	3.01	1.26
There are instances where mentally ill patients have been labeled as unequal members of the community	2.52	1.79
I always discourage my peers against stereotyping and labeling the mentally ill individuals	2.91	1.78

4.4 Hypotheses Testing

H₀₁: There is no significant relationship between mass media channels and mental illness stigmatization among students of Kenya Medical Training College

The hypothesis was tested using a linear regression model. The output was presented in form of a model summary, the ANOVA results, and the regression coefficient. The

model summary results are as presented in Table 3. As the results portray, the R^2 for the regression model between mass media channels and mental illness stigmatization was 0.098 meaning that mass media channels explain up to 9.8% of the variation in mental illness stigmatization.

Further test on ANOVA shows that the regression model was a good fit as indicated by a significant F-statistic ($F=27.894$, $p<0.05$) as shown in Table 3. This implied that mass media channels can statistically predict the mental health stigmatization. The results also imply that the model is statistically significant and appropriate for assessing the relationship between media channels and mental illness stigmatization.

The unstandardized regression coefficient for mass media channels was 0.360 with a t-value of 5.509 and a P-value of $0.000<0.05$. This is an indication that mass media channels have positive and significant relationship with the mental illness stigmatization. With a Beta coefficient of 0.360, it implies that a unit change in mass media channels would influence mental illness stigmatization by 0.360 units.

Table 3. Regression Results on the Relationship between Media Channels and Mental Health Stigma

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.313 ^a	.098	.095	.95876

a. Predictors: (Constant), Mass Media Channels

ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.894	1	27.894	30.346	.000 ^b
	Residual	256.460	279	.919		
	Total	284.354	280			

a. Dependent Variable: Mental Illness Stigma

b. Predictors: (Constant), Mass Media Channels

Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.551	.193		13.225	.000
	Mass Media Channels	.360	.065	.313	5.509	.000

a. Dependent Variable: Mental Illness Stigma

The study findings have revealed that majority of the respondents agreed that they have attended discussion groups on mental health and related sicknesses and that they have previously overheard people talking about mental illness stigmatization. The respondents further agreed that they had come across individuals down-looking at the mentally ill persons newspaper articles addressing mental health and that they had recently read a magazine written about mental illness stigmatization. Most of the respondents further stated that they had seen billboard/Poster with a message on mental illness stigmatization and that they believed that the print media had done a good job in addressing the mental illness stigmatization and that they had social media accounts and were active users of social media

V. Conclusion

5.1 Conclusions of the Study

The study concluded that mass media channels had a significant influence on mental illness stigmatization among college students in Kenya. It was established that the digital media channels, broadcasting media, print media, and outdoor media channels were the main mass media channels that significantly influences the mental illness stigmatization. The study concluded that the college students were more aware on mental health issues through mass media channels but still stigmatized the mentally ill persons. The respondents felt that electronic media had the potential to reduce mental illness stigmatization, thus the study concluded that electronic media would be more instrumental in eradicating mental health stigmatization.

5.2 Recommendations of the Study

The mass media channels are essential in determining the information that is passed to the masses and how they perceive this information. It is therefore recommended that the relevant stakeholders such as the Communications Authority (CA) provide a guideline on mass media channels and their focus on mental health issues. The authority should also integrate the appropriate measures to ensure more diverse mass media channels that create the necessary awareness on mental illness are brought on board and supported to effectively create awareness. The most preferred channel among students was digital channels and broadcasting media. Therefore, it is essential for the management and other relevant authorities to optimize these channels to create awareness among students against stigmatization of mental illness. Moreover, embracing all the other mass media channels including print media and outdoor media would be instrumental in creating awareness on the mental health and running campaigns for eradication of stereotyping and stigmatization of the mentally ill persons.

5.3 Recommendations of Areas for Further Study

The study focused on mass media channels and how they influence mental health stigmatization among college students in KMTC. It is recommended that a similar study focuses on how mass media channels influence mental illness stigmatization in other institutions and among the members of the public.

The study assessed how mass media channels influence mental illness stigmatization. There is need for study to assess other aspects apart from mass media, that contribute to stigmatization of mentally ill persons in Kenya.

References

- Alyousef, S. M., Alhamidi, S. A., Albloushi, M., & Eid, T. A. (2019). Perceptions of Media's Contribution Toward Stigmatization of Mental Health by Saudi Arabian Nurses. *Journal of the American Psychiatric Nurses Association*, 1078390319855771.
- Audu, A. A., Idris, S. H., Olisah, V. O., & Sheikh, T. L. (2013). Stigmatization of people with mental illness among inhabitants of rural community in Northern Nigeria. *International Journal of Social Psychiatry*, 59(1), 55-60.
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & Murray, E. (2018). WHO World Mental Health Surveys International College

- Student Project: Prevalence and distribution of mental disorders. *Journal of abnormal psychology*, 127(7), 623.
- Bedaso, A., Duko, B., & Yeneabat, T. (2020). Predictors of mental distress among undergraduate health science students of Hawassa University, College of Medicine and Health Sciences, Hawassa, SNNPR, Ethiopia: a cross-sectional study. *Annals of General Psychiatry*, 19(1), 6.
- Bryant, J., & Zillmann, D. (2002). Media effects. *Advances in theory and research*. New Jersey: LEA.
- Dachew, B. A., Bisetegn, T. A., & Gebremariam, R. B. (2015). Prevalence of mental distress and associated factors among undergraduate students of University of Gondar, Northwest Ethiopia: a cross-sectional institutional based study. *Plos one*, 10(3), e0119464.
- Dessie, Y., Ebrahim, J., & Awoke, T. (2013). Mental distress among university students in Ethiopia: a cross sectional survey. *Pan African Medical Journal*, 15(1).
- Edegoh, L. O., Ezebuenyi, E. E., & Asemah, E. S. (2013). Television as a medium of political advertising during elections in Anambra State, Nigeria. *Asian Journal of Social Sciences and Humanities*, 2(3), 375-385.
- Eksteen, H. C., Becker, P. J., & Lippi, G. (2017). Stigmatization towards the mentally ill: Perceptions of psychiatrists, pre-clinical and post-clinical rotation medical students. *International Journal of Social Psychiatry*, 63(8), 782-791.
- Elliott, I. B. J., Chakkalackal, L., Purcell, M., Graham, C., & Chandra, A. (2015). *Fundamental facts about mental health*. The Mental Health Foundation, London.
- Ezegwu, D., Etukudo, O. R., & Akpan, U. A. (2015). Political advertising and the electorate's choice of candidates in Nigeria's 2015 general election: A study of select electorate in Anambra State. Communication panorama, *African and global: A multidisciplinary international research journal*, 1(1), 129-143.
- Fisher, A. A., Laing, J. E., Stoeckel, J. E. & Townsend, J. W. (1991). *Handbook for Family Planning Operations Research Design*. (2nd Ed.), Population Council, New York, USA. 43pp.
- Grzywińska, I., & Batorski, D. B. (2016). How the emergence of social networking sites challenges agenda-setting theory. *Konteksty Społeczne*, (1), 19-32.
- Hone, T., Macinko, J., & Millett, C. (2018). Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals? *The Lancet*, 392(10156), 1461-1472.
- Ishaku, U. G., Terao, T., Takai, J., Karuri, G. S., & Matsumoto, M. (2018). Comparing loneliness and mental health status of college students in Nigeria and Japan. *IFE Psychologia: An International Journal*, 26(1), 279-297.
- Jenkins, R., Njenga, F., Okonji, M., Kigamwa, P., Baraza, M., Ayuyo, J., ... & Kiima, D. (2012). Prevalence of common mental disorders in a rural district of Kenya, and socio-demographic risk factors. *International journal of environmental research and public health*, 9(5), 1810-1819.
- Kagunda, J., & Nabushawo, S. J. Kenya's Media Representation of Mental Health and the Role of Stigma Communication.
- Kimotho, S. G. (2018). Understanding the Nature of Stigma Communication Associated With Mental Illness in Africa: A Focus on Cultural Beliefs and Stereotypes. In *Deconstructing Stigma in Mental Health* (pp. 20-41). IGI Global.
- Lasalvia A, Zoppei S, Van Bortel T, Bonetto C, Cristofalo D, Wahlbeck K, Vasseur Bacle B, Van Audenhove C, van Weeghel J, Reneses B, Germanavicius A, Economou M, Lanfredi M, Ando S, Sartorius N, Lopez-Ibor JJ, Thornicroft G, the

- ASPEN/INDIGO Study Group (2013). Global pattern of experienced and anticipated discrimination reported by people with major depressive disorder: a cross-sectional survey. *The Lancet* 381, 55–62.
- Li, J., Liang, W., Yuan, B., & Zeng, G. (2020). Internalized stigmatization, social support, and individual mental health problems in the public health crisis. *International Journal of Environmental Research and Public Health*, 17(12), 4507.
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by US college students: 10-year population-level trends (2007–2017). *Psychiatric services*, 70(1), 60-63.
- Ma, Z. (2017). How the media cover mental illnesses: a review. *Health Education*.
- McCombs, M. E., Shaw, D. L., & Weaver, D. H. (2014). New directions in agenda-setting theory and research. *Mass communication and society*, 17(6), 781-802.
- Miller, A. N., Napakol, A., & Kujak, M. K. (2019). Representation of mental illness in leading Ugandan daily newspapers: A content analysis. *Health Communication*, 1-9.
- Ministry of Health. (2015). Kenya mental health policy 2015–2030. 2015. <https://publications.universalth2030.org/uploads/Kenya-Mental-Health-Policy.pdf>. Accessed 30 Apr 2020
- Oswalt, S. B., Lederer, A. M., Chestnut-Steich, K., Day, C., Halbritter, A., & Ortiz, D. (2020). Trends in college students' mental health diagnoses and utilization of services, 2009–2015. *Journal of American college health*, 68(1), 41-51.
- Parrott, S., Billings, A. C., Buzzelli, N., & Towery, N. (2019). “We All Go Through It”: Media Depictions of Mental Illness Disclosures From Star Athletes DeMar DeRozan and Kevin Love. *Communication & Sport*, 2167479519852605.
- Röhm, A., Hastall, M. R., & Ritterfeld, U. (2017). How movies shape Students' attitudes toward individuals with schizophrenia: an exploration of the relationships between entertainment experience and stigmatization. *Issues in mental health nursing*, 38(3), 193-201.
- Scolari, C. A. (2012). Media ecology: Exploring the metaphor to expand the theory. *Communication theory*, 22(2), 204-225.
- Soghoyan, A., & Gasparyan, K. (2017). Mental health and stigma. In *Global Mental Health* (pp. 61-69). Springer, Cham.
- Srivastava, K., Chaudhury, S., Bhat, P. S., & Mujawar, S. (2018). Media and mental health. *Industrial psychiatry journal*, 27(1), 1–5.
- Stefanovics, E. A., Rosenheck, R. A., He, H., Ofori-Atta, A., Cavalcanti, M., & Chiles, C. (2016). Medical student beliefs and attitudes toward mental illness across five nations. *The Journal of nervous and mental disease*, 204(12), 909-915.
- Su, Y., & Xiao, X. (2020). From WeChat to “We set”: exploring the intermedia agenda-setting effects across WeChat public accounts, party newspaper and metropolitan newspapers in China. *Chinese Journal of Communication*, 1-19.
- Substance Abuse and Mental Health Services Administration, (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54).
- Trautmann, S., Rehm, J., & Wittchen, H. U. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders?. *EMBO reports*, 17(9), 1245-1249.
- Verger, P., Guagliardo, V., Gilbert, F., Rouillon, F., & Kovess-Masfety, V. (2010). Psychiatric disorders in students in six French universities: 12-month prevalence,

- comorbidity, impairment and help-seeking. *Social psychiatry and psychiatric epidemiology*, 45(2), 189-199.
- Wahl, O. F. (1992). Mass media images of mental illness: A review of the literature. *Journal of Community Psychology*, 20(4), 343-352.
- World Health Organization (2015). *Mental health atlas 2014*. Switzerland: WHO.
- World Health Organization. (2010). Strengthening our response.
- World Health Organization. (2011). WHO report on *the global tobacco epidemic, 2011: warning about the dangers of tobacco*. Geneva: World Health Organization.
- Zehl, R. A., Mayer, J., Thomas, S., & Thiel, A. (2018). Mass media framing of mental illness in elite sports—A case study from Australian football.
- Zhu, Y., Zhang, H., Yang, G., Hu, X., Liu, Z., Guo, N., ... & Rosenheck, R. (2018). Attitudes towards mental illness among medical students in China: Impact of medical education on stigma. *Asia-Pacific Psychiatry*, 10(2), e12294.