

THE ROLE OF COMMUNICATION CAMPAIGNS IN PROMOTING MENTAL HEALTH IN UGANDA

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RS21M54/010

**A DISSERTATION SUBMITTED TO THE SCHOOL OF JOURNALISM, MEDIA AND
COMMUNICATION IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS FOR THE
AWARD OF A DEGREE OF MASTER OF STRATEGIC COMMUNICATION OF UGANDA
CHRISTIAN UNIVERSITY**

April, 2025



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Declaration

This thesis represents my original work and has not been submitted for examination or publication at any other institution.



29th April, 2025

Signature

Date

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Supervisor

This thesis has been submitted for the award of a Master of Arts Degree in Strategic Communication with my approval as the University Supervisor.



30/04/25

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Dedication

To my resilient late father, Rev. Canon Patrick Katonera, for his dedication, unwavering care, financial support, and encouragement since childhood. To my loving husband and supportive children for being with me in times of happiness and sadness and giving me moral and emotional support. To all my friends and classmates for the warmth and joy you brought to my heart during the study. Last, I thank my supervisor, Professor James Kiwanuka-Tondo, for his love, encouragement, and commitment, which encouraged me to move on. With all humility and profound love, I dedicate this work to all of you who touched me differently.

Acknowledgment

I want to thank God for this great opportunity. I would not have made it here without the patience, counsel, and constant guidance and encouragement of my supervisor, Professor James Kiwanuka-Tondo. I cannot forget my friends and classmates' invaluable advice and continual encouragement. I want to thank all my lecturers who guided me through this academic journey and, most importantly, those who worked tirelessly to improve my performance in course units where I was weak.

Thank you to the leadership of Strong Minds Uganda and the selected women from Makindye, Nakawa, Rubaga, Kampala Central, and Kawempe municipalities for the precious time you rendered me during the data collection exercise.

Finally, I want to express my sincere appreciation to my entire family: my loving husband, my children, my late father and mother, my siblings, and all my colleagues at the Ministry of Internal Affairs, Passport office, and friends who continually encouraged me.

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Abbreviations and Acronyms

AIDS: Acquired immunodeficiency syndrome

HBM: Health Belief Model

HIV: Human immunodeficiency virus

IEC: Information, Education, and Communication

Mo HU: Ministry of Health Uganda

UNFPA: United Nations Population Fund

UCU: Uganda Christian University

UNBS: Uganda National Bureau of Statistics

WHO: World Health Organization

Operational Definition of Terms

Mental Health: Mental health is a robust state of internal balance that enables individuals to utilize their capabilities in alignment with society's shared values

Mental Health Awareness: Involves understanding the actions of others, which serves as a guide for one's behavior. In this study, awareness pertains to an individual's ability to recognize and respond to events related to their mental health.

Communication Campaigns: Consists of coordinated messages or promotional efforts deliberately planned to achieve specific goals or objectives

Abstract

The purpose of the study was to investigate the impact of Strong Minds' "Break the Chains" campaign on enhancing mental health awareness and mitigating stigma among women in Uganda. The specific aims included assessing the extent of exposure to campaign messages, evaluating their effect on participants' understanding of mental health, and examining shifts in attitudes toward stigma. Guided by the Health Belief Model, the research utilized a descriptive and qualitative methodology. Data were collected through comprehensive key informant interviews and structured focus group discussions, with participants selected via non-probability sampling techniques. The findings revealed that the campaign successfully engaged women through various channels, including community outreach efforts, radio broadcasts, television programming, and informative promotional materials, thereby increasing the visibility of mental health issues. The active participation of community leaders and local influencers was crucial in empowering women to address mental health challenges and reduce the associated stigma. In conclusion, the study recommends that health communication initiatives adopt a holistic perspective, viewing health as an interconnected system. By promoting collaboration among diverse stakeholders, the effectiveness of such campaigns can be significantly enhanced, leading to more profound impacts within the targeted communities.

Chapter one

Introduction

1.1 Chapter Overview

This chapter presents the study's background, emphasizing that effective communication is crucial for promoting healthy public behavior changes. It details the problem statement, the study's purpose, objectives, research questions, and scope.

1.2 Background to the Study

Globally, health is viewed as more than merely the absence of disease (Adepoju, 2017). The World Health Organization (WHO, 2013) defines health as a complex and multifaceted concept encompassing individuals' or communities' complete physical, mental, and social well-being. The WHO Ottawa Charter for Health Promotion reinforces this perspective by stating that health reflects the quality of life available to individuals and society (WHO, 2013). Health is integral to a society's cultural, social, political, and economic well-being (Nwankwo et al., 2019). Wass (2000) argues that these factors influence societal well-being, impacting health improvement initiatives. Consequently, Ibrahim, Odigie, Aliyu, and Abubakar (2019) assert that the relationship between health and these societal characteristics necessitates a holistic approach to healthcare development and promotion.

In developing countries, especially in Africa, healthcare is regarded as a social good, with the community responsible for providing it to individuals (Tabish, 2019). This places a significant burden on governments in addressing health challenges. With limited financial resources to effectively invest in the health sector, WHO (2021) suggests that

developing nations should prioritize preventive healthcare. This shift has rendered health communication a vital initiative for tackling health issues in these regions (Bancalari et al., 2024).

Mental health has emerged as a significant challenge where effective health communication can be crucial (Kreuter et al., 2013). In 2022, it was reported that 12% of the global population experienced mental health disorders (WHO, 2023). Vulnerable groups include women, youth, older people, and children (Ramana & Rani, 2015). In Uganda, the Ministry of Health and the Uganda Counselling Association estimate that approximately fourteen million Ugandans are facing various mental health disorders (Ministry of Health, Report, 2024). Women particularly face higher risks due to domestic violence, poverty, and cultural alienation, while youths are often impacted by substance abuse (Nsereko et al., 2011). Despite the establishment of mental health treatment centers, the prevalence of mental health issues in the country continues to rise (Okan et al., 2020). Health communication campaigns have been developed to educate better and raise awareness regarding mental health challenges (Tulibaleka et al., 2021; Johnson et al., 2009; Fallers, 1961; Elizabeth et al., 2022).

Uganda has a diverse population with varying cultures, languages, beliefs, and orientations (Tulibaleka et al., 2021). This diversity underscores the necessity to understand how health communication campaigns operate within a culturally sensitive context (Nsereko et al., 2011). The Break the Chains Campaign, implemented by Strong Minds Uganda, offers a unique opportunity to examine the role of health communication campaigns in promoting mental health awareness. This campaign specifically aimed to raise awareness about mental health issues and reduce stigma among women in Uganda.

By analyzing this campaign, the current research seeks to contribute valuable insights into the intersection of mental health and communication strategies.

1.3 The Break the Chain Mental Health Communication Campaign

The Break the Chain mental health communications campaign implemented by Strong Minds Uganda aimed at raising awareness about mental health and reduce stigma through radio, and television broadcasts, social media , and community outreach and engagement campaigns. Launched in 2018 to coincide with World Mental Health Day, the campaign sought to promote good mental health practices, and encourage open conversations about mental illness (Strong Minds Uganda Report, 2023). The primary objectives of the Break the Chain campaign were:

- To promote good mental health practices, and reduce stigma around mental health
- Encourage open conversations about mental health, and provide a platform for people to share their experiences
- Provide mental health tips and messages to the public through radio, and television broadcasts, social media posts, community and outreach engagements.

Operationally, the campaign was implemented through a combination of radio, and television broadcasts, social media engagement and community outreach engagements. Strong Minds Uganda partnered with local radio stations such as Capital, CBS, and Beat FM, to broadcast mental health messages and tips. The organization also encouraged the audience to share social media graphics. The Break the Chain campaign was launched in 2018 and ran for 30 days, coinciding with World Mental Health Day on October 10th. The campaign featured

daily broadcasts and social media posts, community engagement campaigns throughout the month, providing a platform for people to share their mental health experiences, and stories.

1.4 Context of the Study

The study aimed to comprehensively examine the effects of Strong Minds' "Break the Chains" campaign, specifically designed to enhance mental health awareness and reduce stigma in Uganda. Focused primarily on women, the campaign utilized various outreach strategies, including community workshops, educational materials, and support groups, to address mental health misconceptions. By assessing the campaign's impact, the study sought to identify measurable improvements in participants' understanding of mental health issues and a notable decrease in the associated stigma within their communities.

1.5 Problem Statement

Mental health challenges significantly burden women who are often victims of domestic violence, as well as those facing higher levels of poverty, cultural alienation, childbirth, and unpaid family responsibilities (WHO, 2013). A review of empirical studies on mental disorders shows that symptoms of depression, anxiety, and other psychiatric and psychological issues are more prevalent among women globally (Belle et al., 1990). In Uganda, the rise in mental health issues among women is alarming despite government efforts to establish treatment and counseling centers. To complement these initiatives, non-governmental organizations are launching communication campaigns to raise awareness about the diverse consequences of mental health problems.

According to a survey conducted by the Uganda National Bureau of Statistics in 2021, there was an increase in reported suicide cases between 2021 and 2022. The

Ministry of Health (2023) indicates that young people aged 10 to 24 represent a significant portion of the population, and they are confronting substantial mental health risks, including depression and substance abuse. This situation underscores the urgent need for targeted mental health strategies and practical communication efforts. According to Kiwanuka-Tondo, Hamilton, and Jameson (2009) and Kiwanuka-Tondo and Snyder (2002), many African countries, including Uganda, adopted a multi-sectorial approach towards health communications characterized by an alliance among the private sector, communities, cultural groups, religious institutions, government agencies, and non-governmental organizations. Strong Minds Uganda's approach to the Break the Chains mental health communications campaigns seems like this approach. This study thus sought to examine the role of Strong Mind Uganda's "Break the Chains" health communications campaign in raising awareness about mental health and reducing stigma among women in Uganda.

1.6 The Purpose of the Study

The purpose of the study was to examine the role of Strong Minds Uganda's "Break the Chains" mental health communication campaign in raising awareness about mental health and reducing stigma among women in Uganda.

1.7 Specific Research Objectives

1. To examine the level of exposure to the "Break the Chains" campaign messages about mental health and stigma among women in Kampala. –
2. To examine the impact of the "Break the Chains" campaign messages on women's understanding of mental health and stigma. –

3. To investigate changes in attitudes and perceptions regarding mental health and stigma among women in Kampala after exposure to the campaign messages.

1.8 Specific Research Questions

1. What was the level of exposure to the "Break the Chains" mental health communication campaign messages?

2. To what extent did the Break the Chains campaign messages affect women's understanding of mental health and stigma?

3. What changes in attitudes and perceptions occurred after exposure to the campaign messages?

1.9 Justification of the Study

Concerns are growing about the number of women affected by mental health challenges in Uganda (Sang, 2015). Significant data indicate that many women experience mental depression while existing studies primarily focus on medical treatment and psychological aspects of mental health (Kandula et al., 2012). Although the government has implemented counseling and treatment measures (Nsereko et al., 2011; Dutta, 2007; Shaw et al., 2009), these efforts have not effectively reduced the incidence of mental illnesses among women. Therefore, an intervention such as a communication campaign is needed to change attitudes and perceptions while sensitizing the public about mental health issues. The promotion of good mental health is essential to prevent and reduce illnesses and their associated stigma among women (Nsereko et al., 2011). Women face significant pressures in their daily lives, making it challenging to cope with stress, which can lead to depression and other mental disorders (Mpanza, 2014). The outcomes of this study will provide insights into the role communication campaigns play

in creating mental health awareness. Additionally, it will contribute to understanding mental health awareness through health communication campaigns.

1.10 Significance of the Study

The findings and recommendations from this study will benefit the government, non-governmental organizations, the Ministry of Health, and other health stakeholders in their public health campaigns. The insights gained will assist them in designing more effective and proactive health communication initiatives to raise awareness about mental health issues among women in Uganda, caregivers, and the community. Moreover, this study provides the necessary knowledge for organizations, governments, health experts, and institutions advocating for good mental health and reducing stigma. It will help identify the appropriate communication strategies, messages, channels, and language for their health campaigns to influence behavioral change among women. The recommendations also aim to prompt a shift in policy from treatment-focused approaches to preventive healthcare, mental health education, and awareness. Overall, this study will enhance understanding of the importance of communication campaigns in promoting mental health awareness in Uganda, particularly as mental health concerns are increasingly recognized.

The role these campaigns play cannot be overstated. This research also establishes a foundation that may inspire interest in other countries where mental health remains a pressing issue. Additionally, various stakeholders—including government entities, media owners, managers, experts, donors, citizens, and policymakers—will benefit from the findings. For instance, health communication campaigns can use these findings to improve their programs and effectively engage target audiences.

1.11 Scope of the Study

This study was conducted in Kampala, the capital of Uganda, located in the central region and bordering Wakiso district on all sides. According to the 2024 Uganda National Population and Housing Census report, Kampala has an estimated population of 4 million and an area of 189 square miles. It is one of Uganda's most densely populated cities, with a population density of 100 persons per hectare and a population growth rate of 2.75%. The city is divided into five municipalities: Central, Makindye, Nakawa, Rubaga, and Kawempe.

The study focuses on the role of communication campaigns in promoting mental health awareness in Uganda, specifically examining the "Break the Chains" mental health communication campaign implemented by Strong Minds Uganda. Thus, the research is limited to evaluating how communication can enhance mental health awareness, with the "Break the Chains" campaign serving as the central focus of the investigation.

1.12 Limitations and Delimitations of the Study

Identifying the study participants, particularly women, who were the primary focus of the communication campaign, posed a challenge. Through the communications manager of Strong Minds Uganda, women community leaders and Village Health Team (VHT) personnel were identified to introduce the participants to the researcher. Additionally, a time constraint affected the study since the university required the researcher to conduct and report findings within a specific timeframe. This limitation restricted the number of participants that could be enrolled to gather comprehensive data.

Nevertheless, the researcher collected as much data as possible through key informant interviews.

1.13 Definitions of Terms

Mental Health: Mental health is a robust state of internal balance that enables individuals to utilize their capabilities in alignment with society's shared values. These abilities include recognizing, expressing, and regulating one's emotions, empathizing with others, being adaptable, coping with complex life situations, fulfilling social roles, and maintaining a harmonious relationship between body and mind, all of which contribute to an internal state of balance (Galderisi et al., 2015). In this study, "mental health" refers to an individual's capacity to manage their emotions for balance and to realize their potential.

Mental Health Awareness: According to Reinhardt, Mletzko, Drachsler, and Sloep (2012), awareness involves understanding the actions of others, which serves as a guide for one's behavior. In this study, awareness pertains to an individual's ability to recognize and respond to events related to their mental health. The concept of awareness was used to examine the women's recall of the campaign, their understanding of mental health symptoms, and their knowledge of when and where to seek help.

Communication Campaigns: According to Atkins and Rice (2013), a communication campaign consists of coordinated messages or promotional efforts deliberately planned to achieve specific goals or objectives. In this study, "communication campaign" refers to the messages and language used by the "Break the Chain" communication campaign to raise awareness about mental health among women in Kampala

1.14 Chapter Summary

Chapter One introduces the study's background, problem statement, purpose, objectives, research questions, justification, and significance. This chapter also outlines the research scope, limitations, delimitations, and definitions of key terms and concludes with a chapter summary. Chapter Two will include a literature review on the same topic based on the work of other scholars and researchers.

Chapter Two

Literature review and theoretical framework

2.1 Introduction

A significant amount of research has been conducted in the fields of health communication (Hornik & Yanovitzky, 2012; Ferrelly, Haviland, Messeri, & Healton, 2012; Mwaikambo, Speizer, Schurmann, Morgan & Firkee, 2012; Kumanyika, Parker & Sim, 2012), as well as the design and dissemination of social messages (Wakefield, Loken, & Hornik; Abrams & Maibach, 2017). This body of work, undertaken by professionals, academics, and experts in communication, provides a rich legacy of literature for current and future researchers to explore new dimensions within this field. This chapter comprehensively reviews the relevant literature related to this study. It will address critical issues surrounding definitions and evolutions of health communication, communication campaigns, mental health programming, strategies in mental health communication, cultural considerations in health communication, and the impact of culturally adapted communication campaigns on mental health awareness, among other topics. The chapter begins by reviewing various aspects of health communications and their implications for public health awareness.

2.2 Health Communication:

Definitions and Evolutions The early concept of health communication, as described by Ratzan, Payne, and Bishop (1996), encompasses the human, physical, occupational, and intellectual aspects and the emotional dimensions that contribute to an individual's overall well-being. Thomas (2006) reinforces this perspective by stating that

health communication is crucial in conveying impactful messages about quality of life to the public and policymakers. The National Cancer Institute (NCI) (2007) further expands this viewpoint, emphasizing the importance of health communication in raising awareness about dangerous diseases by educating the public on preventive measures. Additionally, health communication serves as a strategy to inform the general population about the timely and appropriate use of medications and treatment options (Noar, Hall & Fleshler, 2014). Liu and Chen (2010) argue that health communication is focused on disease prevention, promoting health, enhancing relationships between patients and medical professionals, fostering public health awareness, and disseminating information about health risks via various channels to influence audience attitudes and encourage healthy behaviors. They assert that effective health communication can increase individual health awareness and provide crucial information about emerging health challenges. Liu and Chen (2010) also emphasize that viable health communication strategies should have the capacity to transform public health. Musa, Azmi, and Ismail (2016) further suggest that effective health communication should enhance public healthcare services and disseminate beliefs, social norms, and values that promote individual and community health.

With these definitions in mind, Sood, Shefner-Rodgers, and Skinner (2014) conclude that health communication aims to improve awareness and understanding of health-related issues. The primary objective is to enhance the health conditions of the target audience (Paisley & Atkins, 2013). Furthermore, Wright, Sparks, and Dan (2012) argue that health communication seeks to inform and influence individuals and communities to make rational and healthy decisions regarding their health. Thus, health

communication can be seen as an interdisciplinary concept that merges management and mass communication, all to improve individual and community health (Piotrow et al., 1997). The importance of health communication for individuals, communities, and societies is undeniable; it plays a vital role in promoting public health awareness and education aimed at preventing or minimizing disease (Lederman et al., 2017; Robinson et al., 2014).

2.3 Health Communication as a Field

According to Wright, Sparks, and Dan (2012), health communication and disseminating health information to prevent diseases and promote positive health practices have been prevalent since the early 21st century. Enhanced communication through language and social interactions has established the notion that one's health is influenced by the decisions made by others regarding health behavior (Bensley & Brookins-Fisher, 2018; Salmon & Poorisat, 2020; Svalastog et al., 2017). Historically, social organizations have prioritized preventive measures against diseases and focused on transferring health information, highlighting the importance of hygiene and health practices.

A practical example of health communication in ancient communities is the practice of hand washing, which has been passed down through generations (Edberg, 2015). According to Bromme et al. (2015), communication in the past was didactic and shared from a single source to an audience through traditional oral mechanisms, such as rituals, songs, spoken word, poetry, and various forms of social pedagogy, particularly in sub-Saharan Africa. Technological advancements in communication, beginning with the printing press and the rise of mass literacy through education, shifted health

communication from traditional interpersonal channels to mass communication (Blendon et al., 2014; Huang et al., 2018; Meyer et al., 2008).

The invention of broadcasting technologies in the 19th century further opened doors for communities to learn about modern public health approaches (Seçkin, 2020; Armstrong, 2014). As communications technology evolved, prioritizing health became a fundamental social value in contemporary society (Thomas, 2006). Consequently, more individuals are exposed to health information and communication strategies (Heritage, 2011). In the West, health communication emerged as a significant field of study in the early 1970s, leading to the development of standardized health communication channels and methods (Kreps, 2014). On an international scale, the World Health Organization (WHO) has played a crucial role in promoting and conceptualizing health communication.

The organization has shifted its focus from primary healthcare to raising awareness, knowledge, understanding, and practices that promote health (WHO, 1998; Brodie et al., 2006; Pollard, 2003; Stein et al., 2004). The Alma-Ata Declaration of 1978 emphasizes participatory primary healthcare, where communities collaborate with local health systems to foster self-reliance in organizing and operating preventive and promotive healthcare services (WHO, 1978; Stein et al., 2004). This declaration represents a partnership in health education and empowerment (Hamm et al., 2013; Wagner et al., 2019). In the past twenty-five years, the field of health communication has evolved into a vibrant and essential area of study, focusing on the influential roles of human interaction and mediated communication in healthcare delivery and health promotion (Frith, 2021; Given et al., 2021; Levina, 2022; Massarani et al., 2020).

According to Nan and Thompson (2021), Sun (2020), Wald et al. (2022), and Willnat and Tai (2022), health communication research in the 21st century has taken on an applied behavioral science approach. This is due to its examination of how human communication impacts healthcare delivery and public health promotion and its aim to enhance the quality of these services. Based on this context, Quandt and Wahl-Jorgensen (2021) argue that health communication research is problem-based, focusing on identifying, examining, and addressing healthcare and health promotion challenges. Zhang (2021) and Michailidis (2022) assert that health communication is a broad research area exploring different levels and channels of communication within various social contexts. However, Jucks and Hendriks (2021) note that the primary levels of health communication analysis include interpersonal, group, organizational, and societal communication. In their study, Willnat and Tai (2022) and Priest and Myrick (2020) indicate that interpersonal health communication research examines how relationships influence health outcomes, while group health communication research focuses on the role of communication in coordinating interactions among members of collectives, such as healthcare teams and support groups.

Moreover, Priest and Myrick (2020) highlight that organizational health communication studies the use of communication to coordinate interdependent groups, mobilize specialists, and share relevant health information within complex healthcare systems. Conversely, Kus and Ozturk (2022) argue that societal health communication research focuses on generating, disseminating, and utilizing relevant health information across various media to diverse professional and lay audiences.

This promotes health education, health promotion, raising awareness about emerging health challenges, and encouraging individuals to seek help and adopt preventive behaviors. Thus, the complexity of health communication research involves evaluating different communication channels, including face-to-face interactions, mass media, and new technologies (Jaworska & Vásquez, 2022; Tong, 2022). Research on health communication in the 21st century has focused on various important issues. These include the role of interpersonal communication in fostering cooperative relationships between healthcare providers and consumers (Kreps, 1996), the importance of comforting communication in offering social support to those in distress (Sass & Mattson, 1999), and the impact of media and presentation strategies on the dissemination of health information (Marriot et al., 2000; Ma et al., 2020; McCormack et al., 2013). Today, two major, interdependent strands of research exist in health communication (World Health Organization, 2022). As Frith (2021) noted, the first strand focuses on healthcare delivery. Researchers in this area examine how communication affects the delivery of healthcare services (Mikucki-Enyart & Maguire, 2021). The second strand, highlighted by Chan (2022) and Trninic (2021), revolves around health promotion. This branch investigates the persuasive use of communication campaigns to enhance public health (Nan et al., 2022; An, Kwak, Qureshi, & Weber, 2021; Oxman et al., 2022; Gupta et al., 2022).

The health promotion branch, which this study emphasizes, has attracted numerous communication and media scholars focused on the development, implementation, evaluation, and impact of communication campaigns aimed at addressing critical health risks and promoting public health (Olaoye & Onyenankeya,

2023; Faus et al., 2022; Eruga, 2024). Following this framework, many health communication and media scholars have designed campaigns to tackle public health risks and raise awareness. The current study adopts this perspective to examine the role of communication campaigns in promoting mental health awareness in Uganda.

In their study titled “Mass Media Health Communication Campaigns Combined with Health-related Product Distribution: A Community Guide Systematic Review,” Robinson et al. (2014) argue that health communication campaigns employ integrated strategies to deliver messages aimed at informing, influencing, and persuading target audiences to change or maintain health behaviors. They assert that persuasive, educational, and informative messages can be conveyed through various communication channels, including traditional mass media, the Internet, social media, and smaller media formats such as brochures, posters, and flyers (Robinson et al., 2014). Ratzan (2020) supports this view by suggesting that group interactions, such as workshops and community forums, effectively disseminate health communication campaign messages. Jaworska and Vásquez (2022) also state that traditional mass media can disseminate behavior-change messages more quickly and widely than most other communication platforms. As a result, Levina (2022) concludes that mass media campaigns are generally effective in terms of both reach and influence. Chan (2022) and Trninic (2021) further highlight the success of the internationally recognized skin cancer awareness campaign, SunSmart, which promotes the message “slip on a shirt, slop on sunscreen, slap on a hat, seek shade, and slide on some sunnies” mainly due to its extensive use of broadcast and print media. Windham (1993) emphasizes that a health communication campaign is a planned effort by the sender to influence individuals or groups in society with specific

messages. Zhao (2020) points out that these campaigns are crucial for raising awareness and guiding target audiences on prevention measures for emerging and threatening health issues.

The Elder and Community Preventive Services Task Force (2014) notes that health communication campaigns are often developed in response to significant health threats, with communication as a health education and promotion tool. According to Natifu (2006), Rogers and Storey (1987) identified four key characteristics that define a communication campaign: 1) it is purposive, 2) it targets large audiences, 3) it has a clearly defined time frame, and 4) it involves an organized set of communication activities. Pavlik (1992) suggested four reasons contributing to the success of health communication campaigns: identifying the right target audience, using appropriate messages and appeals, and selecting suitable media for the intended audience. Using the criteria established by Natifu (2006) and Rogers and Storey (1987), this study views the “Break the Chain” mental health campaign as a typical health communication campaign. It effectively integrates these four critical features to raise awareness and reduce stigma. Various parts of the study utilized mass media to disseminate information to the target audience. The dimensions identified by Native (2006) and Rogers and Story (1987) are critical to this investigation because they facilitate the evaluation of exposure to messages based on the channels used and assess attitude changes stemming from those messages. Additionally, Kiwanuka-Tondo et al. (2002) and Kiwanuka-Tondo et al. (2009) note that a multi-sectorial approach towards health communications characterized by an alliance among the private sector, communities, cultural groups, religious institutions,

government agencies, and non-governmental organizations has been the most prioritized model in developing countries for spreading awareness about emerging health hazards.

2.5 Health Communication Channels

Health information has been communicated through various media to target audiences, as noted by Brodie et al. (2006), Pollard (2003), and Stein et al. (2004). In this context, Heritage (2011) highlights that between the World Wars, information promoting changes in everyday practices—such as drinking, smoking, sexual behaviors, and personal hygiene—was conveyed through context-specific and culturally sensitive posters (Public et al., 2017; WHO, 2009). With the advent of radio and television, these mediums became valuable channels for reaching and engaging broad and distant audiences. According to Colonna (2020), radio and television continue to serve as reliable platforms for disseminating urgent health information and communicating health behavior across almost all countries in Africa (Bosch, 2020; Sarfo, 2012; Soul et al., 2019; Tufte, 2002). It is essential to understand that a health communication channel or medium refers to the means of communication—such as print, broadcast, electronic, and digital platforms—that transmit and sometimes enhance messages to the target audience (DiClemente & Velasquez, 2002; Prochaska, 1992).

The significance of a medium or channel in health communication campaigns can be traced back to Marshall McLuhan's (1969) famous theory that "the medium is the message," which posits that the medium/channel is as important as the message itself in the communication process. McLuhan (2017) further notes that the form of the medium largely influences how the target audience perceives the message. Several other scholars, including McQuail (1993) and Franks and Thornton, support these ideas.

The implementer must identify the most effective communication channels to achieve the campaign objectives and goals effectively. Maibach, Kreps, and Bonaguro (2014), Kiwanuka-Tondo et al. (2009), and Kiwanuka-Tondo et al. (2002) proposed criteria for selecting the best channels for a communication campaign, which include:

- *Reach*: How many people can this channel reach?
- *Specificity*: Which specific audience can be targeted using this channel?
- *Rate of influence*: How much influence does this channel have over its

audience? Building on this framework, Silk, Atkins, and Salmon (2011) noted that using only one channel typically yields mediocre results. They recommend implementing multiple channels to maximize their strengths while minimizing their weaknesses (Atkins & Silk, 2014; Rice & Atkins, 2009).

McQuail (2000) suggests asking how communication processes can contribute to or hinder behavior change in health communication campaigns. This inquiry relates to what communication scholars call “media effects.” According to McQuail (2000), the outcomes of disseminating health communication messages—including ideas, images, themes, and stories—are termed media effects. Media effects research examines how media influences the knowledge, opinions, attitudes, and behaviors of the target audience and how the target audience influences the media.

This school of thought questions whether the transmitted content reflects the needs, interests, orientations, and preferences of the target audience (Wimmer & Dominick, 2009; Shearon, 2011). In this study, the questions regarding the channels and their influence on the target audience are crucial for determining whether the messaging in the “Break the Chain” mental health communication campaign had an effect and how

it affected the audience's reception of the message. Maibach et al. (2014) argue that health communication should adopt “an ecological perspective” and promote what they refer to as “multilevel strategies.” These strategies include tailored messages at the individual level, targeted messages at the group level, social marketing at the community level, media advocacy at the policy level, and mass media campaigns at the population level. Singhal and Rogers (2003) conclude that when implemented this way, health communication campaigns can enhance knowledge and awareness of health issues and influence perceptions, beliefs, and attitudes that align with social norms.

Furthermore, DiClemente (2002) and Bandura (1986) assert that health communication campaigns may struggle to induce the necessary change without support from the social and physical environment. For this reason, Odongo (2024) states that effective health communication campaigns and interventions must embrace the social and cultural orientations of the target audience to create a supportive environment that maximizes results.

2.6 Cultural Elements in Mental Health Communication Campaigns

Since the 1990s, health communication research has recognized the importance of cultural elements (Parker, 2001). The frameworks through which health communication interventions on cure and prevention indicate that culturally responsive communication campaigns should incorporate essential aspects that resonate with the target audience (Davis et al., 2015). In this study, Duke, Alexander, Zhao, Delahanty, Allen, MacMonegle, and Farrelly (2019) advocate for integrating the cultural standards of the target audience into health communication materials. According to Evans, Wallace, and Snider (2019), not only should materials adhere to the cultural standards of the target

audience, but they should also provide accurate information that reflects the audience's cultural images and language, as well as depict the values, religion, norms, customs, and activities that the audience appreciates to achieve the desired objectives of the campaign.

Niederdeppe et al. (2019) argue that incorporating cultural beliefs into creating and implementing health communication prevention messages can help campaigns overcome barriers to reaching individuals and communities. This approach is known as building cultural competency, as it involves investigating the norms and values that drive risky health behaviors while offering alternative lifestyles (Huer & Wyatt, 1999). Supporting the cultural rhetoric of health communication, Scott and Mercer (1994) emphasize that effective health communication interventions require time, funding, expertise, and a deep awareness of the cultural and social factors that can influence the judgment, interpretation, spread, and prevention of health issues like mental health. With this understanding, Sobo (2016) asserts that cultural cues should aim to influence the knowledge and attitudes affecting health risk behavior within the target audience.

In this context, Anderibigbe and Pandurangi (1995) found that mental health communication prevention interventions are more successful when embedded in the target community's cultural elements. Therefore, cultural factors are crucial in shaping individuals' perceptions, attitudes, and behaviors regarding mental health. This subsection examines the influence of culture on mental health in Uganda, drawing on the works of various scholars to provide a comprehensive understanding of cultural factors related to mental health. Culture encompasses a specific group or society's shared beliefs, values, norms, and practices. In terms of mental health, cultural factors impact how mental health issues are conceptualized and expressed, help-seeking behaviors, and the availability and

acceptability of support systems. Kleinman (1988) emphasizes the importance of considering cultural frameworks to understand how mental health is perceived and experienced across different cultural contexts. Uganda, with its diverse ethnic groups and rich cultural heritage, demonstrates a complex interplay between culture and mental health.

Numerous studies have explored the cultural factors that shape perceptions of mental health in Uganda. For instance, Okello and Neema (2007) conducted a study highlighting how cultural beliefs and practices, such as witchcraft and spiritual explanations for mental illness, influence help-seeking behaviors and treatment preferences, underscoring the need for cultural sensitivity in mental health interventions. Additionally, cultural factors contribute to the stigma associated with mental health. Nsereko et al. (2011) investigated how cultural beliefs impact the stigma experienced by individuals with mental health conditions in Uganda.

Their findings revealed that cultural attributions of mental illness to witchcraft and moral weakness contribute to increased stigma and social exclusion. Understanding the intricate relationship between culture and mental health is essential for developing culturally appropriate interventions. Culture-specific approaches can enhance the effectiveness of mental health initiatives by integrating cultural beliefs, values, and practices. Patel and Kleinman (2003) argue for bridging the gap between biomedical and cultural frameworks to address mental health disparities and promote culturally responsive care.

2.6.1 Studies of Culturally Sensitive Communication Campaigns

A study by Kim et al. (2016) examined the effects of culturally adapted communication campaigns on mental health stigma in Asian communities. The researchers discovered that campaigns incorporating culturally relevant messages, visuals, and narratives significantly reduced stigma and improved mental health attitudes among the target population. The study emphasized tailoring campaign strategies to align with cultural values and norms for maximum effectiveness. Similarly, Mehta and Farina (2020) performed a meta-analysis of studies on culturally adapted communication campaigns addressing mental health stigma. Their findings indicated that culturally tailored campaigns consistently outperformed generic ones in reducing stigma, increasing awareness, and promoting help-seeking behaviors. The analysis underscored the value of incorporating cultural nuances and preferences in the design and delivery of campaigns to enhance their effectiveness.

In the context of mental health campaigns within African communities, Agyapong et al. (2018) explored the impact of culturally adapted communication strategies on improving mental health literacy and reducing stigma. Their research revealed that campaigns incorporating local languages, cultural symbols, and community engagement increased knowledge about mental health and fostered positive attitudes toward seeking help.

The study highlighted the necessity for campaigns to consider the diverse cultural backgrounds and beliefs present in African communities. Furthermore, a survey by Ofori-Atta et al. (2019) focused on the effectiveness of culturally adapted communication campaigns in addressing mental health issues in low-income settings. The researchers

emphasized the importance of campaigns sensitive to the target population's socioeconomic and cultural contexts. They found that campaigns promoting community involvement, peer support, and local empowerment were crucial in generating positive outcomes and sustainable change.

These studies highlight culturally adapted communication campaigns' importance and positive impact in addressing mental health issues. Scholars such as Kim, Mehta, Agyapong, and Ofori-Atta have provided valuable insights into the benefits of tailoring campaign approaches to specific cultural contexts. Building on this body of research, the current study aims to enhance the understanding of the role of culturally adapted communication campaigns in promoting mental health awareness and reducing stigma in Uganda, focusing on the 'Break the Chains' campaign.

2.6.2 Communication in Mental Health Programming

Effective communication in mental health programming is essential for combating ignorance and dispelling myths (WHO, 2010). Communication programs focused on mental health aim to encourage appropriate mental health behaviors and discourage activities that contribute to mental health disorders (Breslin et al., 2017). By empowering individuals with knowledge and understanding about specific mental health problems and interventions, mental health communication plays a crucial role (Chatterjee & Bhat, 2016). According to WHO (2018), mental health service providers must be well-versed in specific mental health issues to communicate them effectively to their target audiences.

The importance of communication in mental health was emphasized at the World Mental Health Forum in 2022, which highlighted the need for a culturally centered multimedia approach to mental health communication. Over the years, global information, education, and communication (IEC) programs have been developed to raise awareness and change attitudes, behaviors, and practices related to mental health (Cheng et al., 2016). Various communication strategies have been employed, including mass media approaches that utilize a wide range of media channels for awareness-building, social marketing strategies that promote positive mental health behaviors, and the edutainment approach that leverages entertainment to convey mental health messages, thereby reaching and influencing people's attitudes and behaviors (Piotrow et al., 1997; Rogers, 1995; UNFPA, 1995).

In Uganda, numerous communication campaigns have been launched to inform the public about important mental health issues. Research has shown the impact of stigma on mental health outcomes and help-seeking behaviors. For instance, Kizza et al. (2018) found that stigma significantly hindered access to mental health care and adherence to treatment within the population. Understanding the complex dynamics of mental health awareness and stigma is vital for developing effective interventions. By addressing knowledge gaps, dispelling myths, and challenging negative attitudes, mental health awareness campaigns can significantly reduce stigma and promote positive mental health outcomes. Successful campaigns have been shown to increase help-seeking behaviors and improve treatment outcomes (Clement et al., 2015).

2.6.3 Communication of Mental Health

Communication is essential for effective health service delivery (Quick, 2010) and plays a significant role in shaping public attitudes through its critical functions in sensitization and publicity. Research has consistently shown that communication and mass media are the most important sources of information about mental health issues for the public (Dara RE, 2004). Studies examining communication and public belief systems have found that information can significantly influence public perception. The extent to which people are exposed to information highlights communication as a critical factor in raising mental health awareness (Dutta-Bergman, 2009). According to Entman (1993), communication practitioners select specific aspects of perceived reality and emphasize them in their messages to promote a particular problem definition, causal interpretation, moral evaluation, or treatment recommendation.

2.6.4 Communication Strategies in Mental Health Campaigns

Effective communication strategies are crucial in mental health campaigns, promoting awareness and reducing stigma. This section explores various communication strategies used in mental health campaigns, drawing on relevant scholarly work to underline their significance and impact. Mass media is a well-known communication strategy in mental health campaigns (Rice & Atkins, 2013). Television, radio, and print platforms have broad reach, effectively disseminating information to large audiences. Pinfold et al. (2003) argue that mass media campaigns can increase awareness, reduce stigma, and influence public attitudes toward mental health issues. They suggest that carefully crafted messages and engaging storytelling techniques can help shape positive perceptions and challenge stigmatizing beliefs. Another effective strategy is the use of

social media platforms. Social media provides unique opportunities for interactive and engaging communication, allowing direct engagement with target audiences. Frost et al. (2019) emphasize the potential of social media campaigns to reach younger populations and facilitate peer-to-peer support networks. These campaigns can foster dialogue, enhance understanding, and combat mental health stigma by leveraging user-generated content, targeted messaging, and online communities (Nabi, 2015). In addition to mass media and social media, interpersonal communication is critical in mental health campaigns (Kreuter & Lukwago, 2003). Interpersonal channels, such as community outreach programs, workshops, and support groups, offer face-to-face interaction and personalized messaging opportunities (Millaer-Day & Hecht, 2012; Gallagher & Updegraff, 2012; Petrovici, 2012).

Corrigan et al. (2012) underscore the importance of personal stories and lived experiences in shaping attitudes and reducing stigma. For example, peer support programs provide platforms for individuals with lived experiences to share their journeys and support others, fostering a sense of belonging and empathy. Moreover, culturally adapted communication strategies are vital for addressing diverse populations' needs and beliefs. Rüsç et al. (2014) advocate including culturally sensitive messaging, language, and imagery in mental health campaigns to enhance their relevance and effectiveness. By recognizing cultural contexts, respecting cultural beliefs, and utilizing local languages, communication campaigns can resonate more deeply with their target audiences and facilitate greater engagement.

2.6.5 The Impact of Culturally Sensitive Communication on Mental Health Awareness

Research has shown that culturally adapted communication campaigns can significantly influence mental health awareness and help reduce stigma. Jorm et al. (2012) studied the effects of these tailored campaigns on increasing mental health literacy within culturally diverse communities. Their findings indicated that campaigns incorporating culturally specific content, language, and visuals improved knowledge, attitudes, and behaviors related to mental health. Additionally, a study by Thornicroft et al. (2009) examined the effectiveness of culturally adapted anti-stigma campaigns in promoting understanding and reducing discrimination against individuals with mental health conditions.

Their research revealed that campaigns addressing cultural beliefs, values, and practices effectively challenged stigmatizing attitudes and fostered inclusivity. Culturally adapted communication campaigns have also been successful in enhancing help-seeking behaviors. Griffiths et al. (2018) investigated the impact of culturally tailored mental health campaigns on help-seeking intentions among ethnic minority populations. Their research highlighted that campaigns considering cultural norms, language preferences, and community engagement led to an increased willingness to seek help and access mental health services.

Moreover, incorporating local community leaders and influencers in these communication campaigns has shown promising results. Studies by Bhui et al. (2020) emphasized the role of community leaders as advocates for mental health, as they can effectively disseminate culturally appropriate messages and engage community members in open discussions about mental health issues.

2.7 Theoretical Framework

This chapter outlines the theory that supports the investigation into the role of communication campaigns in raising mental health awareness in Uganda. The research is based on a case study conducted by Strong Minds Uganda and is informed by the Health Belief Model (HBM), which originated with Hochbaum in 1958.

2.7.1 The Health Belief Model

The Health Belief Model (HBM) has a scholarly foundation traced back to Hochbaum's research in 1958. It is a significant framework for explaining, predicting, and encouraging the acceptance of health and medical service recommendations. The theory posits that an individual's health-related behavior is influenced by their perception of four critical areas: the severity of the potential illness, their susceptibility to that illness, the benefits of taking preventive action, and the barriers to taking such action (Hochbaum, 1958; Rosenstock, 1960; Rosenstock et al., 1994; Kirscht et al., 1966). The HBM incorporates cues to action, which are external influences that encourage the desired behavior, such as communication directed at affected communities regarding mental health.

These cues elicit or sustain behavioral patterns (Becker, 1974). They can comprise internal cues (e.g., symptoms) or external cues (e.g., campaign messages) (Becker, 1974). Recently, the construct of self-efficacy has been integrated into the model, representing an individual's confidence in their ability to successfully perform a behavior (Rosenstock et al., 1994; Schwarzer et al., 1996). This addition has enhanced the framework's ability to account for habitual behaviors. Bandura (2013; 1994) argues

that the more robust an individual's sense of self-efficacy, the greater their likelihood of persisting in behavior, even after initial failures. Rooted in value expectancy theory, the Health Belief Model suggests that individuals are more likely to take preventive actions (risk-reduction behaviors) when they perceive themselves as vulnerable to disease (self-perception of risk) and recognize the severity of the disease's effects (Bandura, 2013). Equipped with this understanding, individuals are motivated to believe that taking preventive action will help mitigate their risk of contracting the disease—such as avoiding narcotic substances to protect against mental health issues.

They also conclude that the perceived benefits of taking preventative measures will outweigh any perceived barriers, such as discomfort or inconvenience (Melkote & Steeves, 2001; Naiz & Malik, 2002).

In their framework analysis, Naiz and Malik (2002) argued that their beliefs are the most critical determinant of whether a person performs a given behavior. The Health Belief Model (HBM) is essential to this study as it identifies two key factors related to mental health protective behavior: 1) the sense of personal threat posed by mental disorders, and 2) the belief that the benefits of adopting preventive health behavior outweigh the perceived costs. Edberg (2010) notes that few studies using the Health Belief Model have sought to assess the impact of "cues," such as media campaigns, on predicting health actions. In this study, the HBM plays a crucial role in understanding how communication campaigns can promote mental health awareness in Uganda, as well as the influence of socio-demographic factors on the reception of mental health awareness messages. The model is vital for explaining individuals' perceptions of the threats posed by mental illnesses, the advantages of avoiding them, and the factors that influence the decision to

take action. The theory posits that general perceptions of health values, specific beliefs about health risks, and recommended health actions all affect the likelihood of engaging in these recommended actions (Muela, 2003; Irwin et al., 2009). With years of development and application in numerous studies, the HBM comprises six foundational elements adapted from preventive health behavior models and expectancy-value theories.

These models suggest that individuals follow a particular pathway to action and make decisions based on a personal assessment of their needs about the obstacles that might hinder their efforts to achieve their goals (Muela, 2003; Rosenstock, 1974; Atkinson, 1957). Although Witte (1992) contends that the original models were designed to assess general behavior, Edberg (2010) argues that they can also be applied to health-seeking behavior and the utilization of mental health services. This perspective aligns with Naiz and Malik's (2002) analysis, highlighting how distinct viewpoints or life circumstances can influence individual health behaviors and habits. Thus, Rosenstock (1966) asserts that the six components—perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action—contribute to an internal assessment process, ultimately leading to observable health-seeking behavior.

2.7.2 Limitations of the Health Belief Model

According to Rohlder (2022), the Health Belief Model (HBM) has several limitations. Different model versions are used in scales assessing health beliefs, leading to the argument that some studies do not include health motivation and action. Additionally, Rohlder (2022) notes that in some studies, only the effects of individual components on behavior are examined. While one component may have a substantial effect, another may have a minimal impact. Janz et al. (2002) support this argument,

suggesting that the relationships among the model's components have not yet been clearly defined.

Furthermore, Rohlder (2020) points out that the model is static, as its components are generally evaluated simultaneously within a single time frame. This approach does not account for how dynamic changes influence beliefs over time.

Rohlder (2020) also asserts that the model fails to identify other factors influencing health behavior. For instance, a person who works in a gym may be highly motivated due to their fitness level. Moreover, Rohlder (2020) argues that the model does not consider barriers stemming from the social environment or cultural norms, which can affect an individual's self-efficacy or self-control. Finally, the model overlooks that an individual's behavior can be influenced not only by health beliefs but also by their intentions and willpower.

Despite these limitations, Wong et al. (2017) argue that the Health Belief Model is useful for assessing individual responses to health services, enabling people to manage or prevent diseases. Many factors predict the uptake and completion of multi-dose vaccination schedules; thus, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action are good indicators of the motivation behind such health-seeking behavior (Wong et al., 2017). For example, an individual who perceives themselves or their loved ones to be at significant risk for developing mental health issues is likely to engage in behaviors aimed at mitigating that threat. The study applied the Health Belief Model because perceptions of susceptibility, severity, and benefits can influence individual health-seeking behavior and information.

2.8 Research Gap

The existing literature on mental health communication campaigns primarily focuses on communication strategies, ignoring the broader aspect of impact and awareness. Additionally, there is limited research on the role of mental health communication in creating awareness and reducing stigma. This study aimed to address these gaps by comprehensively examining this role. By addressing these gaps, the study provides a deeper understanding of the mechanisms of driving impactful mental health communication campaigns.

2.9 Chapter Summary

This chapter has reviewed literature on the role of health communication campaigns in raising mental health awareness. Many researchers argue that these campaigns are critical in shaping the target audience's attitudes, perceptions, opinions, and behaviors. This chapter has reviewed the literature on the role of health communication campaigns in raising awareness about mental health. Many researchers argue that these campaigns are essential for shaping the attitudes, perceptions, opinions, and behaviors of the target audience (Chan, 2022; Trninic, 2021; Levina, 2022; Ratzan, 2020; Robinson et al., 2014; Jaworska & Vásquez, 2022). However, most studies tend to focus on health challenges such as HIV/AIDS, cancer, maternal health, and malaria (Natifu, 2006). While some studies do address communication and mental health, their scope is often limited, and many mental health studies adopt a Eurocentric approach that may not be relevant in Uganda. Therefore, this study aims to fill this knowledge gap by comprehensively evaluating the role of health communication campaigns in promoting mental health awareness in Uganda.(Chan, 2022; Trninic, 2021; Levina, 2022; Ratzan, 2020; Robinson et al., 2014; Jaworska & Vásquez,

2022). However, most studies tend to focus on health challenges such as HIV/AIDS, cancer, maternal health, and malaria (Natifu, 2006). While some studies address communication and mental health, their scope is often limited, and many mental health studies employ a Eurocentric approach, which may not be applicable in Uganda. Therefore, this study aims to fill the knowledge gap by comprehensively evaluating the role of health communication campaigns in promoting mental health awareness within Uganda.

Chapter Three

Research Methodology

3.1 Introduction.

This chapter outlines the research methodology used in this study to examine the role of communication campaigns in promoting mental health awareness in Uganda. It

includes the research design, approach, target population, sampling methods, data collection, and tools utilized

3.2 Research Design

A descriptive research design was employed in this study. This design was chosen because it allowed for the observation, measurement, and description of subjects within their natural settings without manipulating the variables. As Nassaji (2015) recommended, a descriptive method addressed the study's fundamental questions: what, who, when, where, and how. The decision to adopt a descriptive research design was further supported by Miller (2009), who noted that this approach is particularly suitable for studies that gather data from a large population. This study's target population included all women aged 18 and above residing in Kampala.

3.3 Research Paradigm

This case study employed a qualitative interpretative research approach. This method was chosen to facilitate an examination of subjects in their natural environments and to capture their perspectives with the study's overarching objective. Creswell and Plano-Clark (2011) argue that a qualitative research approach allows diverse data collection methods, including interviews, observations, focus group discussions, and literature review without affecting the variables. Additionally, Yin (2004) pointed out that case studies emphasize detailed contextual analyses of events and their interrelations. Kimalu and Marimba (2014) also affirm that interpretative inquiries aim to gain a more profound, first-hand understanding of specific phenomena. Yin (2004) concurs that the

strength of the case study method lies in its ability to examine a “case” comprehensively within its real-life context.

In choosing to utilize a qualitative case study approach to explore communication campaigns' role in promoting mental health awareness, the researcher determined that understanding these campaigns' impact was as important as grasping the context of the “Break the Chain” campaign. Yin (2004) argues that a qualitative case study approach is efficient when the boundaries between a phenomenon and its context are unclear.

3.4 Research Method

This key informant interview and focus group discussion research focused on a detailed examination of the role of communication campaigns in enhancing mental health awareness. The study specifically evaluated the contribution of Strong Minds Uganda's "Break the Chains" campaign in raising mental health awareness and reducing stigma among Ugandan women.

3.5 Location of the Study

The subject of this case study is the "Break the Chain" mental health communication campaign conducted by Strong Minds Uganda in Kampala. Kampala, the capital city of Uganda, is located in the Buganda region in central Uganda. The town is governed by the Kampala Capital City Authority, headquartered at City Hall. It is divided into five administrative units called municipalities: Rubaga, Makindye, Nakawa, Kawempe, and Kampala Central, each led by an elected mayor. The overall political head of the city is the Lord Mayor, while the Kampala Capital City Authority Executive Director manages the technical operations.

Kampala District was deemed an appropriate venue for this study because over 50% of its population comprises lower-income individuals who face challenges such as poverty, drug abuse, and social inequality conditions Identified as Major Causes of Mental Disorders.

According to Wabwire (2013), several conditions have been identified as significant contributors to mental disorders. Kampala's unemployment rates are notably high, and crime significantly affects many peripheral areas. The city was chosen for this study due to its accessibility and proximity to the researcher.

3.6 Sampling Methods.

Sampling involves selecting individuals for a study in a manner that represents the larger group from which they are drawn (Keybone, 2003). The primary aim of sampling is to gather information about an entire population by examining only a portion, based on the assumption that the sample data reflect the broader population parameters (Kothari, 2004). This study employed non-probability sampling to select the study participants. The rationale behind using a non-probability sample was reached because Kothari (2004) advises that qualitative studies use non-probability sampling to select participants based on their informed view about the study phenomenon. For this reason, this method does not allow each individual in the study location to participate (Keybone, 2003). Additionally, non-probability sampling was used to select respondents with informed knowledge about the campaign (Kimalu & Marimba, 2014). The participants in the focus group discussions were women randomly chosen from the five municipalities that comprise Kampala. A pre-determined list of potential respondents was created for the key informant interviews, including concerned staff from Strong Minds Uganda.

3.7 Data Collection Methods

This study collected data from multiple sources because qualitative studies do not rely on a single source of information (Yin, 2004; Bell et al., 2022). Primary data was obtained through key informant interviews, with selected staff from Strong Minds Uganda purposively chosen to respond to the interview questions. Focus group discussions were also conducted to gather insights from women in Kampala, who were selected using probability sampling.

3.7.1 Key Informant Interviews

An interview guide was developed to facilitate the data collection process, containing open-ended questions that enabled respondents to elaborate extensively on the subject matter. This guide allowed the researcher to gather information on participants' experiences, perceptions, and challenges related to mental health awareness and stigma reduction in Uganda (Kimalu & Marimba, 2014). The questions addressed participants' knowledge and attitudes regarding mental health, their experiences with the campaign, their impact on their attitudes and behaviors, and suggestions for improvement in conditions Identified as Major Causes of Mental Disorders

According to Wabwire (2013), several conditions have been identified as significant contributors to mental disorders. Kampala's unemployment rates are notably high, and crime significantly affects many peripheral areas. The city was chosen for this study due to its accessibility and proximity to the researcher. Ten questions were asked to key informants and focus group discussion participants. They ranged from, knowledge about the Break the Chain Campaign, what kind of messages were communicated,

whether perceptions and attitudes changed after the message, whether participants were comfortable with the language, what was learned from the campaign, whether the campaign met their goals and aspirations on mental health, how the campaign was useful, whether the campaign addressed cultural issues, and the impact of the campaign.

3.7.2 Focus Group Discussions

Focus groups create an interactive and dynamic environment where participants can share their perspectives, engage in discussions, and build on each other's ideas. This method allows for an in-depth examination of participants' experiences, attitudes, and beliefs about mental health and their perceptions of the campaign's impact through a questionnaire guide. A semi-structured interview guide will facilitate these discussions. The guide will include open-ended questions designed to explore essential topics such as participants' understanding of and attitudes toward mental health, their experiences with mental health stigma, their awareness of and involvement in the "Break the Chains" campaign, and their perceptions of how the campaign has influenced their attitudes and behaviors. This approach will provide the freedom to explore new ideas and encourage participants to share their experiences and insights.

3.8 Data Collection Procedure

An introductory letter from the Uganda Christian University postgraduate and research department was issued to the researcher and availed to the participants to introduce the researcher as a student undertaking a study on the role of communication campaigns in promoting mental health awareness in Uganda: a case of 'break the chains'

campaign by strong minds on raising awareness about mental health and reducing stigma among women in Uganda. A copy of the letter was presented to the executive director of Strong Minds Uganda and women leaders where focus group discussions were conducted, who booked appointments with selected respondents. The researcher also had a general interview plan based on the research questions. However, the general plan did not prevent the researcher from asking further questions during the actual process of interviewing. In other words, the issue of adaptability being a strength of the interview method, as addressed by Kothari (2004), was explored, bearing in mind that the researcher's goal was to help the respondents express their views about the study question on their own terms. The researcher secured the respondents' prior consent to record the interviews. The audio recording facilitated the review and analysis of the research data.

3.8.1 Thematic Analysis Method

There are three approaches to conducting thematic analysis: inductive, deductive, and hybrid (Braun & Clarke, 2006). These approaches depend on the source of the themes. According to Braun and Clarke (2006), there are two primary sources of themes: 1) data and 2) the researcher's prior understanding of the theoretical framework underpinning the research phenomenon. In inductive thematic analysis, categories and themes are generated from the data, whereas in deductive analysis, they are drawn from a theoretically predefined set of themes to categorize the research. The hybrid thematic analysis approach integrates inductive and deductive methods to analyze research data (Braun et al., 2014; Terry, 2016). This study employed a hybrid approach to guide the data analysis, creating main themes (categories) and subthemes.

According to Braun and Clarke (2006), thematic analysis is a method of identifying, analyzing, and reporting patterns or themes within data. In this context, Boyatzis (1998) describes it as a process for encoding qualitative information that allows researchers to organize, process, and interpret that data. On the other hand, Alhojailan (2012) argues that thematic enables the researcher to sense the themes of the data, develop codes, and interpret the information and themes in the context of the theory. Bearing this in mind, Lamb and King (2003) argue that the method provide a rich set of findings by focusing of identifiable patterns in the fragment of texts. Smith and Firth (2011) add that the method helps the researcher to gain deep insights to understand complex research phenomena and to unearth patterns salient in the collected data.

Using thematic analysis, this study followed Braun and Clarke's (2006) six-step approach. According to Braun and Clarke (2006), these steps do not need to be approached in a linear fashion as the researcher may need to move back and forth between stages. Braun and Clarke's (2006) six-step thematic analysis is as follows: in the first step, the researcher familiarizes with the data by repeatedly reading the data to gain familiarity with semantic meanings. The researcher is also advised to make notes about general observations that might later foster theme development. This step was followed by the researcher in the current study. The second step proposed by Braun and Clarke (2006) involves development of codes to capture key analytic ideas within the data which may relate to the research. They advise that this step should be repeated to ensure key codes are not missed.

The third stage involves generation of themes by grouping codes which relate to a particular concept. The themes identify patterns of meaning across the data (Braun and

Clarke, 2006). The fourth stage requires the researcher to review the themes in relation to the coded data and the data as a whole. At this stage, Braun and Clarke (2006) advise that a thematic map can be used to structure the analysis and define the relationship between the themes. The fifth stage requires the researcher to define and name the themes. It is at this stage that the researcher constructs an analytic narrative to explain what is happening within the data, how this relates to the research question, and why the reader should pay attention to this (Braun & Clarke, 2006). Finally, in the sixth stage, the analysis is written up within a report. This research report is there a product of the six stage approach to thematic analysis proposed by Braun and Clarke (2006).

3.9 Data Processing and Analysis

According to Glesne (2016), data analysis is an effort of the researchers to manage and make sense of their data to transform it from an acquired form into a form that communicates the promise of a study's findings. Meanwhile, Gall (2003) refers to it as a transformation process (from organization to meaning) that involves a three-tier approach: description, analysis, and interpretation. In the description, the researcher stays close to the data that was originally collected. Where, the researcher departs from the data that was originally collected and makes inferences to complete otherwise important but incomplete statements, or to use language and grammar appropriate for research.

A transcript of recorded interviews was prepared for analysis, using descriptive language. A transcript of recorded interviews was prepared for the analysis, using descriptive language. According to Glesne (2016), descriptive language portrays the contexts in which events transpired. In the analysis, key issues about the study were identified by listening to the

interviews over and over again. The transcriptions from the interviews were also read over severally to make interpretations. The researcher transcended factual data and probed into what was to be made of the data. Data were put under themes for analysis, based on the research questions. Following the advice of Tesch (1990), the researcher constantly sought configurations in the data that suggested that certain pieces of data belonged together. Through this process, the researcher was able to identify emerging issues.

The primary goal of data analysis is to organize the information collected from the field and other sources, making it manageable to identify commonalities, contrasts, and comparisons among different pieces of information. The essence of data analysis is to uncover relationships among the variables being investigated.

Analyzing qualitative data is complex (Pope, Ziebland & Mays, 2000). Many scholars argue that, unlike quantitative research, qualitative research often yields large and intricate raw data in the form of transcripts and notes (Grbich, 2012; Liamputtong, 2009; Burnard et al., 2008). This complexity makes qualitative analysis labor-intensive and time-consuming (Creswell, 2013; Pope et al., 2000). Crabtree (2006) contends that qualitative analysis is a systematic process that begins early in the data collection stage. To gain a critical understanding of the collected data, researchers must organize raw data to make it meaningful (Liamputtong, 2009).

Various methods are used to analyze qualitative data, including narrative analysis, discourse analysis, semiotic analysis, content analysis, and thematic analysis (Braun & Clarke, 2006; Braun, Clarke & Terry, 2014; Liamputtong, 2009). Content and thematic analysis are the most commonly used methods in qualitative research. While they share some similarities, they differ in focus: content analysis is typically more quantitative, as it

involves establishing categories and counting occurrences within the data (Joffe & Yardley, 2004), whereas thematic analysis concentrates on describing both explicit and implicit ideas related to the phenomenon (Braun & Clarke, 2006; Braun et al., 2014).

For this study, a qualitative case study approach was employed, and thematic analysis was chosen to analyze the data gathered from key informant interviews and focus group discussions. Thematic analysis was selected for several reasons. First, researchers have identified it as advantageous compared to other data analysis methods (Braun & Clarke, 2006; Braun, Clarke & Terry, 2014; Alhojailan, 2012; Guest et al., 2011). This method is flexible and can be applied across various research questions, theoretical frameworks, and data sizes, whether large or small. According to Terry (2016), thematic analysis enables researchers to address various research questions, including those related to identifying factors, as is the case in this research approach.

For this study, the researcher believed that thematic analysis would allow for the detection, identification, and interpretation of Strong Minds Uganda's perception of the role of communication campaigns in promoting mental health awareness. In simple terms, thematic analysis was chosen because it is effective in identifying and condensing data that relate to predefined themes or patterns (Braun & Clarke, 2006; Braun, Clarke & Terry, 2014; Terry, 2016), as well as in making sense of the collected interview data (Braun & Clarke, 2006). After deciding to use thematic analysis, the researcher needed to determine which form of thematic analysis to adopt.

3.9 Data Presentation

This study employed a narrative data presentation method that focused on how individuals and groups understand the role of health communication campaigns in

promoting mental health awareness. Information relevant to the main research question was gathered from participants and presented in this report using verbatim quotes and narratives.

3.10 Limitations and Considerations

Several limitations and considerations may influence the findings and interpretations of this research, which are outlined below:

Sample Size: Due to resource and time constraints, the sample size for in-depth interviews and focus group discussions may be limited. While efforts were made to ensure diversity in participant characteristics (e.g., age, socioeconomic status), the relatively small sample may restrict the representation of different perspectives within the target population. Therefore, the findings should be interpreted with this limitation in mind.

Transferability: The research may face challenges regarding the transferability of findings. The setting, the campaign, the respondents, and the context may differ, making it challenging to apply this study's findings to other contexts—even when similar conditions are present.

Researcher Bias: The researcher's background, experiences, and perspectives may introduce bias during data collection and analysis. To mitigate this bias, reflexivity will be maintained throughout the research process. Reflexivity involves acknowledging personal biases and assumptions while engaging in critical reflection to minimize their

impact on data interpretation. Additionally, the research process included multiple research assistants to enhance objectivity and reduce the influence of individual biases.

Time Constraints: The time allocated for data collection and analysis may limit the data's depth and breadth. The research team will strive to ensure adequate time for interviews, focus group discussions, and thorough analysis. However, given the complexity of the research topic and the comprehensive nature of data analysis, it is possible that certain aspects or nuances of the phenomenon may not be fully captured.

3.11 Validity

Validity refers to the extent to which a data collection instrument or test measures what it is intended to measure (Guion, 2002; Golafshani, 2003). In qualitative research, validity pertains to whether the study's findings are accurate and reliable (Merriam, 2003). Moustakas (1994) explains that "true" findings accurately reflect the actual situation, while "certain" findings are supported by evidence. Guion (2002) describes validity in qualitative research as the trustworthiness of the findings, whereas Moustakas.

3.12 Data Collection Instrument Validity

To test and improve the validity of the data-gathering instruments, the researcher will pilot the instruments with participants similar to those who will participate in the final data collection (Finley, 2014). These participants will be asked the same questions included in the key informant and focus group discussion guides in a practice known as piloting (Amin, 2005). This process will help the researcher assess the clarity of the language, relevance of the guide to the research question, comprehensiveness of the content, and overall length of the guide. Additionally, piloting will allow the researcher to

determine whether the instruments effectively measure what they are intended to gauge and evaluate the truthfulness of results based on the content validity index.

(1994) links it to the credibility of these findings in adequately representing participants' experiences. These definitions suggest that the researcher is the primary qualitative data collection and analysis instrument. According to Golafshani (2003), the credibility of qualitative research relies significantly on the researcher's skill and effort. This study will employ two methods to enhance the validity of its findings: 1) data triangulation and 2) piloting of data collection instruments.

3.12.1 Data Triangulation

Data triangulation involves using multiple data sources within a study (Guion, 2002; Thurmond, 2011; Torrance, 2012). This method is crucial in qualitative research because it enhances validity, strength, and interpretive potential. It helps to reduce researcher bias by offering diverse perspectives on the questions being investigated (Birt, Scott, Campbell, & Walter, 2016; Denzin, 2017). Additionally, triangulation builds confidence in research findings by revealing unique insights, challenging or integrating existing theories, and providing a clearer understanding of the issue at hand (Thurmond, 2001).

Data source triangulation will be utilized in this investigation by including two key informants: representatives from the campaign's implementers and participants from focus group discussions. This approach will enable the researcher to gather rich data that captures various perspectives on the role of culturally adapted communication campaigns in promoting mental health awareness in Uganda, as experienced by both the community

and the campaign implementers (Strong Minds Uganda). This will allow the researcher to arrive at credible and valid descriptions of participants' views on the impact of culturally adapted communication campaigns in fostering mental health awareness in Uganda.

Despite its numerous advantages, Thurmond (2001) cautions that this method has potential drawbacks, such as generating large amounts of data, being time-consuming, and the risk of introducing researcher bias. To mitigate these issues, the researcher will set aside personal assumptions, beliefs, preconceptions, past knowledge, and other biases that may interfere with objective judgment (Finley, 2014; Gorgi, 2012; Moustakas, 1994).

3.12.2 Content Validity

The content validity of the research instruments was arrived at in this study through expert judgment as advised by Burns and Dobson (2012) and Mertens (1998). Because of their arguments, experts in the field of health communications helped the current study achieve content validity by clarifying the domains of specific content that research was assumed to represent and then determining how well that content was sampled by the test items (interview guide). As advised, the researcher in the current study subjected the data collection instruments to the supervisor's scrutiny. This is because Burns and Dobson (2012), Gall, Borg, and Gall (1996), Mertens (1998), and Suskie (1996) suggest that experts can carefully examine all the items on the research instrument and give suggestions that enhance their validity.

3.12.3 Face Validity

According to Cohen *et al.*, (2000), face validity is the extent to which the instrument measures what it is designed to measure, just from face value. It involves the judgment of whether given the theoretical definition of the variable. In the present study, face validity was judged by the supervisor and one specialist in the field of health communication from the School of Journalism, Communication and Media Studies, Uganda Christian University.

3.13 Ethical Considerations

As Creswell (2012) noted, qualitative researchers engage with individuals to gain in-depth information about personal issues, lived experiences, beliefs, and characteristics. This requires high trust, ethics, and a commitment to ethical considerations, which fall under the researcher's responsibility (Arthur, 2012). Suggested ethical guidelines from various authors include ensuring confidentiality, obtaining informed consent, upholding participants' privacy, clearly explaining the purpose of the research, avoiding deception, and preventing disrespect or harmful consequences (Creswell, 2012; Patton, 2002). Cooper and Schindler (2003) further highlight the necessity of carefully handling and treating research participants while maintaining truth and integrity in research design and methods.

Furthermore, the guidelines for conducting research using human subjects demand the importance of ensuring that participants' protection is guaranteed. For this study, the required authorization letter was sought from Uganda Christian University before conducting the research. As mandated by the research committee from the

National Council for Science and Technology, the protection of participants from safety, privacy, and welfare risks was ensured. The purpose of the research was also introduced and adequate information was provided about the study objectives. In particular, informed consent was sought from the participants with information about the anonymity of participants, voluntary nature of participation, confidentiality of the study respondents, encouragement of participation, freedom to stop participation at any time without explanation, and contact information for the researcher. Throughout the study, the researcher ensured that participants understood clearly about their protection, the minimal risks for participating in the study, and that all results would be kept confidential and anonymous. Furthermore, all the demographic data that was collected during the study was not included in a personally identifying manner.

This study aims to investigate the role of Strong Minds Uganda's "Break the Chains" campaign in raising mental health awareness and reducing stigma among Ugandan women. Recognizing that mental health is a sensitive topic, the researcher.

Chapter Four

Presentation of Findings

4.1 Introduction

Using the data analysis method outlined in Chapter 3, this chapter presents the findings derived from the research. The Break the Chain Campaign addresses mental health and stigma and is a case study. Here, we explore participants' feelings, experiences, and opinions regarding the effectiveness of communication campaigns in promoting mental health awareness in Uganda.

The chapter has three main sections, each addressing a specific research question. The analysis identifies ten key themes that reflect the participants' perceptions. These themes emerge from various sub-themes linked to each research question. When multiple main themes arise, a side-by-side comparison is utilized to present each theme separately under subheadings, followed by comparing the findings.

4.2 Data Approach

Employing thematic analysis of the transcripts (Braun & Clarke, 2006) and guided by the Health Belief Model (Hochbaum, 1958), the researcher systematically analyzed participants' feelings and opinions regarding the study's topic. The researcher reviewed the transcripts multiple times while listening to the recordings to ensure familiarity with the participants' reports and verify the transcripts' accuracy. During the coding process, consistent with standard qualitative research practices (Bryman, 2016), confident lines that are vital to the overall analysis and relevant to the research questions were highlighted.

Illustrative quotes from participant interviews are included to exemplify the findings and themes generated during the analysis. These quotes provide evidence for interpreting the raw data and demonstrate the variety and complexity of responses. Themes were selected based on their significance to participants, how extensively participants discussed each theme, and the passion with which they expressed their opinions. This includes considerations such as exposure, the impact of the campaign, and any observed attitude changes. Consequently, themes were chosen according to their frequency of mention and the intensity of their descriptions.

The researcher recognized that reporting participants' perceptions, opinions, and experiences might not fully encapsulate their realities, as the study aimed to reflect what participants identified as their truths. Acknowledging Bruner's (1986) argument about the inherent gap between reality, experience, and expression, the researcher understood that the study might not capture participants' full experiences solely through interview responses. Thus, a commitment to remaining as truthful as possible to participants' words informed the analysis.

Interview guides were employed to ensure that necessary areas were covered, but they did not dictate the flow of conversation, which was determined by participant responses. Reporting the findings proved to be a complex task, requiring an ongoing process of drafting and redrafting. While this was time-consuming, it was deemed worthwhile since DiCicco-Bloom and Crabtree (2006) argue that this process illustrates the interactive nature of qualitative research. These iterations were crucial for reaching the depth needed to answer the research questions. Although some data were ultimately excluded for coherence and density, this was necessary to maintain the study's integrity.

4.3 Overview of the Main Themes

Participants expressed feeling overwhelmed by the campaign's reach, visibility, and audience engagement, which served as a measure of their exposure to the "Break the Chain" campaign focused on mental health and stigma. Improved mental health literacy, alongside reduced stigma and discrimination, appeared to enhance the impact of the campaign messages. Participants noted positive changes in attitudes and a reduction in negative stereotypes as a result of the campaign's portrayal of mental health issues. The effectiveness and efficiency of the campaign, as well as its long-term impact, were acknowledged by participants as influencing their understanding of mental health and stigma. Additionally, demographic influences on the campaign's impact were noted. The analysis suggests that health communication campaigns play a significant role in shaping public opinions and perceptions regarding mental health and stigma.

4.4 Theme One- Campaign Reach and Visibility

Research question one aimed to explore the level of exposure to the "Break the Chain" campaign on mental health and stigma. Participants discussed campaign reach, visibility, and audience engagement as indicators of their exposure to its messages. They described the campaign as effectively delivering information about mental health and stigma, noting its visibility in their communities for those willing to listen and heal. Participants emphasized the campaign's engagement through outreach events, meetings, and programs on radio and television, allowing for interaction and the opportunity to ask questions.

4.4.1 Campaign Reach and Visibility

Participants reported that the campaign reached them through community outreach events, engagement meetings, and radio and television programs organized by Strong Minds Uganda. They mentioned the distribution of fliers and brochures promoting mental health and stigma in their areas and announcements via community loudspeakers, commonly known as “Ebizindalo” (community audio towers). These initiatives increased awareness of the campaign's message and attracted participants to attend outreach events and engage with programs on television and radio. For example, Participant C from Makindye Municipality highlighted the campaign’s outreach:

"Yes, at one time, people from Strong Minds Uganda came to the Makindye community hall for an outreach. They introduced the program on mental health and stigma, explaining that its mission was to fight mental health issues and associated stigma among women in Uganda."

Similarly, Participant B from Nakawa Municipality stated that she learned about the "Break the Chain" campaign through a program conducted by Strong Minds Uganda on Central Broadcasting Services (CBS) radio. She explained,

"That organization, Strong Minds Uganda, had a radio program on Central Broadcasting Services every Tuesday at 6 PM on 88.8 FM. Their program focused on mental health and overcoming stigma. This is how I learned about the 'Break the Chain' campaign."

Key informants echoed the same sentiments, noting that Strong Minds Uganda utilized various methods to reach the target audience with information about mental health and stigma. They described employing community outreach events, engagement meetings, radio and television programs, community audio towers, brochures, and fliers

to be visible among the target audience, as exemplified by an extract from the communications and advocacy manager.

As the head of Communications and Advocacy, I was involved in the Break the Chain campaign from the planning phase to rollout, implementation, and evaluation. This means I played a significant role in the entire process and thus have knowledge and insights about the campaign. We employed various methods, including community outreach, engagement campaigns, radio and television talk shows, flyers, and brochures, to reach our target audience and enhance campaign visibility.

The campaign's elements, such as community outreach, engagement meetings, radio and television programs, flyers, brochures, and community audio towers, were crucial for its reach and visibility. Reports from focus group discussions and key informant interviews indicate that the free flow of information about the campaign through these various channels effectively exposed the target audience to the campaign message.

4.4.2. Audience Engagement

Participants highlighted that audience engagement was crucial to their exposure to the Break the Chain campaign addressing mental health and stigma. They noted that the campaign's extensive engagement strategies contributed significantly to their awareness. The campaign utilized carefully crafted messages and varied communication channels, including interpersonal networks, community settings, promotional events, and mass media, to keep the audience engaged in a language they understood.

An extract from the communications manager at Strong Minds Uganda reflects this approach.

Initially, the campaign was rolled out in the Buganda region, particularly in Kampala and its surrounding areas. This metropolitan area is home to many people from different regions of Uganda, allowing for some understanding of Luganda and English. Therefore, the campaign was conducted in both languages to cater to the metropolitan audience. We also utilized communication channels familiar to the audience, such as radio, television, community meetings, and outreach events.

The feedback of both key informants and focus group discussion participants reveals that the campaign's reach and visibility significantly enhanced the audience's exposure, fulfilling the focus of our first research question. The campaign's effective engagement strategies were instrumental, made possible through accessible and relatable communication channels like community outreach, engagement meetings, brochures, and fliers, all featuring messages in languages best understood by the target audience and radio and television programs frequently accessed by them.

4.4.3. Awareness of Campaign Messages

The purpose of the first research question was to determine the level of exposure to the Break the Chain campaign messages on mental health and stigma among women in Kampala. We aimed to find out whether participants were aware of the campaign messages. After attending community outreach events and engagement meetings and listening to or watching radio and television programs, participants' interview responses helped gauge their awareness of the campaign message. Many participants described the

campaign's message as focused on care, support, and treatment for mental illnesses, as illustrated by Participant B from Rubaga, who stated:

"The message is that mental health is just as important as our physical health. We should always seek care and support for mental health challenges, just as we do for physical ones because mental illnesses can be treated and healed."

Most participants reported an increased awareness of mental health and stigma following their exposure to the campaign. They acknowledged that the campaign helped them identify knowledge gaps regarding mental health care and treatment, enabling them to address them. Participants expressed that they learned how to care for, support, and treat mental illness and became aware of where to access mental health services, countering their previous beliefs that mental illnesses could not be treated or healed. The campaign provided new insights into mental health care, stigma management, speaking out, and seeking support and treatment interventions.

The Break the Chain mental health communication campaign achieved a high level of exposure among women in Uganda, with participants demonstrating a strong awareness of the campaign's messages, and activities. Many women (participants) reported seeing campaign posters, fliers, and social media posts, and discussing the campaign with their friends, and family. Participants were able to recall key slogans and themes, and some mentioned being inspired to take action or share their own experiences with others. The campaign's reach, and resonance were evident with participants expressing a sense of connection, and familiarity with campaign goals and messaging, as evidence of exposure.

4.4.4 Recognition of Campaign Branding

Participants reported that the campaign effectively utilized modern tactics to create and maintain its brand, boost recognition, and encourage the target audience to develop loyalty to the "Break the Chain" campaign focused on mental health and stigma. One key informant noted that these activities aimed to promote the campaign and improve public perception of its message. The Programs Coordinator at Strong Minds Uganda described campaign brand recognition as a strategic effort to establish the campaign's presence in the public's mind.

There appears to be a concerted and prolonged effort by the health communication campaign implementers to ensure the campaign messages leave a lasting impression. This suggests that these strategic initiatives may motivate the target audience to attend campaign meetings and become more familiar with the messages. Furthermore, it can be interpreted that the enduring impressions created make health communication campaigns like "Break the Chains" more acceptable and recognizable among the target audience.

As the Programs Coordinator stated, "The first step in creating a recognizable and authoritative campaign brand begins with understanding the campaign's mechanics and goals. This requires long-term planning and a combination of traditional, interpersonal, and mass media communication channels and strategies to convey the campaign's values and meet the target audience's needs. We did this at Strong Minds Uganda to ensure that the 'Break the Chains' Campaign remains recognizable among women in Kampala" (Programs Director Interview, 2024)

The analysis indicates that participants viewed the “Break the Chains” campaign as one that left a lasting impression because it was designed to change perceptions about mental health, identifying it as a treatable health challenge that can be addressed medically, much like any other physical health issue.

4.5 Theme Two: Improved Mental Health Literacy and Reduced Stigma and Discrimination

Research question two aimed to explore the impact of the "Break the Chain" campaign messages on mental health and stigma, specifically concerning women in Kampala. Two main themes emerged from this analysis: improved mental health literacy and reduced stigma and discrimination. Two sub-themes were identified from these: 1) Understanding Mental Health Symptoms and 2) Recognition of Mental Health Resources. The following sections provide a detailed presentation of these themes and sub-themes.

4.5.1 Improved Mental Health Literacy

Participants acknowledged that improved mental health literacy meant their ability to understand various aspects of mental health challenges, including symptoms and treatment options. They emphasized the role of the "Break the Chain" campaign in enhancing their understanding of mental health challenges and related stigma. The analysis suggests that participants felt the campaign helped them gain deeper insights into mental health, encompassing symptoms, treatment, and the characteristics of those affected.

This reinforces the idea that the campaign significantly elevated participants' knowledge of mental health and stigma, which they previously lacked. The following extracts demonstrate how participants perceive the improvement in their mental health literacy:

"The campaign taught me skills such as mental health management and communication techniques for discussing mental health issues, coping mechanisms, stigma reduction, empathy, compassion, and self-care. I am now well-equipped to handle any mental health challenges."

"I learned how to develop empathy and compassion for individuals experiencing mental health issues and health coping strategies like mindfulness and self-care to manage mental challenges."

"I learned how to support mentally ill individuals, providing them with a sense of belonging. I also discovered that reducing stigma is crucial in addressing mental health challenges."

"I kept attending the outreach events and meetings organized by Strong Minds Uganda's 'Break the Chains' campaign because it taught me that anyone can experience mental illness and that we need to take time to relax and relieve stress."

Health communication campaigns, such as the Break the Chain campaign, are not merely activities carried out for their own sake; instead, they should be viewed as initiatives to advance knowledge and understanding of various life-threatening issues, including mental health. It can be suggested that if participants had not gained valuable insights, they would not have been motivated to engage in community outreach and engagement meetings. Extract four further supports this idea, as a participant indicates that she attended these meetings to gain a better understanding of mental illnesses and to discover ways to alleviate her stress. All participants' feedback illustrates that the campaign enhanced their knowledge about mental health and the associated stigma.

4.5.2. Reduced Stigma and Discrimination

Participants expressed their prior views about individuals with mental health issues before the campaign. They described negative images and perceptions of those they labeled as mentally ill or "mad." Participants noted that these portrayals contributed to harmful societal views.

Participant F from Kawempe said, "I used to think about these dirty-looking guys collecting rubbish all day. It was not a good image for me when I walked past mentally disturbed individuals. They were disgusting, and we called them all sorts of names, believing they were wasted and had no place in society. However, the campaign taught us to treat them this way" (Researcher Interview, 2024).

Participant F's remarks reflect her initial perception of individuals she considered mentally ill. Her phrases, such as "dirty-looking guys collecting rubbish all day long" and her description of them as disgusting, indicate that she once held negative views about those with mental health issues. She previously saw them as unproductive, wasted people who did not deserve a place in society.

These expressions reveal her stigma towards the mentally disturbed individuals from whom she would prefer to distance herself. However, after participating in the campaign, she acknowledged that mentally ill individuals could be treated and deserved support and care, leading to a transformation in her perceptions and a reduction in stigma and discrimination.

Participant E from Kampala Central: *"I don't think I wanted to hear about or associate with 'mad people.' I could not see anything good in them. I viewed them as*

individuals being punished for their wrongdoings, so we referred to them with humiliating labels, such as 'wire', 'Azanga', 'Katala', and 'Zanoba', among others. The campaign opened my eyes to the realization that mental health issues are like any other challenges that can be treated. Isolating those affected is an act of stigma and discrimination” (Researcher Interview, 2024).

From Participant E’s remarks, it is clear that she held a negative stigma toward the mentally disturbed and wanted to avoid associating with them. She perceived them as wrongdoers being punished for their sins. By using humiliating names, her perspective contributed to how society felt about them, perpetuating stigma and discrimination. However, she recognized that the campaign helped her understand that mental health problems can be treated like any other physical ailment. Those affected are still human beings who require compassion. This realization contributed to a reduction in stigma and discrimination.

Data analysis related to the second research question identified two sub-themes stemming from improved mental health literacy and reduced stigma and discrimination. These sub-themes are: 1. Understanding mental health symptoms, and 2. they were recognizing mental health resources. The participants’ understanding of mental health symptoms and the associated resources was enhanced by improved mental health literacy, which reduced stigma and discrimination. These aspects are discussed in the following section.

4.5.3 Understanding Mental Health Symptoms

Participants reported gaining crucial information about the signs and symptoms of mental health issues during the campaign. They learned that these signs and symptoms can vary depending on the specific disorder, the circumstances, and other factors. Additionally, participants noted that mental illness symptoms can impact emotions, thoughts, and behaviors. They highlighted that significant changes in a person's thoughts, moods, or behaviors indicate a need for concern, prompting the importance of seeking support and help. The perspectives of Participants A, G, and H from Kawempe, Nakawa, and Makindye provide valuable insights into their understanding of mental health signs and symptoms.

Participant A: “I learned that each type of mental illness has a different set of symptoms. For example, extreme dieting might indicate an eating disorder, while persistent feelings of hopelessness after childbirth could be a sign of postnatal depression. Therefore, if I observe someone with lasting sadness or a low mood, I recognize that person may be depressed and in need of help” (Researcher Interview, 2024).

Participant G: “I learned that the signs and symptoms of mental illness can vary based on the disorder, circumstances, and other factors. We discovered that these symptoms can affect emotions, thoughts, and behaviors. Sometimes, symptoms of mental health disorders can manifest as physical issues, such as stomach pain, back pain, headaches, and other unexplained aches” (Researcher Interview, 2024)

Participant H: “Yes, this campaign exceeded my expectations because I learned about mental health symptoms, how to treat them, and where to find support services and care” (Researcher Interview, 2024).

The analysis indicates that participants describe mental health symptoms as physical, emotional, and behavioral signs that suggest a person's mental state may be unstable. A common perception among participants is that mental health symptoms are often associated with various physical pains, such as headaches and stomach aches. This awareness motivated individuals to avoid triggers of these symptoms, such as seeking conversations to alleviate feelings of depression. Participants attributed this newfound understanding to enhanced media literacy from the Break the Chains mental health campaign.

4.5.4 Recognition of Mental Health Resources

Participants also reported that their improved mental health literacy, thanks to the Break the Chain campaign, led to better recognition of mental health resources. They acknowledged that accessing these resources is crucial for recovery from mental or psychological distress, noting that nearly everyone experiences a mental health condition at some point in their lives. Participants learned how and where to seek help when emotional or mental conditions lead to changes in behavior or when family members notice differences in attitudes. Some identified resources included peer supporters, online and phone resources, telemental health services, clinical social workers, and psychiatric practitioners, as indicated by the following extracts:

Participant D noted, "I can now care for those with mental health issues because I know where to find treatment services. Additionally, I no longer feel ashamed to openly discuss mental health and its related effects, knowing that support resources are available" (Researcher Interview, 2024)

Participant H said, *“My awareness and curiosity about the causes and symptoms of mental illnesses have increased. Understanding them helps me seek facilities and resources for mental health treatment”* (Researcher Interviews, 2024).

Participant Q noted that *“the campaign made me understand that early intervention is essential for addressing mental illnesses. I learned about some risky behaviors that can lead to mental health issues, but importantly, I now know where to find treatment, support, and care services”*(Researcher Interviews, 2024).

Participants viewed mental health resources as areas, individuals, and facilities where they could obtain mental health support. They recognized that the Break the Chain campaign illuminated that mental health issues are comparable to other health challenges that can be treated and healed through available resources and facilities in the country.

4.6 Theme Three: Positive Attitude Change and Reduced Negative Stereotypes

The third research question aimed to explore the changes in attitudes and perceptions of participants regarding mental health and stigma after being exposed to the Break the Chain campaign. Participants described attitudes and perceptions as interconnected. They reported that attitudes refer to individual responses or evaluations of a subject, while perceptions involve observing and gaining knowledge from that subject. Participants claimed that their attitudes and perceptions about the campaign had shifted significantly. It was stigmatizing and discriminatory, escalating their situation. In simple terms, the campaign helped reduce the stigma and discrimination against those with mental health challenges."

Participant F's remarks highlight her initial negative perceptions of those affected by mental health issues. Describing them as “dirty-looking” and “disgusting” implies she viewed them as unproductive individuals unworthy of societal respect. However, after

participating in the campaign, she learned that those with mental health challenges could be treated and deserved care and support, which transformed her views and lessened her stigma.

Participant E from Kampala Central stated, *"I did not want to hear about or be associated with mad people. I could not see anything positive in them. I viewed them as people being punished for their wrongdoings, and we used humiliating names like 'wire,' 'Azanga,' 'Katala,' and 'Zanoba.' The campaign opened my eyes to the fact that mental health issues are like any other challenge that can be treated and that isolating those affected is an act of stigma and discrimination"* (Researcher Interviews, 2024).

From Participant E's perspective, it is evident she initially held a negative stigma toward individuals with mental health challenges and was reluctant to associate with them. She viewed them as wrongdoers suffering consequences for their actions. By using humiliating names, she perpetuated the stigma and discrimination toward them. However, through the campaign, she realized that mental health is comparable to any physical illness that can be treated and that those affected still deserve empathy and understanding.

Data analysis related to the second research question identified two sub-themes: improved mental health literacy and reduced stigma and discrimination. These sub-themes are:

1. Understanding mental health symptoms, and
2. Recognizing mental health resources.

The participants' increased understanding of mental health symptoms and resources, resulting from improved mental health literacy and reduced stigma, will be discussed in the following section.

4.6.1 Positive Attitude Change

Participants described positive attitude change as a perspective that can reduce the negative emotional impact of mental health issues. They reported that the campaign helped them accept individuals with mental illnesses without judgment. Feedback from participants indicated that positive attitude changes toward mental health and those affected by it could reduce depression and anxiety, enabling them to tackle mental challenges more effectively.

One key informant highlighted that the campaign's focus was to alter the mindset of the target audience regarding mental health, shifting their attitudes and negative perceptions about care and support.

Participants were encouraged to adopt a positive attitude toward mental health challenges, as such an outlook promotes optimism. Those with positive attitudes remain hopeful and see the best in difficult situations.

Another key informant stated that the campaign aimed to dispel misconceptions, particularly the ingrained beliefs that mental health issues stem from natural causes like witchcraft. Through formative research, they uncovered significant knowledge gaps about mental health that negatively influenced public attitudes—the campaign aimed to cultivate a more positive mindset regarding care and support within the community.

Participants noted that negative attitudes often lead to pessimism and resistance to the idea that mental health is akin to other health conditions that can be effectively managed with scientific medical solutions. By the campaign's conclusion, it was

anticipated that participants would recognize how negative attitudes contributed to a grim outlook on mental health and challenging situations.

Focus group discussions echoed this sentiment regarding positive attitude change.

Participant E: *"Initially, I was fearful of discussing mental health, but after the Strong Minds campaign, I no longer feel ashamed when experiencing symptoms like depression. I now seek medical and counseling services without hesitation"* (Researcher Interviews, 2024).

Participant I: *"My perception has changed; I can now confidently ask for help if I or my relatives face mental health issues, and I seek treatment without any fear"* (Researcher Interviews, 2024).

Participant B: *"Beyond overcoming the shame and fear associated with mental health, the campaign boosted my willingness to seek help and increased awareness, leading to a better understanding of mental health issues, their causes, symptoms, and treatment options"* (Researcher Interviews, 2024).

Conversely, some participants reported that their attitudes did not change. They expressed lingering doubts about those with mental health difficulties. One participant voiced concerns that some individuals facing mental challenges are genuinely bewitched and incapable of being healed. She noted that this belief stems from witnessing individuals suffering for years.

"My attitude remains the same; some people deemed 'mad' are indeed bewitched, or they became 'mad' because they committed wrongdoings and are punished by higher powers. There is a man in Kawempe whom I have seen since childhood. Are we to believe he does not want to seek healing if medical solutions exist, as the Strong Minds team told us?"

Participant M's negative attitude towards mental health illustrates that despite the efforts and information provided through the Break the Chain campaign, some individuals still maintain negative perceptions about these issues.

4.6.2 Reduced Negative Stereotypes

Participants described negative stereotypes as assumptions they hold about individuals with mental health issues. They noted that these stereotypes often led to inaccurate perceptions of those with mental health conditions. Throughout the interviews, participants shared how they exposed individuals with mental health challenges to negative stereotypes based on their state of mind, which in turn resulted in stigma. They agreed that such stereotyping became a foundation for discrimination against these individuals. However, participants also noted that the Break the Chain campaign contributed to reducing these stereotypes by promoting a safe and supportive environment for those affected by mental health difficulties and encouraging respect for these individuals.

The moderators of the community outreach at Kawempe Playground emphasized the importance of respecting people with mental health issues. They encouraged treating these individuals as unique persons rather than defining them by their mental health challenges. Additionally, they suggested correcting others when they make stereotypical or unsupportive comments.

Similarly, the Head of Communications and Advocacy from Strong Minds Uganda, who was among the key informants, mentioned that they encouraged the target audience to use respectful and empathetic language when referring to individuals with mental health issues. This approach aims to foster a sense of belonging and help reduce negative stereotypes.

Unfortunately, the language used by some community members to describe individuals with mental health challenges is often degrading and increases stigma. Terms

such as “Zolo,” “Azanga,” “Mulalu,” “Wire,” “Zinobye,” “Yavaako,” “Katala,” and “Katwewungu” dehumanize these individuals, making them reluctant to seek help or discuss their conditions in public. We urged the target audience to refrain from using these stereotypes to encourage affected individuals to seek help.

Conversely, one participant revealed that despite exposure to the Break the Chain campaign, her negative attitude toward those with mental health challenges (whom she referred to as “mad people”) persisted. She expressed a belief that some individuals deserve the treatment they receive, arguing that certain people are “mad” because they are haunted by the spirits of those they have harmed or due to theft and witchcraft. This perspective suggests that negative stereotypes and stigma continue to exist, stemming from a lack of understanding about mental illness. Such ignorance and misinformation contribute to persistent negative attitudes, beliefs, and prejudices surrounding mental health issues.

4.7 Campaign Effectiveness and Efficiency

During the data analysis, campaign effectiveness and efficiency emerged as critical themes—key informants defined campaign effectiveness as achieving its intended objectives, goals, and outcomes. In contrast, they described campaign efficiency as the optimal use of resources such as time, budget, and personnel to meet these objectives.

The “Break the Chain” campaign, which focused on mental health and stigma, was noted for being effective and efficient in raising awareness and reducing stigma. This success stemmed from its well-planned nature, which led to increased awareness, decreased stigma, policy changes, and community engagement. Key informants provided evidence supporting these claims.

The campaign influenced Uganda's Mental Health Policy (2020), prioritizing community-based mental health services and reducing stigma. It effectively engaged local communities through events, workshops, and outreach initiatives that promoted mental health education and support.

The campaign significantly reduced stigma, with personal stories and testimonies shared during the events helping normalize mental health discussions and encouraging individuals to seek help.

Focus group participants expressed similar sentiments regarding the effectiveness and efficiency of the "Break the Chain" campaign in meeting their expectations. They described it as a valuable learning experience about mental health and stigma, as highlighted in the following extracts:

"I learned that mental health is as important as physical health and that I can visit mental health facilities for treatment."

"From the campaign, I realized that I can discuss my mental health without shame and seek help."

"As a community, we became more aware of mental health, its causes, and available treatments."

These remarks demonstrate the campaign's reach and engagement changes in attitudes and increased awareness, knowledge, and understanding. The findings also suggest that the campaign successfully drove policy change, impacting mental health and stigma long-term.

4.8 Summary and Preliminary Discussions

The study evaluated Strong Mind Uganda's "Break the Chains" mental health campaign and its effectiveness in raising awareness and reducing stigma among women in Uganda. It found that mental health is increasingly viewed as equivalent to physical health and that stigma exacerbates issues related to mental health.

The campaign reached its target audience through various channels, improving mental health literacy and reducing discrimination. Participants perceived the campaign as a positive influence in changing attitudes and diminishing negative stereotypes.

Overall, the findings underscore the importance of communication campaigns in addressing mental health awareness and stigma. The next chapter will explore further details.

Chapter Five

Discussion of Findings

5.1 Introduction

This chapter discusses each theme, the specific research questions, existing literature, and theoretical observations. The study provides insights into the role of health communication campaigns in raising awareness about mental health and stigma. Therefore, Chapter Five interprets and explores the findings presented in Chapter Four. Each theme's findings are examined alongside the existing literature, as the researcher aimed to consider alternative realities produced by previous researchers. As Pouliot (2007) argues, this comparative analysis helps situate the current research within the broader academic context.

5.2 Research Questions

The investigation in this study was guided by three specific research questions, from which the themes developed and presented in Chapter Four were derived. These questions included:

1. What was the level of exposure to the "Break the Chain" mental health communication campaign messages?
2. How did the "Break the Chain" campaign messages impact women's understanding of mental health and stigma?
3. What attitude changes and perceptions were experienced after exposure to the campaign messages?

5.3 Methodology and Theoretical Framework

This study utilized qualitative inquiry, specifically thematic analysis, to investigate the role of health communication campaigns in raising awareness about mental health and stigma among women in Uganda. The "Break the Chain" campaign served as a case study for this investigation. The qualitative method empowered respondents to share their stories, perceptions, and opinions about the campaign (Creswell, 2007). Thematic analysis was implemented to identify, analyze, and report patterns (themes) within the data (Braun & Clarke, 2006). This approach provided flexibility in analyzing the data and assisted the researcher in interpreting the research topic.

The study drew from the Health Belief Model (HBM) proposed by Hochbaum (1958), which applies cues to action whereby external influences promote desired

behavior. Participants were drawn from the five Kampala municipalities and organized into focus group discussions. The researcher explicitly selected key informants from Strong Minds Uganda, an organization that implemented the "Break the Chain" health communications campaign on mental health and stigma.

5.4 Discussion of Findings

The study found that the "Break the Chain" health communications campaign significantly raised awareness about mental health and stigma among women in Kampala. The campaign's message and communication channels positively impacted its reach and visibility among the target audience. The themes were divided into three main sections according to the research questions:

1. Campaign Reach and Visibility

- Major themes: Campaign reach and visibility, audience engagement
- Sub-themes: Awareness of the campaign message, and recognition of the campaign brand.

2. Campaign Impact

- Major themes: Improved mental health literacy, reduced stigma and discrimination
- Sub-themes: Understanding mental health symptoms, recognition of mental health resources

3. Attitude Change and Perceptions

- Main themes: Positive attitude change, reduced negative stereotypes
- Sub-themes: Empathy towards mental health issues, reduced negative stereotypes

Additionally, an emerging theme was identified: campaign effectiveness and efficiency.

5.5 Discussion of Findings of the Research Questions

This study focused on the experiences and opinions of participants regarding the impact of health communication campaigns on raising awareness of mental health and reducing stigma. Specifically, it evaluated the role of Strong Minds Uganda's "Break the Chains" mental health communication campaign in increasing awareness and decreasing stigma among women in Uganda.

The objective was to comprehensively understand participants' exposure to the campaign message, its impact on the target audience, and changes in attitudes and perceptions towards mental health after the campaign. Below are summaries of the thematic patterns constructed from the data.

5.5.1 Theme 1a: Campaign Reach and Visibility

Theme 1a addresses research question one, which aimed to assess the level of exposure to the "Break the Chains" mental health communication campaign messages. Participants indicated that the campaign's reach and visibility significantly influenced their exposure to its content. Many participants expressed that, while they were eager to

learn more about the message, the campaign's success in reaching them was crucial. Strong Minds Uganda employed various strategies, including community outreaches, engagement meetings, radio and television programs, brochures, flyers, and social media, to enhance the campaign's visibility and reach. This multi-channel approach significantly contributed to increased exposure among the target audience.

There is a common belief that people in developing countries may overlook health communication campaigns due to barriers such as limited access to communication channels and materials, as well as poverty, which can hinder knowledge and understanding of emerging health issues (Suruchi, Corinne & Skinner, 2014; Cabral, 2023).

However, by actively bringing the campaign to the people through integrated communication methods, this study aligns with earlier research by Robinson et al. (2014), who suggested that health communication campaigns effectively utilize integrated strategies to inform, influence, and persuade target audiences about health behaviors. Similarly, Ratzan (2020) pointed out that group interactions, such as workshops and community forums, serve as excellent platforms for disseminating health campaign messages. Jaworska and Vásquez (2022) also noted that traditional mass media can disseminate behavior-change messages more quickly and broadly than most other communication platforms. Thus, leveraging accessible communication channels to convey the campaign message is a powerful tool to enhance exposure.

The Health Belief Model, specifically Hochbaum's (1958) "cue to action" construct, can effectively explain participants' exposure. This aspect of the model emphasizes that exposure to campaign messages acts as a trigger for health awareness.

Participants reported that using accessible channels to communicate the "Break the Chains" campaign message enhanced its reach and visibility, increasing awareness about mental health and stigma, "I did not know about mental health and stigma, let alone where to find help and resources, until people from Strong Minds Uganda held an awareness outreach in my area." This illustrates the significant role of the integrated communication method in enhancing audience exposure to the campaign message.

5.5.2 Theme 1b: Audience Engagement

Research question one was further addressed through theme 1b, where participants discussed their engagement with the campaign. Key informants described engagement as the development and nurturing of relationships to actively involve the target audience. They reported that engagement played a crucial role in establishing meaningful relationships with community leaders, influencers, and the media, empowering women to manage their mental health issues and reduce stigma. This effort increased audience exposure to the campaign message.

Participants indicated that engagement trends significantly influenced the audience by introducing various provisions to enhance the accessibility of the campaign message. Additionally, it empowered community leaders, like-minded organizations, educational institutions, and cultural groups within the target audience to engage more actively with their communities on mental health issues and stigma. This engagement encouraged participation in campaign meetings, outreach activities, and media programs that urged individuals to seek support and treatment.

A multifaceted approach is needed to engage the target audience in health communication campaigns effectively (Pinfold et al., 2003). This approach requires the campaign to understand its audience and create compelling content that resonates with them while maintaining regular communication with partners and involving them in the campaign planning (Perez Huber et al., 2006). This narrative aligns with findings from previous studies. For example, Corrigan et al. (2012) emphasized the importance of personal stories. Their experiences shape attitudes and reduce stigma, arguing that peer support programs provide platforms for individuals to share their journeys and support others, fostering a sense of belonging and empathy. Similarly, Rüsçh et al. (2014) advocated including culturally sensitive messaging, language, and imagery in mental health campaigns to enhance their relevance and effectiveness.

The campaign promoted exposure and association by acknowledging engagement with peer groups, community leaders, cultures, and values, ultimately leading to action on mental health issues. The Health Belief Model's construct of cue-to-action underscores the importance of campaign exposure in creating a desire for awareness.

5.5.3 Awareness of Campaign Messages

Data analysis related to research question one on exposure revealed another dimension. Participants stated that their awareness of the campaign message was clear evidence of exposure. They noted that being aware of the message regarding mental health and stigma provided insights into their beliefs, whether positive or negative. Additionally, they explained that this awareness equipped them with knowledge on how to address mental health issues and associated stigma, guiding them in improving their mental health.

This finding aligns with recommendations from previous studies, including the WHO (2010), which states that communication in mental health programming provides knowledge where ignorance and myths prevail. Similarly, Chatterjee and Bhat (2016) argued that mental health communication empowers individuals by offering knowledge and understanding about specific mental health problems and interventions.

Accordingly, the Break the Chain communication campaign aimed to enhance audience knowledge and awareness of mental health issues, influence behaviors and attitudes toward mental health, and promote positive mental health practices. The participants' reflections confirm this achievement and indicate their exposure to the campaign message.

5.5.4 Recognition of Campaign Branding

The sub-theme "Recognition of Campaign Branding" examines how participants recognized and interpreted the campaign's branding elements, offering insights into their exposure to the campaign message. Participants consistently described the campaign as memorable, visually appealing, and consistent across all communication platforms. Many noted that when they saw the campaign logo on television, they immediately associated it with the Break the Chain campaign program.

This indicates that the campaign's branding resonated effectively with the target audience; participants recognized and remembered the campaign's messaging, contributing to its overall impact. This suggests that the target audience was indeed exposed to the campaign message, as evidenced by their recognition of its branding elements.

5.5.5 Integration of Findings about Question One

Research question one evaluated the level of exposure to the Break the Chains health communication campaign addressing mental health and stigma. The findings revealed two primary themes: campaign reach, visibility, and audience engagement. Two sub-themes supported these themes: awareness of the campaign message and recognition of the campaign branding. The results indicate that the campaign reached its target audience through various channels, including social media, traditional media, community outreach, and engagement meetings. Participants reported seeing campaign materials, demonstrating strong campaign visibility. Additionally, participants engaged with the campaign message by sharing it with peers, community leaders, and influencers, which facilitated a deeper understanding of the campaign's purpose and messaging.

Furthermore, participants exhibited an awareness of the campaign message and an understanding of its goals and objectives. This awareness was linked to increased knowledge and perceived severity of mental health issues. Participants also recognized and remembered the campaign's branding, contributing to its overall impact. These findings prove that the target audience was exposed to the campaign message, addressing research question one.

The findings related to research question one align with the Health Belief Model (HBM), which suggests that exposure to health messages influences perceived susceptibility, severity, benefits, and barriers. The campaign's reach, visibility, and engagement increased awareness and recognition, potentially influencing behavior change. The results from question one are also consistent with existing literature

emphasizing the importance of effective campaign branding, awareness, engagement, reach, and visibility in achieving exposure.

5.6 Theme 2: Improved Mental Health Literacy and Reduced Stigma and Discrimination

The second research question evaluated the impact of the Break the Chains campaign on mental health and stigma. Analyzing participant feedback provided insights into the campaign's effectiveness, improvements, resource optimization, and scaling of successful interventions. Two main themes emerged from this question: Improved Mental Health Literacy and Reduced Stigma and Discrimination. Two sub-themes were identified: Understanding Mental Health Symptoms and Recognition of Mental Health Resources. A discussion of each follows below.

5.6.1 Theme 2a: Improved Mental Health Literacy

The findings from this study indicate that the Break the Chain campaign significantly enhanced women's understanding of mental health, resulting in improved mental health literacy. Participants described how the campaign helped them grasp mental health concepts, recognize symptoms, and understand the importance of seeking help. Their narratives highlighted an increased awareness of mental health conditions, reduced misconceptions, and more excellent knowledge of available support services. This aligns with the literature, as Windham (1993) notes that a health communication campaign is a planned effort by the sender to influence specific groups in society with particular messages. Similarly, Zhao (2020) emphasizes that health communication campaigns are crucial for spreading awareness and guiding target audiences on prevention measures for emerging and significant health issues.

In agreement with participants' narratives, the Elders and Community Preventive Services Task Force (2014) asserts that health communication campaigns stem from significant health threats, with communication serving to promote health education and outreach. The narratives further reflect the Health Belief Model's perceived susceptibility and severity constructs, suggesting that campaign messages aim to heighten awareness of health risks and consequences.

This theme directly addresses Research Question Two, illustrating that the campaign's messages positively influenced women's understanding of mental health. Participants shared how the campaign filled knowledge gaps, dispelled myths, and encouraged critical thinking about mental health and stigma.

The improved mental health literacy reported by participants suggests that the campaign was crucial in empowering women to make informed decisions about their mental well-being. For example, one participant stated. The campaign helped me understand that mental health is just like physical health; it needs care and attention (Participant G). Another remarked: I learned that depression is not a sign of weakness but a treatable condition (Participant L).

5.6.2 Theme 2b: Reduced Stigma and Discrimination

The findings also revealed that the Break the Chain campaign contributed to a reduction in stigma and discrimination against individuals with mental health conditions. Participants described how the campaign's messages helped normalize discussions about mental health, challenge negative attitudes, and foster empathy. Narratives indicated a greater willingness to support loved ones facing mental health challenges and a decrease

in self-stigma. This aligns with Niederdeppe et al. (2019), who argue that incorporating cultural beliefs into health communication prevention messages can help overcome barriers to engaging with diverse individuals and communities and address culturally stigmatizing narratives. These findings also resonate with the Health Belief Model's constructs of perceived benefits and barriers, as the campaign aimed to highlight the benefits of mental health support while reducing perceived obstacles.

This theme directly relates to Research Question Two, demonstrating the campaign's impact on reducing stigma and discrimination. Participants illustrated how the campaign's messages fostered a culture of acceptance, encouraged open conversations, and challenged harmful stereotypes. The reported reduction in stigma and discrimination suggests that the campaign created a more supportive environment for women to discuss mental health. For instance, Participant C from Rubaga stated, "The campaign made me realize that mental health issues are common, and we should not judge others." Similarly, Participant F from Makindye reported, "I now feel comfortable discussing my mental health struggles with friends and family." This indicates that the campaign positively impacted how women perceive mental health.

By exploring these themes, the study provides valuable insights into the Break the Chain campaign's effect on women's understanding of mental health and stigma, addressing Research Question Two and contributing to the development of effective mental health communication interventions.

5.6.3 Sub-theme 2a: Understanding Mental Health Symptoms

The sub-theme of understanding mental health symptoms emerged as a critical aspect of the "Break the Chain" campaign's impact on women's awareness of mental health. Participants shared how the campaign helped them identify and recognize symptoms such as anxiety, depression, and trauma. Their narratives highlighted an increased awareness of subtle signs and symptoms, reduced self-doubt, and enhanced confidence in seeking help. Utilizing the dimensions highlighted by Natifu (2006) and Rogers and Storey (1987), the current study views the "Break the Chain" mental health campaign as a typical health communication initiative because it successfully integrated four salient features: creating awareness and addressing stigma among women in Uganda, as supported by participant narratives.

5.6.4 Sub-theme 2b: Recognition of Mental Health Resources

The sub-theme of recognizing mental health resources emerged as a significant component of the "Break the Chains" campaign's influence on women's understanding of mental health. Participants explained how the campaign increased their awareness of available resources, including counseling services, support groups, and helplines. Their insights indicated reduced barriers to seeking help, increased confidence in accessing mental health resources, and enhanced knowledge of referral pathways. These narratives resonate with the National Cancer Institute (NCI) (2007), which emphasizes that effective health communication can create awareness of serious health issues by educating individuals on preventive measures.

These sub-themes provide valuable insights into the "Break the Chains" campaign's impact on women's understanding of mental health. They address Research Question Two and inform the development of targeted mental health communication interventions.

5.7 Integrated Discussion of Research Question Two Findings

In conclusion, the findings offer comprehensive insight into the impact of the "Break the Chains" campaign on women's understanding of mental health and stigma. The two primary themes—Improved Mental Health Literacy and Reduced Stigma and Discrimination—demonstrate the campaign's effectiveness in enhancing women's knowledge and attitudes towards mental health. The sub-themes, Understanding Mental Health Symptoms and Recognition of Mental Health Resources, further elucidate the campaign's influence on women's ability to identify symptoms and access support services. These findings address Research Question Two, affirming the campaign's positive impact on women's mental health awareness.

The results align with the Health Belief Model (HBM), which posits that perceived susceptibility, severity, benefits, and barriers influence health behavior (Hochbaum, 1958; Rosenstock, 1960; Rosenstock et al., 1994; Kirscht et al., 1966). The campaign's success in improving mental health literacy and reducing stigma supports literature emphasizing the importance of education and awareness in promoting mental health (Kessler et al., 2001; WHO, 2019). By leveraging the Health Belief Model and narrative messaging, the "Break the Chains" campaign effectively empowered women to take control of their mental well-being, challenging harmful stereotypes and stigma. This study contributes to evidence-based mental health communication campaigns, providing

valuable insights for policymakers, practitioners, academics, and researchers aiming to promote mental health in Uganda and beyond.

5.7.1 Theme 3: Campaign Effectiveness and Efficiency

Research Question Three aimed to evaluate the changes in attitudes and perceptions experienced after exposure to the campaign message. This evaluation was essential to solidify further the impact of the "Break the Chains" campaign on women's understanding of mental health and stigma. An analysis of the data revealed that the primary theme was campaign effectiveness and efficiency. At the same time, the resultant sub-themes were increased empathy towards mental health issues and reduced negative stereotypes. An in-depth discussion of these sub-themes follows in the sections below.

The Break the Chain health communications campaign focused on mental health and stigma demonstrated effectiveness and efficiency in changing attitudes and perceptions among women in Uganda, addressing Research Question Three. Participants noted a significant shift from stigmatizing mental health to accepting it, showing increased empathy and recognizing mental health as essential to overall well-being. This aligns with the Health Belief Model (Hochbaum, 1958; Rosenstock, 1960), which emphasizes the importance of perceived benefits, barriers, and self-efficacy in facilitating behavior change. Moreover, these findings support existing literature that prioritizes mental health awareness and stigma reduction (Kessler et al., 2001; WHO, 2019; Thornicroft et al., 2009; Griffiths et al., 2018; Jorm et al., 2012).

Participants expressed emotional engagement with the campaign's narrative messaging and testimonies (Bandura, 2004). Thus, participants' insights further reinforce

the campaign's efficiency in reaching the target audience through multiple channels and delivering clear messages, indicating how effective and efficient the Break the Chain campaign was in helping women understand mental health issues and stigma.

In this context, this qualitative study contributes to the evidence base for effective health communication campaigns. It underscores the importance of a campaign's effectiveness and efficiency in promoting positive changes in attitudes and perceptions. The findings inform all stakeholders about the necessity for campaigns to address perceived benefits, barriers, and self-efficacy within health communication initiatives. By leveraging narrative messaging and social norms, campaigns can effectively reduce stigma, promote mental health awareness, and ultimately improve mental health outcomes.

5.7.2 Sub-theme 3a: Increased Empathy towards Mental Health Issues

The Break the Chain campaign sparked a profound shift in participants' attitudes, characterized by increased empathy towards individuals struggling with mental health issues. Participants reported developing a deeper understanding and emotional connection with those experiencing mental health challenges, leading to greater compassion and reduced judgmental attitudes. This increased empathy was evident in participants' narratives; one stated, "I now understand that mental health issues are not a sign of weakness, but a sign of strength" (Participant N, Kampala Central). Another remarked, "I feel more comfortable talking to someone with mental issues; I do not judge them anymore" (Participant D from Nakawa). This sub-theme aligns with the Health Belief Model's emphasis on perceived benefits and self-efficacy in fostering positive attitudes towards mental health.

5.7.3 Sub-theme 3b: Reduced Negative Stereotypes

The campaign effectively challenged and diminished negative stereotypes associated with mental health. Participants' narratives revealed a decrease in stigmatizing attitudes. For instance, Participant L from Kawempe stated, "Before the campaign, I thought mental illness was something to be ashamed of. Now I see it as a legitimate health issue." This sub-theme supports literature emphasizing the importance of challenging negative stereotypes to promote mental health awareness and reduce stigma (Quick, 2010; Kizza et al., 2018; Clement et al., 2015; & Dara RE, 2004). These findings suggest that mental health communication campaigns and interventions should always aim to build strategies that promote positive attitudes, address and challenge negative stereotypes, and recognize the importance of empathy and stigma reduction in mental health. It is clear that by exploring these sub-themes, this study provides valuable insights into the impact of the Break the Chain campaign on attitudes and perceptions regarding mental health, informing the development of effective mental health interventions.

5.8. Summary of the Discussion of Findings

This study evaluated the role of communication campaigns in raising mental health awareness and addressing stigma. Using the Break the Chain campaign as a case study, the findings revealed three primary themes and several sub-themes, as discussed above. The campaign successfully improved mental health literacy, reduced stigma, and increased empathy, aligning with the Health Belief Model.

The results also support existing literature regarding the importance of education, awareness, and empathy in promoting mental health (Kessler et al., 2001; WHO, 2019;

Payton et al., 2017). The findings indicate that campaigns should prioritize strategies that build empathy, challenge negative stereotypes, and provide accessible resources to promote positive attitudes toward mental health. This study contributes to the evidence base for effective mental health campaigns, assisting all stakeholders in developing targeted interventions.

5.9 Conclusion

This study has shed light on the role of communication campaigns in promoting mental health awareness in Uganda. However, there is a notable lack of extensive literature addressing the impact of socioeconomic factors on mental health and stigma. Most previous studies have focused on aspects such as campaign exposure, changes in understanding, attitudes, and perceptions regarding mental health, as well as the effectiveness and efficiency of these campaigns. The closest finding related to this issue comes from Kerr et al. (2019), who argue that domestic violence increases the prevalence of mental health disorders among women and children in Uganda.

In summary, this study's findings provide valuable contributions that align with and potentially enhance existing theoretical frameworks in health communication. These conceptual implications, grounded in empirical data, lay a foundation for future research and practical applications in managing health communication campaigns. The next chapter will present the conclusions, recommendations, limitations, and areas for future research.

Chapter Six

Summary of Findings, Conclusions, and Recommendations

6.1 Introduction

The main objective of this study was to examine the role of communication campaigns in raising awareness about mental health and reducing stigma among women in Uganda. Anchored on Rohlde's (2022) Health Belief Model (HBM), the study utilized a qualitative mixed-method model comprising key informant interviews and focus group discussions to gather data. This chapter comprises the summary of findings, conclusion, and recommendations to the research on the role of communication campaigns in raising awareness about mental health and reducing stigma among women in Uganda. These findings, conclusions, and recommendations are based on the investigation of the Break the Chain campaign on mental health and stigma.

6.2 Summary of the Findings

6.2.1 Campaign Reach and Visibility

Research question one aimed to explore the level of exposure to the "Break the Chain" campaign on mental health and stigma. Based on the findings, the study found out that the campaigns reach the audiences. Participants acknowledged that the Break the Chain campaign reached them and was visible through various channels, leading to an improvement in mental health literacy, reducing discrimination and changing attitudes.

The study also found that the Break the Chain health communication campaign significantly raised awareness about mental health and stigma among women in Uganda. Participants argued that the campaign's message positively affected their understanding of mental health and stigma, transforming their knowledge and understanding of care, and treatment mechanisms.

Findings also revealed that the Break the Chain campaign contributed to a reduction in stigma and discrimination against individuals with mental health conditions. Participants described how the campaign's messages helped normalize discussions about mental health, challenge negative attitudes, and foster empathy. Narratives indicated a greater willingness to support loved ones facing mental health challenges and a decrease in self-stigma

The study further revealed that the Break the Chain" campaign had a great impact on women's awareness of mental health. Participants shared how the campaign helped them identify and recognize symptoms such as anxiety, depression, and trauma. Their narratives highlighted an increased awareness of subtle signs and symptoms, reduced self-doubt, and enhanced confidence in seeking help.

Analysis of data also revealed that the Break the Chains" campaign had a critical influence on women's understanding of mental health. Participants explained how the campaign increased their awareness of available resources, including counseling services, support groups, and helplines. Their insights indicated reduced barriers to seeking help, increased confidence in accessing mental health resources, and enhanced knowledge of referral pathways.

In conclusion, the study perceives that health communication campaigns increase awareness, and compliance regarding mental health and stigma in Uganda. However, a more comprehensive study is desired to ascertain if the effects of health communication campaigns on increasing awareness about mental health and stigma can be the same if the same study is implemented in other parts of Uganda.

6.3.1 Recommendations for practice

Utilize Integrated Communication Strategies: Future mental health campaigns should adopt integrated communication strategies that utilize a variety of channels to reach diverse audiences. This includes leveraging traditional media, social media, community outreach, and interpersonal communication to maximize reach and impact.

Develop Engaging and Culturally Sensitive Content: Campaign messages should be tailored to the specific cultural context and utilize engaging narratives, personal stories, and relatable examples to resonate with the target audience. Culturally sensitive messaging is crucial for addressing stigma and promoting help-seeking behaviors.

Promote Active Audience Engagement: Campaigns should prioritize active audience engagement through interactive activities, discussions, and community involvement. Creating opportunities for dialogue and shared experiences can foster a sense of community and encourage open conversations about mental health.

6.3.1 Recommendations for policy

Strengthen Partnerships and Collaboration: Collaboration with local organizations, community leaders, and healthcare providers is essential for the success of mental health campaigns. Building strong partnerships can enhance campaign reach, credibility, and sustainability.

Invest in Mental Health Infrastructure: Governments should prioritize investment in mental health infrastructure, including increased funding for mental health services, training of mental health professionals, and development of accessible mental health resources.

Integrate Mental Health into Primary Healthcare: Integrating mental health services into primary healthcare settings can improve access to care and reduce stigma associated with seeking mental health support.

Develop National Mental Health Strategies: Countries should develop comprehensive national mental health strategies that address stigma, promote mental health literacy, and ensure access to quality mental health services.

Support Community-Based Mental Health Initiatives: Policy support for community-based mental health initiatives is crucial for promoting mental health at the grassroots level and fostering community ownership of mental health issues.

6.3.2 Suggestions for Future Research:

To create impactful mental health campaigns, it is crucial to move beyond generic messaging and adopt nuanced, targeted approaches. Current campaigns fall short by neglecting the complexities of mental health issues and the different needs of various demographics. A more effective strategy involving developing campaigns that speak directly to specific populations, taking into account their unique experiences, concerns, and cultural backgrounds is needed.

Furthermore, mental health communication campaigns should be authentic in nature, rather than relying on promotional or simplistic messaging. Campaigns should prioritize genuine story-telling, and real-life experiences, and struggles. By sharing personal experiences, individuals can help break down stigmas surrounding mental health issues, and create a sense of connection, and community. Therefore, future campaigns

should incorporate expert insights, and research findings to provide valuable context, and credibility.

Further still, future mental health communication campaigns should acknowledge, and address systematic barriers that escalate mental health issues. The campaigns should recognize the impact of socio-economic factors, racism, and other forms of oppression on mental health outcomes. Future campaigns can incorporate messages of social justice, and advocacy, empowering individuals to take action, and demand change. By acknowledging these broader structural issues, future mental health campaigns can promote a more comprehensive understanding of mental health and well-being.

Finally, it is essential for mental health communication campaigns to regularly evaluate and adapt mental health campaigns to ensure they remain effective and relevant. This should involve solicitation of feedback from target audiences, monitoring metrics, and making adjustments as needed. By staying attuned to the needs and concerns of their audience, campaigns can refine their messaging, and strategies, ultimately creating a more significant impact, and promoting lasting change.

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Appendix 1: Interview Guide for Key Informants

Moderator: Memory Nimurungi, a Master of Strategic Communication Student at Uganda Christian University. Thank you very much for coming. I do appreciate your participation. I have got several questions I would like you to discuss. Anything you say will, of course, be confidential. I will be transcribing and recording this session. I will ask you a question, and then you give your opinion. If you do not have an answer, you can remain quiet. You are not under obligation to answer every question. Once again, welcome to this interview, and feel free to express your opinion and views clearly and in detail, one person at a time. There are no right or wrong answers; we are all here to share our

Respondent: You are welcome, Memory, and thank you so much for deeming it fit that the Break the Chain campaign implemented by Strong Minds Uganda is the perfect case study for your research. I am Charlotte Oloya, the Head of Communications and Advocacy at Strong Minds Uganda. Feel free to ask any question that you feel will aid your research.

1. Did you participate in the Break the Chain communication campaign for mental health?
2. In which language were the communication campaigns conducted?
3. Who were the target audience of the communication campaigns?
4. Do you have any information about the Break the Chain campaign on mental health and stigma?
5. Do you think the target audience was exposed to the channels you used to deliver campaign messages on mental health and stigma?
6. Did the messages conveyed in the communication campaigns for mental health contain components of the audience culture?

7. Can you mention some of the cultural components integrated into your campaign messages?
8. Was the Break the Chain communication campaigns for mental health effective in enhancing knowledge and understanding of mental health?
9. If the answer to question 5 is yes, kindly explain why you think the campaign was effective.
10. How do people's attitudes and perceptions of mental health hinder or promote awareness and knowledge about mental health and stigma?
11. How does the language that people use about mental health and mental illnesses promote or hinder knowledge of mental health?
12. What did you consider when choosing the campaign message and language used?
13. Is there anything else that needs to be mentioned regarding the interview?

Appendix 2: Interview Guide for Focus Group Discussions

Moderator: Okay, we probably should start because time is not on our side. So thank you all very much for coming. I do appreciate your participation. I have got several questions I would like you to discuss. Anything you say will, of course, be confidential. I will be transcribing and recording this session. I will ask you a question, and then you can give your opinion. If you do not have an answer, you can remain quiet. You are not under obligation to answer every question. Once again, welcome to this focus group discussion, and feel free to express your opinion and views clearly and in detail, one person at a time. There are no right or wrong answers; we are all here to share our opinions.

- 1. Do you have any information about the Break the Chain campaign on mental health and stigma?**
- 2. If yes, in question 2 above, what were the messages about?**
- 3. Did your attitudes and perceptions about mental health change after listening to the campaign messages?**
- 4. Were you comfortable with the campaign's language to deliver information on mental health and stigma?**
- 5. What skills did you learn in the campaign that you can use to address mental health issues?**
- 6. Did the campaign meet your goals and needs on mental health?**
- 7. In what way was the campaign valuable to you?**
- 8. Did the campaign address some of the cultural issues related to mental health?**
- 9. What was the impact of the campaign on your life?**
- 10. What recommendations would you give if another organization wants to run a communications campaign on mental health?**

