

Soundwaves of Support: Exploring Youth Engagement with Mental Health Awareness Messages on Pamoja FM's *Pass the Mic Show* in Kibra Sub-County, Nairobi, Kenya

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Abstract: Mental health continues to pose serious challenges in many countries of the Global South, such as Kenya, where there is often no dedicated budget for mental health care. In such settings, public awareness plays a key role in mitigating these challenges by enhancing people's understanding, which is always necessary for early intervention. Radio has proven effective in raising such awareness due to its immediacy and wide reach. In light of this understanding, the study examined how audience engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* contributes to mental health awareness among youth in Kibra Sub-County. The study focused on three forms of engagement: behavioral, cognitive, and affective. A qualitative research design was adopted, and content analysis was conducted on eight purposively selected episodes of *Pass the Mic Show*, alongside in-depth interviews with nine youth listeners of the program selected through snowball sampling. The data from the two sources was analyzed, with findings presented in a narrative format. The findings revealed that the program effectively created mental health awareness among the audience through their engagement. Behavioral engagement was facilitated through SMS, Facebook, and call-ins, with SMS preferred for its anonymity. Cognitive engagement manifested in listeners asking follow-up questions and seeking clarification, while affective engagement was evident as listeners emotionally connected with the program, often sharing personal struggles and seeking help. The study recommended the need for strategies to enhance affective engagement, as such instances were relatively few.

Keywords: Audience Engagement, Awareness, Community Radio, Mental Health, Youth.

1. Introduction

Radio is a communication channel that uses electromagnetic waves, transmitted through antennas and transmitters, to inform, educate, and entertain audiences (Abdullahi & Olanase, 2024). As an affordable and accessible medium, local radio reaches a broad audience and plays a key role in creating awareness and reducing stigma around mental health issues (Debunk Media, n.d.). It also remains an important way for people to access information that supports their health and well-being (Rajana et al., 2020). Even with the growth of new media technologies, traditional radio continues to encourage

community conversations, shape public dialogue, and deliver essential education on health and disease prevention (Maina & Simiyu, 2024). In doing so, it helps to address health illiteracy and increase public awareness (Hoffman-Goetz et al., 2014).

Since its inception, community radio has served as a key platform for collaboration among the community voluntary sector, civil society, agencies, non-governmental organizations (NGOs), and citizens in advancing community development goals (Ondengo, 2018). It stands out as one of the most impactful innovations that has had a profound influence on livelihoods and transformed social life (Asuman & Moodley, 2023). Its ease of setup, operation, accessibility, and participatory nature make it an ideal tool for health promotion and development, particularly in marginalized areas.

The participatory nature of community radio promotes dialogue on community issues and needs (Gasana & Habamenshi, 2023). This is achieved through interactive elements such as call-ins, Short Message Service (SMS), and social media, which provide an interactive platform for audiences to receive information and have their voices heard (Ray, 2018). Community radio also helps connect local audiences with key figures such as experts and policymakers by facilitating debates and discussions. This approach helps bridge the gap between local communities and decision-makers (Gordon, 2019).

Mental health continues to pose serious challenges across the globe, with statistics pointing to a potential crisis that requires urgent attention. The prevalence of mental health issues, particularly among the youth, is very worrying, as evidence shows that this demographic has the highest rates of mental health challenges (Institute for Health Metrics and Evaluation, 2020; McGorry et al., 2025). General statistics indicate that, as of 2019, an estimated 970 million people worldwide, or 1 in every 8 individuals, suffer from a mental illness of varying severity, with depression and anxiety disorders being the most common (WHO, 2022).

Given the limited budgetary allocation for mental health care in the majority of countries in the Global South, including

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Kenya, there is a need to incorporate broadcast technologies, such as radio, into mental health intervention strategies. It is worth noting that Kenya is among the 28% of WHO member states without a dedicated mental health budget, with only 0.01% of total health expenditure allocated to mental health. As a result, individuals with mental health issues often pay for treatment out of pocket, and most private insurance plans do not cover mental health care (Ministry of Health, 2021; Mental Health Taskforce, 2020). This brings to attention the importance of early intervention before hospitalization becomes necessary.

2. Problem Statement

Mental health conditions can result from various factors, including excessive stress, childhood abuse, trauma, neglect, social isolation, loneliness, discrimination, stigma, and experiences of racism (Ikpeama *et al.*, 2024). In addition, factors such as neighborhood insecurity, crime, and socioeconomic challenges are also well-established determinants of mental health (Wado *et al.*, 2022; Murage *et al.*, 2023). Kibra Sub-County, where this study was conducted, exemplifies these challenges, thus making its inhabitants vulnerable to mental health conditions.

Local broadcasting is a widely utilized approach in mental health intervention, with evidence indicating its effectiveness in broadening and deepening audience understanding of mental health issues and in challenging mental health stigma (Lee *et al.*, 2024; Ikpeama *et al.*, 2024; Krause & Fletcher, 2023; Marino *et al.*, 2020), which has long hindered global efforts to address mental health challenges. Although the important role of radio programs in addressing mental health issues is well known, there exists a literature gap regarding how audience engagement with mental health messages contributes to mental health awareness. This necessitated the study, which specifically focused on the mental health-themed episodes of *Pass the Mic Show*, a youth-targeted program on Pamoja FM.

3. Study Objective

The main objective of the study was to assess how audience engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* aids in creating mental health awareness among the youth living in Kibra Sub-County. The study was further guided by the following specific objectives:

- To assess how behavioral engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* contributes to mental health awareness creation among the youth living in Kibra Sub-County.
- To examine how cognitive engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* contributes to mental health awareness creation among the youth living in Kibra Sub-County.
- To evaluate how affective engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* contributes to mental health awareness creation among the youth living in Kibra Sub-County.

4. Conceptual Framework

The figure below represents a conceptual framework that guided the study.

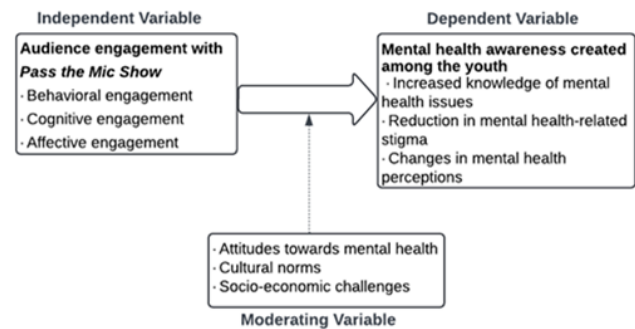


Fig. 1. Study's conceptual framework

5. Literature Review

In media contexts, audience engagement is defined as “creating a connection with others to contribute to a common good” (Yap *et al.*, 2019). Various media platforms, including radio, offer opportunities for audience engagement, which can manifest in behavioral, cognitive, or affective forms (Zimmerman *et al.*, 2024). Behavioral engagement involves observable actions and participatory behaviors that reflect the audience's active involvement and contribution toward collective goals. Although behavioral audience engagement methods such as call-ins and SMSs are commonly employed in media-driven health awareness campaigns, particularly through radio, existing scholarly literature on audience interaction with mental health-related media content has predominantly focused on social media as the primary platform for engagement.

It is worth noting that social media platforms play a key role as tools for real-time audience interaction with radio programs. Their potential to enhance outreach and promote engagement with diverse populations in mental health awareness efforts is well established (Naslund *et al.*, 2020). By leveraging features such as comment sections and hashtags, these platforms enable audiences to share insights, ask questions, and participate in broader discussions during live broadcasts.

Various social media platforms utilize distinct metrics to measure and represent different levels of audience engagement (Yap *et al.*, 2019). For instance, on Facebook, engagement levels are indicated by metrics such as likes, shares, and comments, corresponding to low, moderate, and high engagement, respectively. Liking is a simple, passive action that reflects a basic appreciation of a post. Sharing, which requires more effort, signifies a stronger connection to the content and involves voluntarily amplifying it within one's social network. On the other hand, commenting represents the highest level of engagement, as it demands the most effort and involves active participation and direct interaction with the post (Yap *et al.*, 2019). Despite the affordances of social media for audience interaction, its risks are noteworthy. Social media can expose individuals to harmful content and negative interactions, which may adversely affect their mental well-being and daily lives (Naslund *et al.*, 2020).

Cognitive engagement with mental health messages is central to any radio mental health campaign, as it involves deep thinking, reflection, and the active processing of information presented by the media. This form of engagement influences how audiences interpret and internalize the messages conveyed, thereby enhancing their ability to retain the information. Furthermore, cognitive engagement with mental health messages aligns closely with the principles of the Uses and Gratifications Theory, particularly in fulfilling informational and educational needs. For instance, audiences actively engage with mental health media content to acquire knowledge about mental illnesses, explore coping mechanisms, and critically evaluate the information provided. This type of engagement allows individuals to meet their needs for understanding and education about mental health by asking questions and seeking clarification on complex issues being discussed. However, the trustworthiness of the source providing mental health information plays a key role in determining the extent and depth of cognitive engagement (Draganidis *et al.*, 2024). Reliable and credible sources significantly influence the audience's willingness to process, internalize, and act upon the information.

According to Yap (2019), research has demonstrated the effectiveness of incorporating message appeals into communication materials across various health and social contexts. In the context of mental health awareness creation through radio, this approach is particularly powerful, as it enhances the ability to engage and connect with audiences on both emotional and intellectual levels. As a result, it can lead to affective engagement, which refers to the emotional involvement and connection an individual has with the media content, particularly the feelings, attitudes, and emotional responses it evokes. Such engagement can inspire self-disclosures, as individuals may feel encouraged to share their struggles in pursuit of solutions. These self-disclosures have been recognized as beneficial for coping and providing therapeutic effects (Ernala *et al.*, 2018). It is important to note that there is a positive correlation between emotional messages and audience engagement, with evidence suggesting that emotionally charged content tends to attract more attention and is consumed more than purely informational content (Yap, 2019).

As such, personal stories of individuals who have experienced mental health challenges and recovery resonate deeply with audiences, thus fostering empathy and emotional connection. Bucci *et al.* (2019) argue that "hearing about another's experience can be de-shaming" (p. 283). These testimonials allow individuals to see themselves in the narratives shared, thus reducing stigma and promoting a sense of shared experience. Mental health issues on the radio are most effectively addressed through the dialogue model of communication; however, it is important to incorporate both experiential and culturally relevant knowledge alongside expert knowledge (Greeves & Ledbetter, 2022).

A. Empirical Review

A study by Ikpeama *et al.* (2024) investigated the impact of

radio news programs on mental health among individuals living in South-East Nigeria. The study used focus group discussions (FGDs) for data collection and engaged 10 health professionals, selected through purposive sampling. The focus of the study was on how the radio news programs enhanced public understanding of mental health issues, such as awareness of early symptoms, causes, and available treatments. The study found that the public was aware of the mental health programs, and they played a key role in improving their knowledge of mental health issues and available remedies.

Lee *et al.* (2024) conducted a study to evaluate the acceptability and potential effectiveness of a radio program designed to combat mental health stigma in the Busoga region of Eastern Uganda. The program was 45 minutes long and was developed and delivered by community health workers to depict recovery from mental illness. The study conducted two FGDs with 12 participants and in-depth interviews with 17 participants. The participants were purposively selected, comprising individuals with and without family experience of mental illness. The study found that listeners gained a better understanding of mental illness causes and treatment, and showed an increase in the acceptance of mental health victims.

Marino *et al.* (2020) conducted a study guided by the Social Identity Theory and Goffman's notion of stigma to investigate how radio can serve as an alternative mental health intervention, reduce stigma, and promote social integration. The study was qualitative in nature and gathered insights from 27 participants. It focused on three aspects: social stigma attached to individuals with mental health problems, the role of radio in shaping public perceptions, and alternative ways for stigma reduction and community reintegration. It emerged that the participants emphasized the importance of the radio program in reducing the stigma associated with mental health by encouraging empathy, deepening community understanding of the mental health issues, and promoting help-seeking behavior.

Lastly, a study conducted by Zhang and Firdaus (2024) examined how the media represents mental health. The study was qualitative in nature and analyzed secondary literature focusing on the media's portrayal of mental health issues. The study found that the media's coverage of mental health had a considerable impact on the public's perception of mental health. It noted that positive coverage of mental health issues can increase awareness, reduce stigma, promote help-seeking behavior, and even drive policy change. Whereas negative coverage tends to reinforce misconceptions and stigma, and also discourages help-seeking behavior among the victims.

6. Methodology

The study employed a qualitative research approach. Data was collected through content analysis of eight purposively selected Pamoja FM's *Pass the Mic Show* episodes and in-depth interviews with nine youth listeners aged 15-24 recruited using snowball sampling. The study participants were persons with lived experiences of mental health challenges. The study utilized a content analysis coding scheme and an interview guide. These instruments were refined after a pilot test to

improve clarity and reliability. During data collection, ethical principles were fully followed, including informed consent, voluntary participation, confidentiality, and empathetic approaches designed to mitigate any possible harm. Data analysis involved systematic content analysis of the radio episodes and thematic analysis of the interview data, with findings presented in a narrative format, supported by direct quotes from participants and excerpts from the radio episodes.

7. Findings

Based on the qualitative data collected, the following is a comprehensive assessment of how audience engagement with mental health messages aired on Pamoja FM's *Pass the Mic Show* aids in creating mental health awareness among the youth living in Kibra Sub-County. The study investigated three key attributes of the independent variable, namely: behavioral engagement with mental health messages, cognitive engagement with mental health messages, and affective engagement with mental health messages. Regarding the dependent variable, the study also examined three attributes: increased knowledge of mental health issues, reduction in mental health-related stigma, and changes in mental health perceptions. Excerpts from the analyzed radio episodes are presented in their original form (Swahili and Sheng), along with English translations.

A. Audience Engagement with Mental Health Messages Aired on Pamoja FM's *Pass the Mic Show*

1) Behavioral Engagement with Mental Health Messages

The study found that behavioral engagement with mental health messages on the program was predominantly facilitated through Short Message Service (SMS), which served as the main medium for participation in mental health discussions. Listeners sent SMSs to the studio number, and the presenter read selected messages aloud. Due to the high volume of messages, the presenter read only a limited number at specific intervals during the program. At these intervals, the presenter actively encouraged listeners to continue sharing their views, experiences, and questions. This pattern was consistently observed across all eight episodes analyzed in the study. Across various episodes, the presenter actively invited audience participation, acknowledged listener contributions, and facilitated discussions on mental health. In *PTMS* Episode 1, the presenter recognized the high level of audience engagement:

"Naona wasee wamechangamka, mda si mrefu msikilizaji nitakua tu nasoma SMS za kwako lakini kwa sasa tupate mapumziko mafupi."

("I see everyone is lively! Very soon, dear listener, I will be reading your SMSs, but for now, let's take a short break.")

In *PTMS* Episode 2, the presenter encouraged listeners to share their thoughts via SMS on the factors contributing to suicide:

"...endeleni kuwasiliana nasi katika laini zetu za SMS, na utueleze nini kinaweza sababisha msee kujimada."

("...keep engaging with us through our SMS lines and tell us what could lead someone to take their own life.")

In *PTMS* Episode 3, audience participation was encouraged as the presenter invited listeners to send in their questions on mental health:

"...msikilizaji kama una maswali endelea kuyatuma maswali yako kwenye ujumbe mfupi ikiwa ni... tunapoendelea kuzungumza na ndugu zetu ambao wanatuelimisha kuhusiana na mambo ya msongo wa mawazo..."

("...dear listener, if you have any questions, keep sending them via SMS as we continue our discussion with our guests who are educating us on mental health matters...")

In *PTMS* Episode 4, the presenter provided the studio number and encouraged listeners to share their thoughts, creating a space for dialogue:

"...ndio nambari ya studio, unaweza kutuma SMS na pia tukirejea tutakua tunapeana nafasi ya wewe kutoa mchango wako katika mada hii inayohusu maswala ya afya ya kiakili."

("...that is the studio number, you can send an SMS, and when we return, we will give you a chance to share your input on this topic concerning mental health.")

In *PTMS* Episode 5, the presenter acknowledged incoming messages and encouraged further participation:

"Kuna SMS kadha ambazo nazona na nitakua nikizisoma muda mfupi ujao... endeleeni kuzituma."

("There are several SMSs that I can see, and I will be reading them shortly... keep sending them.")

In *PTMS* Episode 6, audience engagement was promoted through an open invitation for questions and opinions:

"Kama utakua na swali kwa mgeni wetu elekeza swali lako kwa 0790... na pia kama utakua na maoni tafadhali tuma SMS."

("If you have a question for our guest, direct your question to 0790... and if you have any opinions, please send an SMS.")

In *PTMS* Episode 7, the presenter encouraged collective dialogue, emphasizing the importance of discussing mental health issues:

"...wasiliana nasi msikilizaji katika nambari yetu ya mawasiliano ya... SMS zikuje, nataka sote tuchangie katika hili swala la mental health maanake linatukumba sisi sote..."

("...reach out to us, dear listener, through our communication number... let the SMSs come in, I want all of us to contribute to this issue of mental health because it affects us all...")

In *PTMS* Episode 8, the presenter acknowledged the overwhelming audience response, reinforcing the program's impact:

"...shukran msikilizaji, nazona SMS zenu, zinazidi kufika kwa wingi sana, kwa kweli mada hii ya afya ya kiakili imegusa wengi... tuendele, maoni yenyu na experience nitakua nikizisoma muda mfupi ujao."

("...thank you, dear listener, I can see your SMSs coming in large numbers. Truly, this mental health topic has touched many... let's continue, I will be reading your opinions and experiences shortly.")

In-depth interviews also revealed that SMS was the most preferred mode of behavioral engagement among listeners. Interviewee 2 noted that engagement through SMS was consistently higher in the program compared to other options,

such as Facebook and call-ins. He explained:

"I like sending my opinions through SMS; I've just gotten used to it, and I feel comfortable with it. I also notice that many listeners prefer it as well. The host says you can also call or use Facebook, but people just prefer SMS."

Interviewee 5 also acknowledged the high volume of SMSs as a reflection of the program's interactive nature. He preferred SMS because it allowed for anonymity, unlike other forms of engagement. He said:

"Yeah, SMSs are always so many, I don't know why. But personally, I like it because when I send a question or an opinion, no one will know it's me. But on Facebook or a phone call, people will recognize me. That's why I prefer SMS."

Interviewee 7 also acknowledged that SMS was the most commonly used mode of engagement in the program. She noted that she preferred SMS because it was more affordable than making phone calls and did not require a smartphone, unlike Facebook. She explained:

"It's true, just as you asked, SMSs are the most common... I prefer SMS because it's cheaper than making a phone call, and I also don't have a smartphone, so I can't use Facebook."

These findings highlight the interactive nature of the program through SMS, where listeners shared their opinions and experiences on mental health issues. This active engagement helped shape the discourse, making the audience an integral part of the conversation. The program effectively created awareness and provided a platform for collective learning and support by promoting open dialogue and encouraging participation.

The study found that behavioral engagement with the program was also facilitated through Facebook, specifically via the station's page, *Pamoja FM Radio the Voice of Kibra*. The platform was used to enhance interactivity, with the comment section serving as a space for listeners to engage with the day's topic and guest. Certain episodes were streamed live, providing an audiovisual experience of the program's content. However, despite the presenter encouraging engagement on Facebook, SMS remained the main mode of interaction, with Facebook recording relatively low levels of participation. The interaction via Facebook occurred in six out of the eight analyzed episodes. For instance, in *PTMS* Episode 1, the presenter acknowledged a listener's comment and read it aloud:

"Kuna mmoja anajulikana kama Dominic Owando katika mtandao wetu wa Facebook anasema..."

("There is someone by the name of Dominic Owando on our Facebook platform who says...")

In *PTMS* Episode 2, he informed listeners about a post on the station's Facebook page, inviting engagement through likes, comments, and shares:

"...na kwenye Facebook pia kuna ujumbe tayari umeshapakiwa pale..."

("...and on Facebook, a message has already been posted there...")

In *PTMS* Episode 3, he directed listeners to the station's Facebook page to contribute to discussions and ask guest speakers questions:

"...unaweza kutufuata katika mtandao wa kijamii wa

Facebook ikiwa ni Pamoja FM radio the Voice of Kibra na uweze kuchangia mjadala. Juu, yale ambayo utauliza tutaweza kuwaelekeza wageni wetu waweze kujibu maswali hayo..."

("...you can follow us on Facebook at Pamoja FM Radio the Voice of Kibra, and contribute to the discussion. Any questions you ask will be directed to our guests for responses...")

In *PTMS* Episode 5, he acknowledged ongoing audience interaction on Facebook and encouraged more participation:

"...pia unaweza kuwasiliana nasi kwenye mtandao ya Facebook maanake nimeanza kuona tayari wakereketwa wakizungumza upande huo..."

("...you can also reach us on Facebook because I have already started seeing some listeners engaging there...")

In *PTMS* Episode 6, he reminded listeners to share their thoughts or questions on the platform:

"...au mtandao wetu wa Facebook kama una maoni ama swali..."

("...or on our Facebook platform if you have an opinion or a question...")

In *PTMS* Episode 7, he encouraged engagement through the comment section:

"...ama u-drop kwenye comment section hapo Facebook... tuchangamke tuzungumze na tujuliane hali..."

("...or drop your message in the Facebook comment section... let's engage, have a conversation, and check in on each other...")

In-depth interview findings also revealed that engagement on the Facebook platform was minimal, with participants attributing this to a lack of internet access and the need for anonymity. Interviewee 1 expressed a willingness to use Facebook for engagement but cited internet access as a barrier:

"...Facebook messages and comments were always fewer. I wish I could use it, but the problem is the internet is required to do so..."

Interviewee 9 preferred SMS rather than Facebook due to the anonymity it offers, noting:

("The problem with Facebook was that everyone would know it's you asking the questions or sharing your story. That is the issue...")

Social media is widely recognized for its ability to enhance outreach and promote engagement with diverse populations in mental health promotion (Naslund et al., 2020). In line with this, the program actively encouraged listener engagement through Facebook in most of the analyzed episodes, with the presenter repeatedly urging listeners to participate. However, concerns over anonymity and limited internet access emerged as key barriers, leading to minimal usage of the platform among the audience.

The study found that call-ins were the least utilized form of behavioral engagement, with evidence of their use appearing in only two out of the eight analyzed episodes. In *PTMS* Episode 4, the presenter acknowledged an incoming call from a listener, signaling audience participation through phone calls. He stated:

"...shikilia hapo kidogo tuwaleta wananchi mmoja wawili halafu tuweze kusonga maanake simu inalia hapa, zungumza nasi Pamoja FM hello..."

("...hold on for a moment as we bring in one or two listeners,

then we proceed because the phone is ringing here. Talk to us, Pamoja FM, hello...")

The study also noted another instance in the same episode where the presenter invited listeners to share their views via call-ins before introducing a new speaker. He stated:

"Safi, kabla ya Odongo, wasikilizaji mnasemaje kuhusu swala hili, Pamoja FM hello..."

("Alright, before Odongo speaks, listeners, what do you have to say about this issue? Pamoja FM, hello...")

In PTMS Episode 8, the presenter once again encouraged audience participation through call-ins, providing the studio contact number and inviting listeners to contribute to the discussion. However, no calls were made and engagement remained in the form of SMS. He stated:

"Nambari ya kuwasiliana nasi tukiwa hapa studioni ni 0711... tupigie na uchangie mjadala huu."

("The number to reach us here in the studio is 0711... call us and contribute to this discussion.")

In line with these findings, insights from in-depth interviews further confirmed that listeners avoided call-ins due to the stigma associated with mental health issues. Instead, they preferred engagement methods such as SMS, which allowed them to participate in discussions without revealing their identities. Interviewee 4 acknowledged that while the program had helped him gain the courage to discuss mental health issues, he still felt uncomfortable speaking on air, where his identity would be known to fellow listeners. He explained:

"...yes, I won't deny it, this program has given me some courage to talk about mental health issues, but even so, I still don't have the confidence to discuss these matters live on air through a call because, here in Kibra, most listeners of this show know each other. But with SMS, I have no problem because if I don't mention my name, no one will know it's me. That's mostly why many people avoid calling into the show..."

Similarly, Interviewee 8 expressed reservations about calling in, emphasizing the anonymity that SMS provided:

"You know, when it comes to mental health, and even if you listen to this show carefully, you'll notice that what people mostly do is open up. That's why SMS is better because no one can tell it's you. But with calling, you have to start by saying 'hello, my name is so-and-so, and I have this issue', that's a no for me..."

The findings show that call-ins were the least preferred form of engagement, with most listeners opting for SMS due to the anonymity it provided when seeking help from experts and contributing to discussions. This strong preference highlights the stigma surrounding mental health in their community, making listeners more inclined to conceal their identities while actively engaging with the program on mental health issues.

Radio effectively addresses mental health issues through the dialogue model of communication (Greeves & Ledbetter, 2022). In line with this, the program encouraged engagement via SMS, Facebook, and call-ins. However, SMS stood out as the preferred method due to the anonymity it offered. Through this participation, listeners actively shaped the mental health discourse and became an integral part of the conversation.

1. Cognitive Engagement with Mental Health Messages

The study found that cognitive engagement was evident in the way listeners asked follow-up questions and requested further clarification. This demonstrated that they actively consumed the messages and sought a deeper understanding of the mental health discussions. It is worth noting that six out of eight episodes analyzed contained clear instances of cognitive engagement. While multiple examples were observed, the study highlights only the most notable instances per episode rather than documenting every occurrence. In PTMS Episode 1, listeners actively engaged in the discussion on mental health by seeking clarity on critical issues related to suicide prevention. One listener inquired:

"Mtu anaweza saidia aje yule anasema atajinyonga?"

("How can one help someone who says they want to take their own life?")

Another listener sought to understand the distinction between terms, asking:

"Tofauti ya suicide na kujinyonga ni nini?"

("What is the difference between suicide and hanging?")

Further deepening the discussion, another participant asked:

"Dalili za mtu anataka kujinyonga ni zipi?"

("What are the signs that someone wants to take their own life?")

In PTMS Episode 2, which focused on substance use disorder, listeners raised concerns about the challenges of accessing and maintaining treatment. One listener highlighted economic struggles that hinder recovery and asked:

"Kwa sasa hivi tunajua kwamba hakuna job, unajua tu vile umaskini umesukuma vijana. Sasa wakati ule ambapo nimepata matibabu, nikirudi bado mtaani, chances za mimi ku maintain hiyo matibabu itakuaje?"

("Right now, we know there are no jobs, and poverty has pushed young people to the edge. So, after receiving treatment, how will I be able to maintain it when I return to the community?")

Another listener inquired about support for individuals struggling with addiction, asking:

"Kuna wale waraibu wa sigara na bangi, iwawezekana watu kama hao kupata usaidizi?"

("For those addicted to cigarettes and marijuana, is it possible for them to get help?")

In PTMS Episode 4, which focused on suicide prevention, listeners raised critical questions about the causes of suicide and common misconceptions. One listener asked:

"Unaeza pata mtu ako na kila kitu, ni tajiri na ata pesa ako nazo. Ningependa kujua, ni nini hufanya watu kama hao kujiua? Kwa sababu watu hufikiri ni maskini tu mwenye ako na shida ndio anajitia kitanzi."

("You may find someone who has everything, wealth and money, yet they still take their own life. I would like to understand what causes such people to commit suicide because many believe only the poor and troubled are at risk.")

Another listener added:

"...watu hufikiria eti ni maskini peke yao wenye wako na shida nyingi ndio hujitia kitanzi, lakini pia matajiri wenye wako na pesa na kila kitu wanajiua. Ningependa kujua ni nini haswa husababisha watu kujitoa uhai."

("...people tend to think that only the poor, who face many struggles, commit suicide. However, even the wealthy, who have money and everything they need, take their own lives. I would like to know what exactly leads people to end their lives.")

The presenter then read a question from one listener:

"Meshack hapa anauliza, suluhu ya kuzuia watu kujinyonga ni gani?"

("Meshack here is asking, what are the solutions to prevent suicide?")

In PTMS Episode 5, which addressed mental health and disability, listeners sought clarity on identifying signs of mental health challenges. The presenter read a question by one listener:

"Caroline anauliza, dalili za mtu ambaye ana matatizo ya kiakili ni zipi?"

("Caroline is asking, what are the signs of a person experiencing mental health challenges?").

In PTMS Episode 6, listeners inquired about mental health support for specific groups. One listener sent an SMS asking:

"Philoyce, uliza Nelly na Eve kama hapo kwa organization yao kuna kijana ashawahi kuja akiwa na shida ya kiakili na akapata usaidizi."

("Philoyce, ask Nelly and Eve if their organization has ever had a young person seek help for mental health challenges and successfully receive support.")

Another listener raised a concern about young mothers, asking:

"Uliza wageni kama wana-handle issues za young mothers pale ambapo mtu amepata mtoto at a younger age lakini ako na depression."

("Ask the guests if they address issues affecting young mothers who have had children at a young age and are struggling with depression.")

In PTMS Episode 8, listeners sought guidance on mental health support and identification. One listener sent an SMS, asking:

"Mambo Flo, uliza wageni. Mimi niko na friend mwenye amekuwa affected na mental health, anaweza saidika vipi?"

("Hello Flo, ask the guests, I have a friend who has been affected by mental health issues. How can they get help?").

Another listener inquired:

"Naomba uniulizie wageni kama wanaweza identify mtu ambaye ako na shida ya mental health."

("Please ask the guests if they can identify someone struggling with mental health issues.")

In line with the foregoing, the in-depth interview participants also confirmed that they asked questions during the program to gain a clearer understanding of the mental health issues under discussion. Interviewee 4 stated:

"I always listen to those discussions keenly, and if there is something I do not understand, I ask through SMS, which is then read by the host, and I get the help I need."

Similarly, Interviewee 7 emphasized that follow-up questions enhanced his understanding of complex topics, stating:

"...you know, some mental health issues can be difficult to grasp, so asking questions helps me get answers to what the

guest has said, especially if I did not fully understand it."

In view of the foregoing, the program effectively promoted cognitive engagement with mental health messages, as listeners actively sought clarification, asked follow-up questions, and inquired about practical solutions to mental health challenges. Through this engagement, they deepened their understanding of mental health issues, thus contributing to meaningful discourse. Moreover, the program not only created mental health awareness but also promoted critical thinking and deeper inquiry into mental health topics among its audience.

2) Affective Engagement with Mental Health Messages

The study found that affective engagement was evident as listeners formed an emotional connection to the topic through open disclosures. While some audience members may have experienced this connection without publicly sharing their stories on air, the study identified clear instances of such engagement in three out of the eight episodes analyzed. In PTMS Episode 1, which focused on suicide prevention, listeners demonstrated affective engagement by sharing deeply personal experiences. One listener disclosed his struggle with suicidal ideation, expressing regret over a relationship conflict, and seeking help from the program:

"Mimi nimepitia such a situation [suicidal ideation], honestly I was wrong to my girlfriend... ilifanya anikasirikie na hiyo kitu huni uma sana na still namapenda... if you can help me nitashukuru."

("I have been through such a situation [suicidal ideation]. Honestly, I was wrong to my girlfriend... it made her angry, and that really hurts me because I still love her. If you can help me, I would appreciate it.")

Another listener reflected on how her perspective on suicide had changed after witnessing her mother's struggles with suicidal ideation, demonstrating empathy and understanding:

"Back then nilikua na blame the victims [individuals with suicidal ideation] but kuna wakati my mum wanted to take her life because pesa ya kulipa fees yangu hazikuwepo, alitumana Rat and Rat... so nili-understand that such people ni vile wanakosa someone to educate them about their importance in society."

("Back then, I used to blame victims [individuals with suicidal ideation], but there was a time my mum wanted to take her own life because she didn't have money to pay my school fees. She even sent for rat poison... that's when I understood that such people lack someone to educate them about their importance in society.")

In PTMS Episode 6, a listener openly disclosed his personal struggle with depression resulting from financial hardship:

"...nafwatilia mazungumzo hayo lakini nimelemewa na depression, niko home nimefukuzwa fees ya 2K, nisaidieni tafadhali."

("...I have been following this discussion, but I am overwhelmed by depression. I am at home after being sent away from school for a fee balance of 2,000 KES. Please help me.")

In PTMS Episode 7, which focused on the mental health support system, a listener shared their experience of betrayal by close friends and the resulting difficulty in trusting others with their mental health struggles:

“Asanteni sana kwa hii discussion. Kuna wakati nilikua na marafiki ambao mumeita support group, lakini waliungana na kunitakia mabaya, na kutoka hapo sijaweza kuamini marafiki. Ni nini nitafanya kuamini marafiki tena? Kwa sababu si rahisi mimi kuamini marafiki tena, especially ku-share issues zangu nikiwa na shida ya kiakili.”

“(‘Thank you so much for this discussion. There was a time I had friends who you would call a support group, but they turned against me and wished me harm. Since then, I have not been able to trust friends. What can I do to trust friends again? Because it is not easy for me to trust friends anymore, especially when it comes to sharing my struggles with mental health.’)”

Insights from in-depth interviews further supported these findings. Interviewee 1 noted that while open disclosure occurred on the program, it was not a frequent occurrence:

“Yeah, people share their stories about mental health, they just confess the things they have been through, but not every week.”

Interviewee 9 acknowledged that people share their experiences to seek help and mentioned that he personally shared his own mental health struggles on the program, albeit anonymously:

“People share their stories, at least to get some help with these challenges. I also share, but I hide my name so that no one knows it’s me.”

Radio counseling is typically structured as a broadcast dialogue between a professional, such as a psychologist, psychotherapist, psychiatrist, or social worker, and an individual seeking guidance on a challenging life situation or experience (Thell & Peräkylä, 2018). In line with this format, the program promoted open conversations about mental health, providing a platform where listeners shared their personal struggles and sought practical solutions to their challenges. This was particularly impactful, as self-disclosure has been recognized as beneficial for coping and has therapeutic effects (Ernala et al., 2018). This finding aligns with Zimmerman et al. (2024), who found that narrative elements increase the likelihood of positive emotional responses. Using narrative elements in messaging helps humanize complex topics, making them easier to understand and more memorable for audiences.

Furthermore, this approach helped challenge mental health stigma, as “hearing about another’s experience can be de-stigmatizing” (Bucci et al., 2019, p. 283). By normalizing these discussions, the program encouraged more people to come forward and seek help without fear of judgment. Although affective engagement from listeners did not explicitly manifest in all analyzed episodes, it played a key role in creating awareness of mental health issues while also promoting empathy, compassion, and concern for those affected. The program’s impact in this regard was significant, as emotionally charged content tends to attract greater attention and engagement than purely informational content (Yap, 2019).

B. Mental Health Awareness Created Among the Youth by Pamoja FM’s Pass the Mic Show

1) Increased Knowledge of Mental Health Issues

The study found that the program enhanced listeners’

knowledge of mental health issues by educating them on factors that increase their susceptibility to mental health challenges, the importance of help-seeking and a non-judgmental society, the need for empathy towards victims, healthy coping mechanisms, and various types of mental illnesses, their causes and symptoms. Interviewee 1 noted that after engaging with the program’s content, his perspective on mental health had changed, particularly in recognizing how environmental factors contribute to mental health challenges and the importance of seeking help instead of resorting to substance use or isolation. He explained:

“I have learned a lot, to be honest. I came to understand that where we live here in Kibra, the environment alone can contribute to mental health problems. I also learned that I should seek help when I am stressed instead of being afraid, isolating myself, or turning to alcohol and weed. The program has taught me a lot; it’s just that I can’t remember everything, but it has helped me greatly.”

Interviewee 4 shared that he had previously associated mental health conditions with madness, witchcraft, and curses, but the program helped him realize that mental illness is like any other disease and can be treated if addressed properly. He said:

“The program has helped me understand that mental illness is just like any other disease and can be treated. The most important thing is to come forward and seek help.”

Interviewee 7, who had previously struggled with suicidal thoughts, noted that the program provided valuable insights on suicide prevention, helping her realize that there are ways to overcome such feelings if one seeks support. She stated:

“What helped me is that I learned that suicidal thoughts caused by stress are something one can overcome as long as they seek help. The episodes they did on suicide prevention helped me a lot in understanding suicide-related issues.”

Therefore, it is evident that the program increased listeners’ knowledge of various mental health issues, which concurs with Lee et al. (2024), who found that radio programs on mental health can enhance listeners’ understanding of the causes and treatment options for mental illness while also promoting greater acceptance of individuals with mental health conditions. Similarly, a study by Ikpeama et al. (2024) reported that a mental health radio program improved listeners’ knowledge of mental health issues and available remedies.

2) Reduction of Mental Health-Related Stigma

The study found that the program played a key role in reducing mental health-related stigma by normalizing conversations about mental health, speaking out against equating mental illness with insanity, challenging its association with witchcraft and curses, and confronting punitive cultural practices that serve as suicide deterrents. Through these efforts, the program helped reduce the stigma surrounding mental health, which often hindered individuals from seeking help. In-depth interview participants expressed an increased willingness to speak out and seek help when experiencing emotional distress without fear of stigma. Interviewee 3 noted that he no longer feared being judged, as his mental well-being was his top priority:

"I have learned a lot from the program that my mental wellbeing is what matters most. If I have a problem, I won't be afraid to seek help. If someone wants to judge me, that's their own concern..."

Interviewee 5 emphasized that having gained awareness of the severity of mental health issues, he now understands the importance of seeking help without fear of stigma:

"I have listened to how mental health issues can really mess someone up, and honestly, seeking help is important in order to avoid reaching a critical point. So, for me, I have no problem speaking out when I'm struggling."

Interviewee 8 observed that because the program actively challenges stigma and provides referral pathways for mental health support, he has consistently sought help when needed:

"The program discourages judging or mocking people struggling with mental health issues, so people have started understanding that this is just an illness like any other. So, whenever I have a mental health issue, I go to Mental 360 and get help."

Given the foregoing, it is evident that the program effectively reduced mental health-related stigma through its awareness efforts by actively challenging factors that perpetuate stigma. As a result, listeners became more willing to seek help when experiencing mental distress. Similarly, a study by Marino et al. (2020) highlighted how a radio program contributed to reducing stigma surrounding mental health issues, serving as a valuable resource for community self-awareness and promoting help-seeking behaviors.

3) Changes in Mental Health Perceptions

The study found that the program played a key role in changing long-held misconceptions about mental health. Many of these beliefs stemmed from misinformation and a lack of awareness, but after engaging with the program, listeners' perceptions changed. Before exposure to the program, mental illness was often perceived as a result of witchcraft or a curse, and individuals with mental health conditions were frequently labeled as "mad". In addition, emotional vulnerability, particularly among men, was widely regarded as a sign of weakness, thus discouraging open discussions about mental well-being. Furthermore, seeking professional help for mental health struggles was also viewed as embarrassing. In-depth interview participants acknowledged a major shift in their perceptions of mental health after engaging with the program. Interviewee 4 noted that he previously equated mental health conditions with madness and believed they stemmed from witchcraft or curses. However, his perception has since changed, and he now views mental health issues as normal medical conditions that can be treated. He explained:

"I was raised with the belief that individuals with mental health conditions were insane and needed to be sent to Mathari Hospital because they had lost their sanity. I also thought such a person had been bewitched or cursed and could not be helped. But this program has helped me understand that mental illness is just like any other condition and can be treated."

Interviewee 6 shared that he previously viewed mental illness through a cultural perspective, believing it to be a hereditary curse that followed only certain family lineages. However, after

listening to the program, he now understands that mental health conditions can affect anyone and that seeking help is the best way to address them. He said:

"I used to follow old cultural beliefs that mental health issues were a curse that ran in certain families. But after listening to the program, I now understand that mental health conditions are normal, can affect anyone, and can be treated as long as one seeks help."

Interviewee 7 admitted that she initially thought mental illness was simply insanity and that people suffering from it could not be helped. However, after learning from the program, she now understands that mental health conditions have solutions and that those affected need support rather than stigma. She noted:

"I used to think that people with mental health conditions were just crazy and that helping them was nearly impossible. But the program has taught me that these issues have solutions, and those affected are simply unwell. We should support them rather than mock them."

Interviewee 9 shared that he once saw opening up about his mental health struggles as embarrassing. However, after gaining more information from the program, he realized that sharing personal struggles is part of the healing process. He stated:

"I used to think that sitting down with someone and talking about my issues was embarrassing. But from the program, I have learned that sharing what is stressing you is actually a way of helping yourself, not something to be ashamed of."

Therefore, the program effectively transformed listeners' perceptions of mental health by presenting the topic in a positive and informative manner. This approach allowed for a deeper understanding of mental health issues, thus changing how individuals viewed mental illness. Similarly, a study by Zhang and Firdaus (2024) emphasized the media's important role in shaping public perceptions of mental health issues.

8. Discussion

Behavioral engagement with mental health messages on the program was primarily facilitated through SMS, as it provided anonymity, making it the preferred method over call-ins and Facebook. Listeners sent SMSs to the studio, where selected messages were read aloud, allowing them to share opinions and personal experiences on mental health issues. Facebook, particularly the station's page, *Pamoja FM Radio the Voice of Kibra*, also facilitated behavioral engagement by enabling listener interaction through the comment section of the posts by the program producers. However, concerns over anonymity and limited internet access led to minimal usage. Social media is recognized for enhancing outreach and engagement in mental health promotion (Naslund et al., 2020), but these barriers restricted its effectiveness in this context. Call-ins were the least utilized form of behavioral engagement, appearing in only two out of eight analyzed episodes. The listeners avoided call-ins due to the stigma surrounding mental health, as speaking openly on air could expose their identities. Instead, SMS was preferred not only for its anonymity but also for its affordability and accessibility, as it did not require an internet connection or a

smartphone. Radio effectively addresses mental health issues through dialogue-based communication (Greeves & Ledbetter, 2022), and while the program encouraged various forms of participation, SMS emerged as the dominant method, allowing listeners to engage in discussions while maintaining their privacy.

Cognitive engagement manifested in the way listeners asked follow-up questions and sought clarification, demonstrating their active consumption of mental health messages and desire for deeper understanding. It is worth noting that six out of eight analyzed episodes contained clear instances of such engagement. Thus, the program effectively promoted cognitive engagement by encouraging listeners to seek clarification, inquire about practical solutions to mental health challenges, and critically engage with mental health discussions. In doing so, they gained a deeper understanding of complex issues and contributed to meaningful discourses on mental health. Moreover, the program went beyond creating awareness to promoting critical thinking and deeper inquiry into mental health topics among its audience.

Affective engagement was evident in the program as listeners formed an emotional connection to mental health topics, often through open disclosures. While some may have experienced this connection privately without sharing on air, clear instances of such engagement appeared in three out of eight analyzed episodes. In these cases, listeners resonated deeply with the discussions and thus openly shared their struggles to seek assistance. Guests on the program provided advice on coping strategies and referrals for further psychosocial support. Radio counseling typically involves a dialogue between a professional and an individual seeking guidance (Thell & Peräkylä, 2018). In line with this format, the program promoted open conversations about mental health, allowing listeners to share personal struggles and seek solutions. Narrative elements, like personal stories or engaging storytelling, can evoke positive emotional responses and make complex topics more relatable, accessible, and memorable for the audience (Zimmerman et al., 2024). This was particularly impactful, as self-disclosure has therapeutic benefits (Ernala et al., 2018). Furthermore, by having such discussions, the program helped challenge stigma, as hearing others' experiences can reduce feelings of shame (Bucci et al., 2019). Although affective engagement was not evident in every episode, it played a key role in creating awareness while promoting empathy, compassion, and concern for those affected. The program's impact in this regard was considerable, as emotionally charged content tends to attract greater engagement than purely informational content (Yap, 2019).

Given the foregoing, the program effectively created mental health awareness among its youth listeners by increasing their knowledge of various mental health issues. This finding aligns with similar outcomes reported by Lee et al. (2024) and Ikpeama et al. (2024). The program also played a key role in reducing mental health-related stigma by normalizing conversations about mental health. As a result, listeners showed an increased willingness to speak openly about mental health topics and to seek help when experiencing emotional distress,

which is consistent with findings from Marino et al. (2020). In addition, the program influenced listeners' perceptions by debunking misleading beliefs, such as the idea that emotional vulnerability in men is a sign of weakness, that mental illness is equivalent to insanity, that speaking about mental health struggles is shameful, and that mental health conditions are caused by a curse. These perception changes led to more open and constructive discussions around mental health and increased empathy toward those affected. This shift in perception is in line with findings by Zhang and Firdaus (2024), who also reported similar impacts of media-based mental health interventions.

9. Conclusions and Recommendations

A. Conclusions

The program's efforts to create awareness of mental health issues greatly benefited from audience engagement with the mental health messages. Listeners used interactive platforms like Facebook, SMS, and call-ins to engage behaviorally. In this form of engagement, SMS was the most popular mode because it offered anonymity that other forms did not. In pursuit of a deeper understanding of complex mental health issues, listeners demonstrated cognitive engagement by seeking clarification and asking follow-up questions. Furthermore, listeners' emotional connections to the program's messages encouraged them to talk about their struggles and ask for help, thus demonstrating affective engagement. Therefore, the study came to a conclusion that these forms of engagement greatly contributed to the program's effectiveness in promoting mental health awareness among the listeners.

B. Recommendations

The study recommended the need for program producers to devise ways to promote more affective engagement, as instances of such engagement were relatively few in the analyzed episodes. Enhancing this form of engagement can encourage more individuals to open up about their struggles and seek the necessary support. Furthermore, many people may be inspired to share their experiences after hearing others do the same. This can also be an extremely important way of combating the stigma associated with mental health.

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