

**Influence of Social Media Campaigns on Knowledge and Attitude of Lead City
University Undergraduates towards Mental Health Disorder**

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Certification

This is to certify that Ifejesutomi Elizabeth IBEUN with the Matriculation Number LCU/PG/19/002247 carried out this research work titled “Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Undergraduates towards Mental Health Disorder” in the Department of Mass Communication and Media Technology, Faculty of Information and Communication Sciences, Lead City University, Ibadan, Nigeria under my supervision and that this work has not been previously submitted.

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Dedication

This work is dedicated to anyone struggling with one mental health condition or the other.

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First and foremost, I thank Lead City University, Ibadan, for providing me with the opportunity to pursue my postgraduate studies through the academic citadel. I thank Almighty God for His protection over me and the successful completion of my programme at this university. He is faithful, despite my flaws.

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“Even though the above-mentioned institutions and persons have assisted in the process of this research work, I alone stand responsible for the errors, if any, found in the work.”

Abstract

Mental health is an essential component of overall health and well-being, but according to researches it has received little attention, especially in this part of the world. The World Health Organization (WHO) estimates that 450 million people worldwide have a mental disorder and that 25% of the population will experience mental illness at some point in their lives. It is against this backdrop that this research aims to assess the influence of social media campaigns on knowledge, and attitude of undergraduates of Lead City University, Ibadan towards mental health disorder. This

study is anchored on Agenda Setting Theory, Information Processing Theory and Technological Determinism Theory, The study adopts survey research design. The study consists of a sample size of 382 undergraduates of Lead City University. The research instrument used for data collection was a well validated designed questionnaire. The findings of the study shows that a good number of the students of Lead City University, Ibadan are exposed to social media campaigns on mental health disorder. The study concludes that social media campaigns have a significant impact on the majority of students' knowledge and attitudes toward mental health, with many displaying positive knowledge and attitudes toward mental health. The testing of the hypotheses shows that social media campaigns significantly influence level of knowledge and attitude of Lead City undergraduates towards mental health disorder. The research therefore, recommends that it is important to advocate for the integration of mental health services into all spheres of lives using social media applications .There is an urgent need to educate Nigerians - at institutional and community levels, in order to raise awareness on mental health disorders and improve people's perception on matters concerning mental health issues.

Keywords: Attitude, Campaign, Social Media, Mental Health

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Chapter One

Introduction

1.1 Background to the Study

Mental Health is an essential component of overall health and well-being, but it has received little attention, especially in this part of the world. World Health Organization (WHO) estimates that 450 million people worldwide have a mental disorder, and that 25% of the population will experience mental illness at some point in their lives ¹. According to the World Health Organization, mental health is more than just the absence of mental disabilities or disorders, it is a vital aspect of health. Instead of being the absence of disease or infirmity, mental health is defined as a state of total physical, mental, and social well-being¹. According to this definition, a person is in a state of well-being if they can recognize their own abilities, handle the stresses of everyday life, work productively, and give back to their community.

According to this definition from the WHO, mental health can be linked to a person's capacity for thought, behaviour, emotion, and other life-affirming activities. On this basis, the promotion, protection, and restoration of mental health can be seen as significant worldwide issues affecting people, communities, and societies. This definition recognizes that a person's mental health is critical to his or her ability to think, operate, emote, interact with his or her environment, earn a living, and enjoy life.

The term "mental health" can also refer to one's ability to enjoy life, strike a balance between life activities, and strive for psychological resilience². Furthermore, mental health is a condition subject to fluctuations due to biological and social factors that enable individuals to achieve a satisfactory synthesis of their own conflicting instinctive drives, form and maintain harmonious relationships with others; and participate in constructive changes in their social and physical environment. Mental health generally refers to cognitive, behavioural, and emotional well-being, encompassing how one thinks, feels, and behaves. It is also sometimes used to denote the absence of a mental disorder².

Mental illness is the fifth most significant contributor to the global burden of disease. Stigma contributes to the enormous burden of mental morbidity. More than 80% of people with mental illness had not received treatment despite illness for more than 12 months³. Anxiety, mood or affective disorders, and schizophrenia are common Mental Health conditions. Examples of anxiety disorders include panic disorder and all varieties of phobias. Mood or affective disorders include major depression, persistent depressive disorders, bipolar disorder, and seasonal affective disorder (a form of depression brought on by insufficient daylight and typically experienced in nations far from the equator during late autumn, winter, and early spring). Schizophrenia is a highly complex mental illness that commonly affects people between the ages of 15 and 25. Victims have fragmented thoughts and struggle to process information⁴.

Adolescents' excessive drug use, withdrawal from familiar people or activities, sleeping, overeating, or being petite, low energy, displaying unexpected emotions, being confused, being unable to complete routine daily tasks like cooking, getting to school or work, and delusion are among the symptoms of mental health conditions⁵.

Many factors have been identified to influence a person's mental health, including social, psychological, and biological factors. For example, violence, emotional instability, and persistent socioeconomic pressures/hardships are all recognized risks to mental health. Rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyles, physical ill-health, and human rights violations are all associated with poor mental health. Mental health disorders account for a massive global disease burden vastly underestimated and underappreciated⁵.

Every year, approximately 30% of the global population is affected by a mental disorder, and more than two-thirds of those affected do not receive the necessary care. It is estimated that common mental disorders such as depression, anxiety, and substance abuse-related disorders will disable more people by 2020 than AIDS, heart disease, accidents, and wars combined⁶. Furthermore, the National Health and Morbidity Survey, conducted by the Ministry of Health (MOH) in Malaysia, has established that the prevalence of mental health problems among people aged 16 years and above was 29.2%, approximately 4.2 million⁷. Going by this data, quickly shows that one in three Malaysians has experienced mental health problems.

The findings show a twofold increase in reported cases of mental health issues over the past ten years, from 10.6% in 1996 to 11.2% in 2006 and this is very concerning. Mental illness sufferers frequently engage in suicidal behaviour and may have a devastating effect on themselves. As a result, they must receive the appropriate help and direction⁸. In other words, adolescents aged 16 to 19 (34.7%) have the highest rate of mental health problems, followed

by those aged 20 to 24 (32.1%) and those aged 25 to 29 (30.5%)⁴. This astounding statistic raises serious concerns about why mental health disorders do not receive much more attention than they do now.

It has been established that mental disorders encompass various problems with varying symptoms. They are generally distinguished by abnormal thoughts, emotions, behaviour, and interpersonal relationships. Depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours are other examples of mental disorders¹. Many people experience mental health issues from time to time. However, when ongoing signs and symptoms cause frequent stress and impair your ability to function, a mental health concern becomes a mental illness. It is impossible to predict whether someone is developing a mental health problem. However, if specific symptoms appear in a short period, they may provide clues.

According to a 2019 survey on mental health in Nigeria conducted by Africa Polling Institute (API) and EpiAFRIC, most respondents know that they have a mental health disorder and recognize that it is commonly caused by drug abuse, possession of evil spirits, and brain sickness. Most patients are taken to a prayer house for spiritual interventions⁵.

Mental illness is a significant public health concern all over the world. It has become an essential component of the Sustainable Development Goals agenda, which aims to transform the world by 2030. It contributes significantly to the majority of health problems in most countries. Malaysians are expected to face significant mental health issues. Mental health issues are one of the most significant contributors to the global disease and disability burden. The global burden of mental health disorders is a significant public health concern¹. Because mental health is essential for economic development, mental illness is a significant source of lost productivity and well-being. In general, mental health refers to the state of one's mind in

dealing with daily activities. It also determined how people dealt with stress, interacted with others, and made decisions⁹.

For several reasons, including stigmatization, which discourages people from seeking help, and a lack of knowledge or awareness among parents and health professionals about mental health conditions. Adolescent suicide risk may also increase as a result of withdrawal from or avoidance of family, friends, or the community, which may exacerbate feelings of isolation, loneliness, and depression. As a result, over 62,000 teenagers committed suicide in 2016 across the globe¹⁰. Society, particularly those who grew up in the internet era, requires quick, easy-to-access, and anonymous information. Social media platforms (such as Instagram, YouTube, and Twitter) enable the delivery of a message, in this case, mental health promotion, to specific and targeted groups. They enable many-to-many communication rather than traditional one-to-one and one-to-many communication. Over the last decade, social media has actively acted as a catalyst in changing the dynamics of communication and work culture. With the creation of Facebook in 2004, a radical shift occurred in the acceptance and widespread use of social media¹¹.

Mental health literacy is the knowledge and understanding of mental health disorders that aids in their identification, management, and prevention¹². People are often perplexed by mental health information that impedes mental health awareness. Mental health awareness programmes encourage people to seek help. People's well-being is aided by mental health interventions that provide supportive interactions. The government, social organizations, medical professionals, nurses, the general public, and the families of those who suffer from mental illness must all be involved for the issue of mental health to be successfully managed. Promoting mental health can be the first step in reducing the number of people who suffer from mental health disorders. With the promotion, it is anticipated that the general public will learn how important it is to take mental health into account.

Families, educational institutions, workplaces, communities, health care facilities, mass media, places of worship, places of business, prisons, and detention facilities are eight settings where mental health promotion can take place. The eight promotional efforts mentioned above are still seen as being standard. Users can now get information more quickly thanks to the advancement of information and communication technology. One of the media that emerged as a result of the presence of information and communication technology is social media.

1.2 Statement of the Problem

Previous researches have shown that continuous use of social media has been limited to only social communication and interaction, and many negative impacts have been attributed to the use of the various social media platforms because of the current exposure and easy access to the various platforms. However, little research has been conducted into how social media can influence the order of our society when it comes to basic health concepts such as the promotion of safety and prevention in public health practices. Evidently, social media has demonstrated that it can be used to advance a specific agenda and discourse in our daily lives. The social media and its activities have the potential to provide an evangelism train to meet individual and public health needs. Despite a growing body of research on the use of social media in health contexts, the majority of research in this area is inconsistent in terms of focus, target demographic, theoretical underpinnings, form of delivery, functionality, and usability. When compared to identified remedies and solutions for mental illness, these limiting factors pose a challenge to what works and become a stumbling block to efforts in need.

Various studies conducted in the past have established that treating mental illness is a very challenging issue. In addition, mental illness patients find it difficult to connect with medical professionals, and understanding is low among the general public. Furthermore, most of the

studies on social media usage have focused on access, purpose, benefits and risks, and the impacts on the academic performance of tertiary, secondary, and primary school students. However, little information is known about the influence of social media campaigns on mental health awareness, knowledge, and attitude. Against this backdrop, the current study examines the influence of social media campaigns on knowledge, and attitude of Lead City University, Ibadan undergraduate students toward mental health disorder.

1.3 Aim and Objectives of the Study

This study assessed the Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Students towards Mental Health Disorder

The specific objectives of the research are to:

- i. identify the social media platforms in which Lead City University students are exposed to campaigns on mental health disorder ;
- ii. ascertain the level of knowledge of Lead City University students on mental health disorder;
- iii. ascertain the attitudes of Lead City University students towards mental health disorder;
- iv. determine the influence of social media campaigns on knowledge of Lead City University students on mental health disorder;
- v. determine the influence of social media campaigns on attitudes of Lead City University students towards mental health disorder

1.4 Research Questions

1. What social media platform are Lead City University undergraduates exposed to campaigns on mental health disorder?
2. What is the level of knowledge of Lead City University undergraduates on mental health disorder as a result of exposure to social media mental health campaigns?

3. What is the attitude of Lead City University students towards mental health disorder as a result of exposure to social media campaigns on mental health?

1.5 Hypotheses

H₀1: Social media campaigns do not significantly influence the level of knowledge of Lead City University students on mental health.

H₀2: Social media campaigns do not significantly influence attitudes of Lead City University students towards mental health.

1.6 Significance of the Study

The findings of this study will bridge the gap of a lack of sufficient information on the influences of social media on the awareness, knowledge, and attitude towards mental health among students and, in particular, the undergraduate students of Lead City University. The findings of this study will also be helpful to policymakers, medical personnel, and school management on how social media platforms influence students' awareness and attitude towards mental health and can subsequently help decision-making. In the health sector, it will help health personnel, especially those dealing with youth counselling, to know which tools to use to effectively and efficiently communicate.

Mental health is essential in every phase of life, from childhood to adulthood. As it is usual for everyone to go through various milestones and turmoil, awareness and knowledge about mental health are essential to staying stable and balanced. Furthermore, as the world becomes more connected and social media grows in popularity among several users, mental health naturally seeks to tap into this massive audience. As a result, social media strategies will become an essential tool for communication strategy, and new challenges and opportunities will arise with these platforms. This study will thus determine how these platforms are

currently being deployed and can be best utilised to help decision-makers communicate with their target audiences and, in particular, what best practices can be implemented to receive the best possible return on investment in social media.

Mental health awareness campaigns are one of several options for addressing mental health stigma. Mental health outcomes are improved when people are aware. People can have a more positive attitude toward mental health if they are aware of it. Awareness provides people with access to evidence-based data from reliable sources and serves as the foundation for curbing mental health issues. Assuring provision for promoting a healthy lifestyle and understanding mental health is necessary, and social media could be a cost-effective alternative to deliver mental health awareness. To completely eradicate mental health issues among students, effective health promotion messages must be developed using communication channels, significantly leveraging the various social media platforms available. Social networking enables people to connect more, so more health information can be exchanged. Surfing through social media platforms reinforces and provides relaxation. They can play a valuable role in specific campaigns which aim at behavioural change, such as mental health.

Given the overwhelming prevalence of social media and its importance in creating awareness and promoting knowledge among students, there is a need for a broad assessment of the influence of social media among students. Furthermore, although a large number of studies have been carried out on social media use and mental health from different vantage points, minor or no studies have assessed the influence of social media campaigns on the awareness, knowledge and attitude toward mental health. The findings of this study will help to understand the current level of awareness and knowledge about mental health among Lead City University, Ibadan undergraduates. In addition, the study will help ascertain if social media platforms have increased the awareness and knowledge of undergraduates of Lead City

University, Ibadan, on mental health. Therefore, the study will contribute immensely to existing knowledge on social media usage among undergraduates of Lead City University.

1.7 Scope of the Study

While the study recognises that the influence of social media campaigns in creating awareness, knowledge, and attitudes also affects other students apart from the undergraduate students, the scope of this research will be limited to the undergraduates of Lead City University, Ibadan. The study will focus on both males and females who are undergraduates from all faculties and departments within the university. The undergraduates of Lead City University, Ibadan, were chosen for this study because of their easy accessibility to the students and the high probability of obtaining true representatives of data from them.

1.8 Limitation of the Study

Respondents were reluctant to complete the questionnaire, and when the researcher inquired as to why, some disclosed that they were reluctant because mental health is a sensitive subject and that they find it tedious and time-consuming to complete any form of questionnaire. This made it difficult for the researcher to collect data.

1.9 Operational Definition of Terms.

Algorithm: A set of rules or procedures a computer programme carries out to complete a task. Each algorithm is a sequence of instructions.

Attitude: disposition, position, opinion about something or someone.

Bipolar Disorder: a mental condition marked by alternating periods of elation and depression. Also called maniac depression.

Campaigns: an organised course of action to achieve a goal.

Communication: the imparting or exchanging of information by speaking, writing, or using some other medium. It can also be referred to as the means of sending or receiving information, such as phone lines or computers.

Delusion: an idiosyncratic belief or impression maintained despite being contradicted by reality or rational argument, typically as a symptom of mental disorder.

Depression: a common and serious medical illness that negatively affects how you feel, the way you think and how you act.

Information and Communication Technology: an umbrella term that includes any communication device, encompassing radio, television, cell phones, computer and network hardware, satellite systems.

Internet: a global computer network providing a variety of information and communication facilities, consisting of interconnected networks using standardised communication protocols.

Knowledge: is awareness or familiarity gained by experience of a fact or situation.

Mental Health: includes the emotional, psychological, and social well-being of humans. It affects how humans think, feel, and act. It also helps to determine how humans handle stress, relate to others, and make choices.

Mental Illness: A range of health conditions that involve thinking, mood and behaviour. Examples include depression, anxiety disorders, addictions, eating disorders and schizophrenia.

Panic Disorder: an anxiety disorder where you regularly have sudden attacks of panic or fear.

Schizophrenia: a serious mental disorder in which people interpret reality abnormally.

Social Media: is forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).

Social Networking Sites: are online platforms which people use to build social networks or social relationships with other people who share similar personal or career content, interests, activities, backgrounds or real-life connections

Stigma: Negative feelings, beliefs or associations to something. Can be unfair and inaccurate beliefs, but often widely held. Literally means a mark of shame.

Suicide Prevention: Efforts to intervene in the actions of a suicidal person to cease harm or potential death, or to stop suicidal thoughts from being acted upon.

Traumatic Stress Disorder: a Mental Health condition triggered by a terrifying event, causing flashbacks, nightmares and severe anxiety.

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Chapter Two

Literature Review

2.1 Conceptual Review

2.1.1 Overview of Social Media

2.1.2 Types of Social Media

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2.3.7 Organisations Improving Mental Health in Nigeria

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2.4 Conceptual Model

2.5 Summary of Gaps in Literature Reviewed

2.1 Conceptual Review

2.1.1 Overview of Social Media

Social media is generally defined as being “a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of user generated content”¹. It is also described as a collection of various web services that can be linked together for social interaction using techniques for communication that are both highly accessible and scalable². The user's ability to create, publish, and share content that is accessible on various platforms, primarily the web and mobile, is referred to by those web services. Online or electronic media that encourages participation, openness, conversation, community, and connection among users of the internet has also been referred to as social media³. According to untruths in fact, the fundamental aspect of social media is that users can create individual profiles with pictures of themselves, express their thoughts and feelings, and link to other profiles that share similar interests (friends or professional fan pages)⁴. Some authors have used the term ‘social media’ interchangeably with Web 2.0. On the one hand, some have defined social media as a wide range of software applications, which allow a large number of users to freely interact and share content with each other⁵. On the other hand, social media is considered a tool for facilitating communication mechanisms, and bringing people together through sharing content, which is known as user-generated communication⁶.

Social media, defined here as the “web-based services that allow individuals, communities, and organisations to collaborate, connect, interact, and build community by enabling them to create, co-create, modify, share, and engage with user-generated content that is easily accessible”⁷. As a resource for searching and discovering information that is already available and develops

through collaboration between office workers, social media has also grown in importance from the perspective of work organizations⁸. Web-based platforms known as "social media" are used in the workplace to enable employees to communicate with specific co-workers or broadcast messages to everyone in the company, explicitly or implicitly identify certain co-workers as communication partners, post, edit, and sort text and files that are linked to themselves or other people, and view the messages, connections, text, and files that are communicated, posted, edited, and sorted by anyone else in the company at the same time⁹.

Social media are considered among the mass media communication channels – together with newspapers, magazines, billboards, radio, television, Internet, but they are distinct in that they enable people to be actively involved in the communication process and stay connected with other^{10,11}. When viewed from a more pragmatic perspective, social media can be described as a read-write Web, where users can actively contribute to the content rather than just passively consume it. The idea that social media is based on user-generated participation is one thing that most definitions of the term share¹². The ability to engage in user-to-user interaction sets social media apart from traditional media, which is characterized by a top-down approach to news distribution¹³. With reference to the various terminologies and definitions, social media technology was defined as encompassing a variety of applications, including Facebook, blogs, wikis, Flickr, YouTube, and Twitter that use distribution techniques to connect users in a virtual space¹⁴. These activities include watching online videos, participating in live chat, leaving comments on one another's posts, reading and sending instant messages, creating, finding, and sharing knowledge, as well as playing virtual games. Indeed, having access to such potent platforms enables users to produce content, individually identifiable profiles, status updates, publicly expressed online sites, chat rooms, and related discussions¹⁵. According to a report,

social media websites are used by 61% of adult users who use the internet to communicate with others. While this is going on, 73% of teenagers use social media platforms to engage in online interactions with their peers ¹⁶. Similarly, a recent study that was conducted revealed that “91% of smartphone owners aged between 18 and 29 used social network on their phones at least once over the course of the study period, compared with 55% of those aged 50 and older” ¹⁷.

Several views or definitions of social media as presented by various scholars in the existing literature are presented below:

- i. Social media refers to the activities through which people share their knowledge, within a collaborative online environment ¹⁸.
- ii. Social media refers to Internet-based media that allows individuals to share information and knowledge ¹⁹.
- iii. Social media refers to “the means of interactions between people in which they create, share, and exchange knowledge and ideas within virtual communities and networks” ²⁰.
- iv. Social media is defined as “a group of internet-based applications that build on the ideological and technological foundations of Web 2.0, that allow the creation and exchange of user-generated content” ²¹.
- v. Social media use for knowledge sharing consists of interactive digital tools, allowing users to not only share knowledge, but also to create or influence content ²².
- vi. Social media refers to “New media technologies facilitating interactivity and co-creation that allow for the development and sharing of user generated content among and between organisations (e.g. teams, governing bodies, agencies and media groups) and individuals (e.g. consumers, athletes and journalists)” ²³.

2.1.2 Types of Social Media

There are numerous social media platforms that enable the production, modification, and sharing of online content. The most relevant categories of social media applications at present are summarised below:

- i. Collaborative projects encompass knowledge communities like “Wikipedia”, bookmarking sites like “Mr. Wong” or review sites like “Yelp”.²⁴
- ii. Weblogs (Blogs) represent the earliest form of social media and are regularly updated websites on which contributions are published in reverse chronological orders.
- iii. Microblogs like Twitter are seen as a hybrid of blogging, instant messaging and status notifications.
- iv. Content communities like YouTube, Flickr or SlideShare focus on content and file sharing between users.
- v. Social networks like Facebook link users with related backgrounds and interests. These users then create unique, fully customizable profiles showcasing their identities, share them with so-called friends or fans, and connect users with these groups. Any information, such as images, videos, audio files, and blogs, may be included in a profile.
- vi. Virtual Worlds comprise virtual games and social worlds where a three-dimensional a computer-based environment replicates the “real world”.

2.1.3 Impacts of Social Media Technology

Although social media offers new dynamics and opportunities for mental health initiatives, people with stigmatized illnesses who want to get information or help have long found the Internet to be very appealing²⁵. Some forms of stigma can be avoided through anonymously

seeking information online about mental illness. There are social media sites that build on this appeal by allowing created identities if the user desires (including Twitter, Instagram and Reddit) while others seek to remove anonymity (including Facebook, where users are strongly encouraged to use real names and have The US National Institutes of Health has allocated several million dollars to study how social media can advance addiction prevention and treatment friends and family attached to their account who can see their posts and Facebook-related affiliations) ²⁶.

People with mental illnesses are now using social media not only to interact with healthcare professionals but also to find solutions. These platforms are used by healthcare professionals as well for information and support. Most significant mental health organizations are active in some way on social media and use these platforms for outreach. Additionally, there is a growing interest in research into how health organizations and professionals use social media ²⁷. These builds on earlier research in this field, such as that conducted by a group of Microsoft researchers who looked into the possibility of identifying user depression through social media posts. It is now possible to create tools for use by healthcare organizations or individuals thanks to social media posts made by Twitter users who participated in their study that contained helpful information to spot the beginning of major depression. Volunteers with moderate to severe depression were more likely to post negative messages, to be less social on Twitter, and to be more concerned about their health and relationships, according to the study²⁸.

Advances in telecommunications, primarily social media and smartphones, have impacted consumers all over the world and created a significant change in the way individuals communicate with each other, with brands, and with companies. Due to their widespread use and positive social impact, advanced social media (SM) tools are receiving more and more

attention on a global scale. The rapid advancement of this medium has fundamentally altered how people share knowledge, converse, and work together ²⁹. Pew Research Centre of Internet and American Life Project conducted a study on social media among teenagers in the United States of America in 2018 revealed that 95% of teens have access to a smartphone, and 45% say they are online 'almost constantly', while the study revealed that YouTube, Instagram and Snapchat are the most popular online platforms among them ³⁰.

Those who assert that social media sites are beneficial to them, particularly for connecting, also use them to look for educational information and as a hub for a variety of opportunities. The Internet can also lead to digital addiction, a decline in trust, a lack of face-to-face skills, as well as higher rates of stress, anxiety, depression, inactivity, and lack of sleep, according to those who argue that the digital world causes more harm than good ³¹. It was reported that a lot of youths and college students in the United States of America and China suffered from social network addiction ^{32,33}. According to reports, the effects of social media addiction have contributed to other problems like poor academic performance, depression, and anxiety. According to a study done among university students in Myanmar, the prevalence of social network addiction is directly correlated with the level of anxiety³⁴. Anxiety, stress, and depression have been recorded to be the worst effects of Internet addiction ³⁵.

2.1.4 Concept of Mental Health

In recent years, mental health has become a global concern. The World Health Organization (WHO) defines mental health as a state of well-being in which people are aware of their own abilities, able to handle life's typical stresses, able to work productively and fruitfully, and able to give back to their community³⁶. The American Psychiatry Association defines mental health

problems as the inability to function socially and conditions that result in changes in an individual's emotion, thinking, and/or behaviour. Daily activities like productivity (working, studying), family relationships, and physical health are all impacted by mental health ³⁶.

The prevalence of social media addiction among young college students has been linked to mental health. Internet and social media addiction have grown to be major public health concerns over the past few years, and they fall under this category. According to a clinical psychologist, social media addiction is a waste of time and poses a serious risk to its users' health, particularly young people. "Facebook addiction disorder" and "social network site addiction disorder" occur as a result of the prevalence of social media addiction and the presence of addiction criteria in some individuals who use social networking sites excessively, including neglect of personal life, mental preoccupation, escapism, mood-altering experiences, tolerance, and concealing the addictive behaviour ³⁷.

Mass media and social media can be used to positively change opinions toward people with mental disorders, promoting positive stories related to mental health problems or proper intervention to reduce stigma in the general population ^{38, 39}. Their recent growth and development have had an impact on psychiatric practice, in terms of educating the general public on mental health topics and on patients' help-seeking ^{40,41,42,43}.

Social media has historically been used by teenagers to foster greater social connections, expand their social networks, and for entertainment⁴⁴. However, social media is a potentially low-cost way to have discussions about mental health, disseminate knowledge, and combat stigma ⁴⁵. Additionally, due to social media's versatility, information can be adapted to the priorities of intended users⁴⁶. Indeed, social media is starting to be embraced for physical health promotion, to promote help-seeking for mental health difficulties and could be used for universal mental

health promotion ^{47,48, 49}. Limited research in mental health promotion with young adults has shown that social media is viewed positively as a resource, can reduce stigma and encourages social networking, and reduction of isolation ⁵⁰. Initial studies from 2015 found that nearly half of a sample of psychiatric patients were social media users, with greater use among younger individuals, while some of inpatients and outpatients with schizophrenia are reported to be social media users, of which many of them reported at least once-a-week usage of social media websites ⁵¹. Rates of social media use among psychiatric populations have increased in recent years, as reflected in a study with data from 2017 showing high rates of social media use among individuals with serious mental illness in treatment as compared with low-income groups from the general population ⁵². individuals who self-identified as having schizophrenia spectrum disorder responded to a survey and reported that visiting social media sites was one of their most common activities when using digital devices, taking up roughly 2 hours each day ⁵². A lot of reported cases of adolescents and young adults with psychotic disorders and mood disorders are attributed to the use of social media, with average use exceeding 2.5 hours per day ⁵³. Similarly, a study conducted among adolescents from different community mental health centres are reported to be addicted to using social media, with YouTube as the most popular platform, followed by instagram and snapchat ⁵⁴.

2.1.4.1 Symptoms of Mental Health

Mental disorders have been identified to be a condition that frequently begins in childhood and have a chronic recurrent course. They are prevalent in all countries where their prevalence has been investigated. In addition, mental disorders contribute significantly to total disease burden due to their high prevalence, early onset, persistence, and impairment. Although the majority of the burden is disability-related, premature mortality, particularly from suicide, is not insignificant

⁵⁵. In 2001, discounted disability-adjusted life years (DALYs) for selected psychiatric conditions as identified by the World Bank include: Schizophrenia, Bipolar disorder, Depression and Panic disorder ⁵⁶.

Various studies carried out on Mental Health have proven that the aetiologies of mental disorders are complex, involving interactions between multiple genetic and nongenetic risk factors ⁵⁷. It was found that while attention deficit hyperactivity disorder, autism, and substance use disorders are more common in males, major depressive disorder, the majority of anxiety disorders, and eating disorders are more common in females ⁵⁷.

The development of treatments for mental disorders made enormous progress in the latter half of the twentieth century. Beginning in the early 1950s, effective psychotropic drugs for schizophrenia, bipolar disorder, major depression, anxiety disorders, obsessive-compulsive disorder, antidepressant, anxiolytic, attention deficit hyperactivity disorder, and other conditions were discovered.

2.1.4.2 Types of Mental Health

Schizophrenia and Nonaffective Psychoses

A chronic condition called schizophrenia is characterized by recurrent episodes of vivid psychotic symptoms like hallucinations and delusions. When the right stimuli aren't present, hallucinations are sensory perceptions that happen. Hallucinations can occur in any sensory modality, but they are most commonly auditory in schizophrenia, such as hearing voices or noises. Delusions are persistent false beliefs that cannot be explained by the person's culture and that the patient maintains despite all reasonable evidence to the contrary ⁵⁵.

Negative symptoms like pronounced social deficits, poor thought and speech, blunted emotional reactions, and a lack of motivation are also present in patients. Additionally, patients frequently display cognitive symptoms like disorganized or illogical thinking and a failure to retain information necessary for decision-making or action planning⁵⁵.

Mood Disorders

The hallmarks of mood disorders are pervasive abnormalities in the person's predominant emotional state, such as depression, elation, or irritability. These core emotional symptoms are accompanied by physiologic abnormalities, such as changes in sleep, appetite, and energy patterns, as well as changes in cognition and behavior, in mood disorders. Concurrent somatic symptoms are also commonly reported in developing countries and may be the primary complaint. Unipolar depression is distinguished from bipolar disorder by a widely accepted subclassification of mood disorders (defined by the presence of mania). Symptoms, disease progression, familial transmission patterns, and treatment response are used to make this distinction⁵⁵.

Bipolar Disorder

Episodes of mania and depression that are frequently followed by periods of comparatively calm behaviour set bipolar disorder apart (euthymia). It is also possible to experience mixed states, which include elements of both mania and depression. Euphoria or irritability, a sharp increase in energy, and a diminished need for sleep are the hallmarks of mania. Maniacs frequently exhibit intrusive, impulsive, and disinhibited behaviours.

Self-esteem is frequently exaggerated to the point of delusion. Speech is frequently quick and challenging to pause. Manic patients may also display cognitive symptoms, such as difficulty

sticking to a topic and a tendency to change their ideas quickly, which makes understanding their line of reasoning challenging⁵⁴.

Psychotic symptoms are frequently experienced during manic episodes. Depressive episodes in people with bipolar disorder are symptomatically identical to those in people with only unipolar depressions. Bipolar disorder has a gender-equal lifetime prevalence, unlike anxiety and unipolar mood disorders, which are more prevalent in women, although the ratio of depressive to manic episodes is higher in bipolar women than men⁵⁵.

2.1.5 Causes of Mental Health Disorder

Depending on the disorder and the individual, mental health problems can have a variety of causes. According to a survey carried out to assess respondents' knowledge of the causes of mental health disease, the most common cause of mental illness is "drug abuse" having 84% responses of the survey. This was closely followed by "sickness of the mind" with 60% responses, "possession by evil spirits" with 54% responses, while 32% of respondents believing that causes of mental health disease run in families, and 23% believing that mental disease is a result of god's punishment⁵⁸. In addition, the survey further revealed that female respondents (25%) are more likely than male respondents (20%) to see mental illness as a punishment from god⁵⁸. Across urbanisation, more Nigerians in rural regions (55%) than in urban areas (53%) see mental health problems as possessed by evil spirits, but Nigerians appear to share this viewpoint on average across geopolitical zones.

2.1.6 Common Mental Health Beliefs

Persons have strong opinions about people suffering from mental health illnesses, and many of these attitudes are founded on prevalent local belief systems. A survey conducted to investigate

the people's generally held opinions about mental health showed that 64% of the respondents believed that mental health disease is when a person goes insane, 63% of the respondents are of the perception that "always check for a history of mental illness in the family before marriage", "people with mental health disease hear things from the spiritual realm" had 51% responses, "being overly studious can lead to mental health disease" had 27% respondents, while 25% of the respondents believed that "mental health disease is a prerequisite for being wealthy"⁵⁸.

2.1.7 Suggestions for Improving Mental Health Awareness

As part of the survey carried out, respondents were asked to recommend measures to raise mental health awareness in Nigeria. According to the data, the majority of respondents (63%) believe that the government should spend on educating more mental health experts to improve mental health in the country. Following that, 61% of respondents proposed that the government adopt mental health policies, 53% indicated that NGOs be involved in mental health awareness, and 51% suggested that religious leaders, traditional leaders, and employers be provided sufficient training on the necessary mental health assistance⁵⁹.

2.1.7 Social Media and Mental Health Disorder

Researchers have looked into how people with mental illnesses use social media and what they think are the advantages of interacting on these sites. Three potentially distinct aspects of interacting and connecting with others on social media that may be advantageous for people with mental illness are covered in the sections that follow. These include:

- (1) Facilitation of social interaction
- (2) Access to a peer support network; and

(3) Promotion of engagement and retention in services.

i. **Facilitation of Social Interaction**

Like other online communication, the ability to connect with others anonymously may be an important feature of social media, especially for individuals living with highly stigmatised health conditions, such as serious mental disorders⁶⁰. Studies have found that individuals with serious mental disorders as well as young adults with mental illness appear to form online relationships and connect with others on social media as often as social media users from the general population^{50,57}. This is an important observation because individuals living with serious mental disorders typically have few social contacts in the offline world and also experience high rates of loneliness^{61,62}.

Among individuals receiving publicly funded mental health services who use social media, nearly half (47%) reported using these platforms at least weekly to feel less alone⁶². In another study of young adults with serious mental illness, most indicated that they used social media to help feel less isolated⁶³ emerging research also shows that young people with moderate to severe depressive symptoms appear to prefer communicating on social media rather than in-person, while other studies have found that some individuals may prefer to seek help for mental health concerns online rather than through in-person encounters^{64,65}. Participants with schizophrenia in a qualitative study cited the ability to remain more anonymous, learning that others have faced similar health issues, and easing fears by having easier access to information as key drivers for using the internet to look up mental health information⁶⁶. Because social media does not require the immediate responses necessary in face-to-face communication, it may overcome deficits with

social interaction due to psychotic symptoms that typically adversely affect face-to-face conversations ⁶⁷. Online social interactions may not require the use of non-verbal cues, particularly in the initial stages of interaction, with interactions being more fluid and within the control of users, thereby overcoming possible social anxieties linked to in-person ⁶⁸.

Furthermore, many individuals with serious mental disorders can experience symptoms including passive social withdrawal, blunted affect, and attentional impairment, as well as active social avoidance due to hallucinations or other concerns, thus potentially reinforcing the relative advantage, as perceived by users, of using social media over in person conversations ⁶⁹.

Access to a Peer Support Network

There is growing recognition about the role that social media channels could play in enabling peer support, referred to as a system of mutual giving and receiving where individuals who have endured the difficulties of mental illness can offer hope, friendship, and support to others facing similar challenges^{70, 71, 72}. Initial studies exploring use of online self-help forums among individuals with serious mental illnesses have found that individuals with schizophrenia appeared to use these forums for self-disclosure and sharing personal experiences, in addition to providing or requesting information, describing symptoms, or discussing medication, while users with bipolar disorder reported using these forums to ask for help from others about their illness ^{73, 74}.

More recently, in a review of online social networking in people with psychosis, highlight that an important purpose of such online connections was to establish new friendships, pursue romantic relationships, maintain existing relationships or reconnect with people, and seek online peer support from others with lived experience ⁷⁰. Online peer support for people with

mental illness has been explored further in a number of studies. According to a content analysis of YouTube comments made by people who self-identified as having a serious mental illness, there were chances to feel less isolated, offer encouragement, find support and learn from one another as well as share coping mechanisms for day-to-day difficulties of living with a mental illness⁷⁵. Different types of support specifically emerged, including "informational support" regarding medication use or getting in touch with mental health professionals, "esteem support" involving encouraging remarks, "network support" for exchanging similar experiences, and "emotional support" to demonstrate understanding of a peer's circumstance and offer hope or confidence⁷⁶. According to reports, patients with bipolar disorder primarily used online self-help forums to share their feelings with others, exchange information, and gain social benefits from being a part of an online community⁷⁷.

According to a study, those who publicly discuss their mental health issues on twitter have a valuable opportunity to get support and learn from others' experiences⁷⁸. Further evidence comes from a computational analysis of mental health awareness campaigns on twitter, which shows that encouraging content and advice are the most widely shared⁷⁸. Together, these studies shed light on the potential for social media to make it easier to connect with an unofficial peer support network, but more research is required to determine how these online interactions may affect offline clinically significant outcomes, illness self-management, and intentions to seek medical attention.

ii. **Promotion of Engagement and Retention in Services**

Many individuals living with mental disorders have expressed interest in using social media platforms for seeking mental health information, connecting with mental health providers, and accessing evidence-based mental health services delivered over social media specifically for

coping with mental health symptoms or for promoting overall health and wellbeing. With the widespread use of social media among individuals living with mental illness combined with the potential to facilitate social interaction and connect with supportive peers, as summarised above, it may be possible to leverage the popular features of social media to enhance existing mental health programs and services. A pilot study of the online psychosocial intervention HORYZONS showed significant reductions in depression among patients with first episode psychosis among digital programs that have peer-to-peer social networking integrated in line with popular features on social media platforms⁷⁹.

Importantly, the majority of participants (95%) in this study engaged with the peer-to-peer networking feature of the program, with many reporting increases in perceived social connectedness and empowerment in their recovery process. This moderated online social therapy program is now being evaluated as part of a large randomised controlled trial for maintaining treatment effects from first episode psychosis services⁸⁰.

2.1.8 Challenges with Social Media for Mental Health Disorder

While the popular press and mainstream news reports frequently discuss the risks and negative effects of social media, careful consideration of the research in this area is required. Numerous advantages of social media have been noted, including improved self-esteem and opportunities for self-disclosure, in a review of 43 studies on young people. However, adverse outcomes such as increased risk of harm, social isolation, depressive symptoms, and bullying were reported⁷⁸.

In the sections that follow, three major categories of risk related to use of social media and mental health are discussed⁸¹. These include:

- i. Impact on symptoms;

- ii. Facing hostile interactions; and
- iii. Consequences for daily life.

I. Impact on Symptoms

Studies show time and again that using social media, especially for extended periods of time, appears to increase the risk of experiencing a variety of mental health symptoms and poor wellbeing, particularly in young people⁸². Recent studies have documented the detrimental effects of social media use on young people's mental health, including the pressure to compare oneself to others and a greater sense of social isolation following rejection by others online. However, it is difficult to draw causal conclusions from many studies on screen time and mental health due to their cross-sectional design⁸³.

A study of young adults between the ages of 19 and 32 revealed that the quantity of social media use is also a significant factor and that higher levels of depressive symptoms were associated with more frequent weekly visits to social media platforms. Additionally, using social media more frequently is linked to more severe anxiety symptoms⁸⁴. The actual number of platforms accessed also appears to contribute to risk as reflected in another national survey of young adults where use of a large number of social media platforms was associated with negative impact on mental health. Among survey respondents using between 7 and 11 different social media platforms compared with respondents using only 2 or fewer platforms, there were 3 times greater odds of having high levels of depressive symptoms and 3.2 times greater odds of having high levels of anxiety symptoms⁸⁵.

Facing Hostile Interactions

Popular social media platforms may give rise to circumstances in which people may be the victims of offensive comments or posts. In comparison to random hostile comments posted online, cyberbullying is a type of online aggression directed at particular people, such as peers or acquaintances, and is thought to be the most harmful. Furthermore, a national survey of teenagers in the USA found that females were twice as likely to be victims of cyberbullying as males were. This indicates that females are disproportionately affected by cyberbullying⁸⁶.

II. Consequences for Daily Life

The ways in which individuals use social media can also impact their offline relationships and everyday activities. To date, reports have described risks of social media use pertaining to privacy, confidentiality, and unintended consequences of disclosing personal health information online. Additionally, concerns have been raised about poor quality or misleading health information shared on social media and that social media users may not be aware of misleading information or conflicts of interest especially when the platforms promote popular content regardless of whether it is from a trustworthy source⁸⁷.

For persons living with mental illness, there may be additional risks from using social media. A recent study that specifically explored the perspectives of social media users with serious mental illnesses, including participants with schizophrenia spectrum disorders, bipolar disorder, or major depression, found that over one third of participants expressed concerns about privacy when using social media⁸⁸. The reported risks of social media use were directly related to many aspects of everyday life, including concerns about threats to employment, fear of stigma and being judged, impact on personal relationships, and facing hostility or being hurt⁸⁹.

2.2 Theoretical Framework

2.2.1 Agenda Setting Theory

The current changes in the media environment, including the development of new media, have become a significant research challenge for agenda-setting theory in recent years. This theory explains how media coverage determines which issues become the focus of public attention. College professors Dr Max McCombs and Dr Donald Shaw formally established the agenda-setting theory in a study of the 1968 presidential election, where a strong correlation was discovered between one hundred Chapel Hill and North Carolina residents. Residents believed that the election was the most important issue because that is what the local and national news media reported in 1968, as documented in the "Chapel Hill study." ⁹⁰. As a result, the agenda-setting theory emerged, which is based on the idea that by comparing the salience of issues in news content to the public's perceptions of the most important election issue, the media sets the agenda for what people should care about.

The agenda-setting theory describes the ability of the news media to influence the salience of topics on the public agenda. In other words, if a news item is frequently covered, the audience will regard the issue as more important. However, in reality, the media only presents the public with what it considers an important issue ⁹¹. The agenda-setting model is premised on two key assumptions which are:

- i. The media, rather than simply reflecting stories to the audience, filters and shapes what we see. An example of this is seeing a sensational or scandalous story at the top of a broadcast rather than a story that occurred recently or affected a more significant number of people, such as an impending storm or legislative tax reform.

- ii. The more media attention an issue receives, the more likely the public will regard it as important. Another way to look at it is that mass media organisations do not tell us what we should think or feel about a story or issue but rather provide us with stories or issues about which people should think more deeply ⁹¹.

The agenda-setting theory is both psychologically and scientifically sound. The more prominently a story is stored in people's memories when they are asked to recall it, even if it does not directly affect them or register as a significant issue in their minds.

2.2.3.1 Relevance of the Theory to the Study

Social media has grown in popularity in recent years, and it can help drive attention to social issues and shape the agendas of other social groups. Rapid social media distribution can propel an event or ideology to the top of the news cycle. When information or knowledge is shared on Facebook, Instagram, or Twitter, it can be quickly liked, retweeted, or added to favourites, and all of this information or knowledge can be easily distributed among users in a short period. As a result, social media has evolved into a powerful tool for keeping important issues in the spotlight at all stages of life. Social media platforms, with their ease of use and power in information distribution, play an important role in shaping public opinion on important societal issues. The public has used social media to express their dissatisfaction and outrage about issues affecting their well-being, and as a result, the agenda for using social media for advocacy must be carefully crafted, as it is clear that opinions can garner public attention. According to findings, social media played a significant role in awareness campaigns during the 2015 Nigeria general elections. Citizen journalists and civil society used social media to inform the public about the results in several states across the country. As a result, social media was used to influence many young people's thoughts, increasing their political awareness and participation ⁹². In turn, social

media plays the same role in raising mental health awareness among youths as proposed in this study.

2.2.2 Information Processing Theory

The theory of information processing is a cognitive theory that uses computer processing as a metaphor for how the human brain works. The theory, first proposed in the 1950s by George A. Miller and other American psychologists, describes how people focus on information and encode it in their memories; the theory describes how our brains filter information from what we are paying attention to in the present moment to what gets stored in our short-term or working memory and, finally, what gets stored in our long-term memory ⁹³. Aside from Miller, the Cognitive Information Processing Theory is associated with John William Atkinson and Richard Shiffrin. This is a reference to the proposed multi-stage theory of memory, one of the most prominent models of information processing theory ⁹³. Not only does information processing theory explain how information is captured, but it also explains how it is stored and retrieved. The process begins with receiving environmental input, also known as the stimulus, via various senses. The input is then described and saved in memory, where it can be retrieved when necessary. Finally, the mind or brain is compared to a computer that can analyse data from its surroundings ⁹³.

2.2.2.1 Relevance of Theory to the Study

Information processing theory provides a formula for ensuring that the people we are attempting to educate gain more than a cursory understanding of the material or knowledge presented to them. It aids in ensuring that it is encoded in their long-term memory for recall when needed. Utilising methods such as repetition of advocacy campaign messages, delivering messages in

simple terms that are easy to understand, and organising interactive programs would help advocates spread awareness and knowledge about mental health and ensure it gets embedded in people's long-term memories ⁹³.

2.2.3 Technological Determinism Theory

Technological progress has been critical for centuries in improving and shifting how certain activities, particularly human activities, have been carried out. For example, communication technology has changed how we send and receive messages; communication barriers have been removed, and communication forms have been significantly altered ⁹⁴. The reductionist theory of technological determinism seeks to establish a causal link between technology and the nature of society. It tries to explain who or what could wield power in human affairs. The theory questions how many technological factors influence human thought or action. Technology is viewed as a driving force in a society's culture, determining its historical trajectory ⁹⁵. Technological determinism attempts to portray technological advancements, media, or technology as the primary determinant of history and social change. As a result, technological advancement and innovation have emerged as the primary drivers of social, economic, and political change ⁹⁶. In terms of communication, technological innovation transforms people and society by uniting people, encouraging participation, and broadening the scope of impact. The mode of communication focuses on how we recognize and respond to information. Some of the assumptions of technological determinism theory are:

- a) Humans have minimal choices and will communicate through whatever means the rest of society employs. As a result, they will adapt to the medium so that they can send and receive messages just like everyone else ⁹⁵.

- b) The communication style of society evolves in tandem with the medium. It can only be used for the purpose for which it was intended (phone for talking over lines or electronic mail for talking via computer). The message becomes impersonal when the medium (television) is impersonal ⁹⁶.

- c) This theory is objective in that everyone will act and feel the same regardless of the medium used as long as the medium is the same. Values are not involved because the evidence is seen through observation ⁹⁵.

2.2.3.1 Relevance of Theory to the Study

The introduction of social media has resulted in both positive and negative changes and advancements, according to today's technological determinists. People can now connect with others online at any time and from any location, thanks to social media. However, as more people use social media to communicate, fewer genuine human interactions and face-to-face conversations occur. As a result, fewer people are familiar with the ability to communicate with others, and instead replace traditional modes of communication with digital communication caused by social media. The consequences of overusing social media to the point of losing average communication skills, on the other hand, can be attributed to poor human behaviour rather than the nature of technology itself.

2.3 Review of Empirical Studies

2.3.1 Roles of Social Media Campaigns in Creating Awareness and Knowledge

Even though the idea of using social media for knowledge sharing has gradually developed and has drawn increasing amounts of attention over the past few years, research on this topic is still in its early stages¹⁴. Social media sites such as Facebook, Twitter, YouTube, and LinkedIn have changed the way people communicate. In 2011, marketers wanting to take advantage of this activity posted over 1 trillion display ads on Facebook alone. Facebook is not the only social media site being used by consumers⁹⁷. More videos are posted on YouTube every day than were produced by the three major television networks in the previous 60 years, and the site now receives more than 2 billion daily views. Over 190 million people use Twitter today, and more than 600 million searches are conducted their daily⁹⁷.

Online forums for word-of-mouth communication like Social Networking (SNS) (like Myspace and Facebook), microblogs (like personal blogs or Twitter), photo- or video-sharing services (like Flickr or YouTube), and collaborative websites like Wikipedia are all included in social media platforms¹. These types of social media tools are considered to be prominent and well-established spaces for creating knowledge sharing channels, where people are able to find other individuals with similar interests, and share their thoughts with them⁹⁸. Nowadays, social media applications have moved beyond personal use. They have been increasingly adopted by organisations as tools for knowledge sharing and communication, through a myriad of different means. For instance, some organisations, including those in the public sector, are exploring the ways social media can be used for knowledge sharing, as a way of enriching citizen's awareness, and the actions of governments⁹⁹. Others may use the tool as a means of generating knowledge

within business sectors, and integrating customers into several areas of activity. Higher education institutions have also adopted social media as a means of inspiring learning activities ⁹⁴.

Social media platforms are now being used internally by healthcare organizations to share knowledge, allowing for an effective exchange of information between and within teams. Additionally, after the 2010 Haiti earthquake, social media has grown in popularity as a means of knowledge exchange in the field of disaster management ¹⁰⁰. Overall, social media's uses for knowledge sharing have fundamentally altered the ways in which we work, study, and interact. They make it possible for seamless and ongoing knowledge exchange in the virtual environment. According to several academics, social media's increased use as a medium for information exchange across various contexts (such as job tasks, cultures, consumers, businesses, competitors, or sports), has recently drawn substantial attention from both the industry and academic studies ¹⁰¹. They are acknowledged as crucial tools that enable the free association of numerous people, allowing for the simple transmission of knowledge as well as the expression of ideas, experiences, and perspectives¹⁰².

2.3.2 Impact of Social Media on Knowledge Sharing

People increasingly seek knowledge or information, through social media, for their own benefit. A person is not born with knowledge, and thereby the process of attaining insight from others, as per their expertise, can be achieved through both formal and informal communication ⁹⁸. Social media platforms like Facebook, blogs, and wikis have all facilitated people's quests for knowledge. Here, people can accomplish a range of individual or organizational objectives, or access services like those offered in cyberspace, where information seekers can connect with one another and access internal and external knowledge sources that are located outside of their physical borders. With the help of social media, people all around the world may ask and answer

questions within their networks and learn vital information about people who share their interests⁹⁹. Through social media, knowledge-seeking behaviours is a widespread activity that involves three key, connected tasks. These three involve the identification of knowledge needs, information-seeking and knowledge-navigation procedures, and knowledge use and sharing procedures.

2.3.3 Impact of Social Media on Knowledge-Contribution

According to research, when employees share knowledge in a work environment, it's critical to use social media in the best possible way. As a result, it aids in employees' knowledge creation. More professionals are using social media technologies to learn and share knowledge, which enhances their valuable contributions to the workplace and allows them to effectively learn knowledge that they may give to a collective effort of learning and sharing ¹⁰³. "The amount to which knowledge transferred from an individual is helpful to other individuals" is referred to as "knowledge contribution." Users of social media networks can simply and swiftly integrate their knowledge, ideas, and talents with that of other users all over the world thanks to social media applications. The networks improve knowledge-contributing behaviours between a varieties of users or between co-workers in a way that rates the level of knowledge that each person possesses. The advantages of charitable deeds carried out through social media and the collective knowledge of people can be observed in various ways. These can include sharing knowledge, specifically what one knows, crucial data, or something people should pay attention to, as well as sharing practical responses to open-ended queries in the form of solutions, feedback, or opinions. Workers whose jobs depend on knowledge can search for, gather, contribute to, and exchange this resource thanks to specialized social media platforms.

2.3.4 Impacts of Social Media on Social Interactivity

The presence of social interactivity in online social media applications suggests that users can become accustomed to using them for interactive purposes, and once they do so comfortably, they become more at ease and are able to engage in significantly more interactions by facilitating information sharing and task sharing through the internet-enabled media space. The rise of social media technologies has sparked a new dynamic drive, one of which is social interaction. This activity ultimately leads to the development of communications and knowledge-exchange platforms. Two-way communications that involve social interactions are the key social media aspects that pertain to social engagement. Social media technology's widespread adoption of social interactions has altered not just the format of one-on-one or group knowledge sharing but also how members of the business community view their relationships with clients¹⁰⁴.

2.3.5 Social Media Campaigns for Mental Health

People with mental illnesses are among the most stigmatized, vulnerable, and marginalized members of society. As a result of their disease, they face discrimination in many facets of daily life¹⁰⁵. Recent editorials have also talked about how stigmatizing patients and mental health professionals has an effect on medical students and even deters them from entering the field. By writing directly about issues pertaining to mental health on their blogs, psychiatrists can actively advocate for their patients. A blog can be a user-friendly platform with a large audience for public health education, giving a voice to a field that is far too frequently met with ignorance and indifference and so directly contributing to the problem of stigma¹⁰⁵. Along with other web-based e-mental health modalities including discussion groups, forums, chat rooms, and other social media, blogs can also offer social support.

Other benefits of such e-mental health modalities include better accessibility for populations that are geographically difficult to reach, those that face logistical or time constraints, populations that desire anonymity, and populations that require convenience. In addition to having lower operating expenses, e-mental health modalities can scale to reach many patients at once, maximizing the psychiatrist's time. Essays about mental health care systems, education on diagnoses and symptoms, and debate of the most recent cutting-edge research are published on some of the most well-known mental health blogs. Three doctors wrote one such blog, as did healthy minds, healthy lives, as two examples¹⁰⁶. Even though blogging on many platforms is still common, it has a few drawbacks. Without being a part of a bigger media organization, it might be difficult to establish a loyal readership for one's blog. Compared to publishing on microblogging websites like twitter, blog entries take much longer to write and read. Instead of lengthy dissertations, microblogging enables the dissemination of messages in significantly shorter text fragments.

In actuality, twitter direct connections are currently the main source of traffic for medical blogs. Microblogging platforms offer significant potential for medical practitioners wishing to establish an online presence quickly given their wide audience reach. The most popular microblogging platform is twitter, which is expanding quickly. 500 million tweets are sent daily on twitter, which has 302 million active users monthly. Tweets, which are limited to 140 characters on twitter, are written by users and can include links to other websites or other content. Users communicate with one another by following, responding to, mentioning, and retweeting each other's content on twitter¹⁰². Twitter makes it simple to communicate medical information to both the general public and to other medical experts. In actuality, a lot of medical organizations and periodicals have official twitter accounts, and more doctors are utilizing twitter for business.

Doctors can participate in bigger conversations outside of their personal social network by taking part in organized twitter chats and using hashtags (like psychiatry) to index subjects. Additionally, attendees can now use a dedicated hashtag to live-tweet from numerous medical conferences. This can be an enjoyable and convenient way to network with others and share information with co-workers who cannot attend the live event¹⁰⁵.

The number of medical professionals utilizing twitter has increased along with its popularity. Students studying medicine in particular find the microblogging site to be very popular. Recently, a digital ethnographic study on the traits of twitter super users among medical students was released. The results imply that medical students used twitter with intention and professionalism, being careful not to violate patients' privacy and acting in a responsible manner. They frequently identified faculty members as their twitter role models, whose habits they tried to imitate. Many of the students thought it was a useful approach to share new medical information with a bigger online community as well as learn about it. One superuser noted that a question was answered on twitter by a global authority in less than two minutes before the lecturer could respond. The medical students' grasp of how to care their patients most effectively was boosted by patient comments on twitter, which also acted as an effective advocacy tool. Additionally, it enabled the pupils to create a favorable internet footprint. The students in the study had acquired a median of 1,770 followers apiece and were obviously a part of big, reciprocal social networks, which is interesting because the majority of twitter users have less than 50 followers. The authors of the study added that many medical schools are just now beginning to include twitter in their curricula³⁴. Many of these people with mental illness, according to studies, seem to use social media to share their personal experiences, learn about their mental health and treatment options, and offer and receive support from others dealing with comparable mental health issues⁷⁷.

2.3.6 Media Advocacy Campaigns and Health Communication

Consider new interactive information and communication platforms, particularly social media such as blogs, social networking sites, and interactive websites, when considering the various roles that media interventions can play in the field of health. While traditional media, particularly television, continues to have a large audience, social media's influence is growing and cannot be ignored. Social media enhances user interaction, provides peer support, and expands access to health interventions. Social media also adds a new dimension to health care by allowing the general public, patients, and health professionals to exchange information on various health issues that may affect population health outcomes ¹⁰⁰.

The media is an effective tool for disseminating wellness information. It is essential in the public response to a pandemic because it serves as a communication channel between governments, health institutions, and the general public. Because pandemics are 'invisible,' the media plays an important role as the public's "eye," and media channels have evolved into portals through which the public seeks accurate information, scientifically sound facts, government decisions, and public reactions. The information that peoples gather as receivers shapes their actions and reactions to a pandemic. The media also plays an important role in health promotion and awareness, making it an important medium for health communication. It is critical in influencing health behaviour and changing attitudes and intentions ¹⁰⁰. The study or application of communication techniques to improve the health sector is referred to as 'health communication.' The media's effectiveness in health communication is based on strong written, verbal, and visual communication strategies that can influence public attitudes and perceptions ¹⁰¹.

2.3.7 Organisations Improving Mental Health in Nigeria

Nigeria is currently facing a worldwide human rights emergency in the area of mental health. Figures indicate that approximately 80% of individuals in Nigeria with serious mental health needs cannot access care, owing to poor societal attitudes toward mental illness and insufficient resources, facilities, and mental health staff. However, some organisations have taken on the responsibility of providing long-term solutions to the looming mental health crisis and improving overall health care services.

1. Mentally Aware Nigeria Initiative (MANI):

Mentally Aware Nigeria Initiative (MANI) is a non-profit organisation that promotes youth mental health in Nigeria¹⁰². The organisation's mission is to raise awareness about mental health and illnesses. Furthermore, it recognizes the difficulty of professional availability, and its initiative is to provide an ease of access connecting users to mental health professionals. MANI is the largest youth mental health network in West Africa, with over 1,500 active youth volunteers spread across 18 chapters in 18 of Nigeria's 36 states. MANI's efforts have become notable and recognized as a provider of crisis assistance in Nigeria. Through their active social media pages, MANI carries out sustained efforts to improve the mental health literacy levels of millions of people - with a combined following of over 170,000 across Twitter, Facebook, Instagram, and TikTok. All of the activities on these pages use innovative and educational approaches to engage people in conversations, learn, and receive support as needed.

Websites: <https://mentallyaware.org/>

Social Media Handles:

- Twitter: @MentallyAwareNG
- Facebook: @Mentallyawareng
- Instagram: @mentallyawareng

2. Love, Peace, and Mental Health Foundation (LPM):

Love, Peace, and Mental Health Foundation (LPM) is a non-governmental organisation that promotes mental health wellness and awareness among Nigerian youth aged 18 to 40 ¹⁰³. The organisation employs a creative approach to instil dynamism in its message about mental health. It also offers services such as assisting survivors in discovering, regaining, and using their voice. LPM educates the community and families of MH survivors on the importance of mental wellness and the various types of mental health challenges/disorders that can affect one's day-to-day life through various forms of advocacy.

Websites: <https://lpmfoundation.org/>

Social Media Handles:

- Twitter: @lpmfoundation
- Facebook: @lpmfoundation
- Instagram: @lpmfoundation

3. Neem Foundation

The Neem Foundation is a leading crisis response organisation dedicated to promoting the protection of the environment, as well as a mental health, psychosocial support, and training unit dedicated to improving the standards of mental health and psychosocial service provision in

nigeria¹⁰⁴. Improving the quality of mental health and psychosocial services in nigeria neem's mental health campaign is a national campaign aimed at educating the general public about the dire state of mental health care in Nigeria. It also aims to raise awareness about the need for increased government and private sector intervention. The campaign also aims to normalise the discussion of mental health in public. Its goals are met through the use of context-specific, age- and gender-sensitive psychology-informed practices that not only address mental health issues and Gender Based Violence (GBV), but also inform education, research, policy, social cohesion, rehabilitation, stabilisation, reintegration, and strategic messaging.

Websites: <https://neemfoundation.org.ng/>

Social Media Handles:

- Twitter: @Neem_foundation
- Instagram: @neem_foundation

2.3.8 The Nigerian Government's Efforts to Address Mental Health

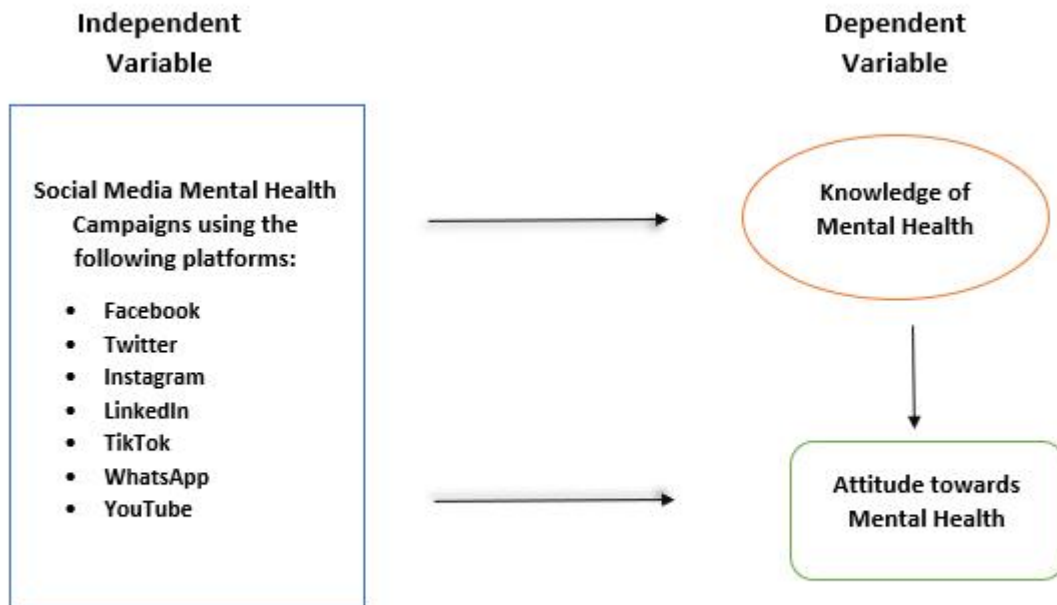
Nigeria has made remarkable progress in the health sector, with enormous successes in meeting various health challenges as the Africa most populous nation. This can be attributed to improved leadership, policies, and legislation implemented in recent years. The primary health system, secondary health care, and tertiary health systems all contributed significantly to its effort in addressing health challenges, including mental health ¹⁰⁵.

The government continues to make efforts in its approach to mental health, with the Lagos state government leading the way by establishing a mental health helpline to provide citizens with access to mental health information and assistance, including telephone counselling, social support, and referral where appropriate. This is also an effort to improve citizens' access to

mental health care and to ensure that all people have access to mental health services that allow for early and prompt diagnosis, as well as quality care and treatment ¹⁰⁵.

2.4 Conceptual Model

The conceptual model is divided into the independent variables and the dependent variables. These variables are the key points through which the study will be guided. The independent variable is sub divided into the various social media platform used for mental health campaigns. The dependent variable highlights awareness and attitude towards mental health. The independent variables come together to give a result to the inquiry of the dependent variable which forms the basis of the research questions for the study ¹⁰⁶.



Fig

ure 2.1 Conceptual Framework of the study developed by the researcher

Source: Researcher's Fieldwork 2022

2.5 Summary of Gaps in Literature Reviewed

This section presented a review of the literature on the research topic. The section began with a conceptual review of variables, which defined and clarified relevant concepts (mental health, social media, attitude, and knowledge). This section also examined different types of social media, symptoms of mental health disorder, various types of mental health disorder, causes of mental health disorder the adopted theoretical framework which were agenda setting theory, information processing theory and technological determinism theory were presented.

Despite numerous studies and research on the impact and influence of social media on knowledge sharing and awareness creation, few studies have focused on how it relates to or affects mental health. Furthermore, various literature demonstrated the impact of social media campaigns on knowledge and attitudes among various groups of people, schools, and states of the nation and the world at large. However, none of the available studies and research has been conducted on undergraduate students. As a result, this study focused on the influence of social media campaigns on knowledge and attitudes of lead city university undergraduates towards mental health disorder, Ibadan.

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Chapter Three

Methodology

3.1 Research Design

Survey research design was adopted for this study, which collected data to assess the Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Students towards Mental Health Disorder. The descriptive research design was used to classify features, quantify them, and build statistical models in an attempt to explain what was observed.

3.2 Population of the Study

The current study's population consisted of undergraduates from Lead City University, Ibadan, both male and female from all departments, faculties, and colleges. An estimated population of 6,000 students was used for the study.

3.3 Sample and Sampling Techniques

The data for this study were gathered quantitatively through the use of purposive sampling techniques. To determine the appropriate sample size, Taro formula was used. There are approximately 6,000 students enrolled in Lead City University, Ibadan.

Taro Yamane formula was adopted to calculate the sample size and the formula is expressed as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = number of samples

N = total population (i.e., 6,000)

e = error tolerance (i.e., 0.05)

Thus,

$$n = \frac{6000}{1+6000(0.05)^2}$$

$$n = \frac{6000}{1+15} = \frac{6000}{16}$$

$$n = 375$$

3.4 Description of the Research Instrument

The data collection instrument for the study was a questionnaire, which consisted of closed-ended questions. The closed-ended questions gave respondents a list of options from which to choose. The questionnaire was structured with questions for the target population. The questionnaire comprised of four sections, A, B, C, D. The first section describes the general demographic data of the respondents, the second section assesses the level of Lead City University students' exposure to Social Media Campaigns on Mental Health Disorder, and the third section examines the level of knowledge of Lead City University students on mental health disorder. The fourth section focuses on the attitude of Lead City University students towards mental health disorder

Section A: contained demographic variables that provided respondents' background information in terms of their age, level of education, Faculty, religion, and gender the section had five (5) items.

Section B: included inquiries on LCU students' social media exposure to campaigns addressing Mental Health issues. The questionnaire includes rating scale questions in addition to structured questions. The Likert scale, in its ultimate iteration, is a five- (or seven-) point scale that lets a person indicate how much they agree or disagree with a certain proposition.

Section C: includes questions on knowledge of Lead City University Students on Mental Health disorder. The question contained four points; Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

Section D: includes questions on attitude of Lead City University students towards Mental Health disorder. The question contained four points; Strongly Agree (4), Agree (3), Disagree (2), Strongly Disagree (1).

3.5 Validity of the Research Instrument

The validity of the instrument confirms that it measures what it was intended to measure and is consistent with the variables in the study. The validity of the researcher instrument ensures that it measures what it is supposed to measure and that the study's investigation results can be trusted. The researcher's supervisor and two (2) other lecturers from Lead City University's Department of Mass Communication and Media Technology evaluated the instrument's validity using face-validity and content validity, and modifications were made as a result of the evaluation. After that, a clean copy of the instrument was prepared for validation.

3.6 Reliability of Research Instrument

In order to ensure the internal validity of the research instruments, a pilot study was conducted to examine the reliability of the research instrument. It is used to assess the degree of precision in the research technique and methodology. Every data collection research project necessitates a

reliability test to determine the degree of consistency in the research instrument. There are other methods for determining a study's reliability and validity; however, the Cronbach's alpha method will be used in this study. Cronbach's alpha was created to quantify the degree of precision in the research method used to measure the various variables. The questionnaire was tested using the Cronbach alpha 0.70 coefficient. Cronbach's Alpha was calculated to be 0.937 (see Appendix II). It served as the reliability coefficient level for all constructs used to measure the independent and dependent variables in this study. Twenty (20) items were tested for reliability. All of the items were jointly trustworthy (0.939).

In addition, knowledge of the Mental Health was tested, and five (5) items were tested for reliability. All of the items were trustworthy (0.938). In this section, five (5) items were subjected to a reliability test to assess students' attitudes toward Mental Health. All of the items were jointly trustworthy (0.806). The impact of a social media campaign on knowledge and attitude was investigated, and five (5) items were tested for reliability; all of the items were found to be jointly reliable (0.948). Finally, different social media campaign sources for Mental Health campaigns were tested. All of the items were jointly reliable (0.808). As a result, the results indicated that the items that comprised each indicator used in measuring the variables in the study were highly reliable.

3.7 Procedure for Administration of the Research Instrument

The survey data for this study was gathered through the distribution of questionnaires. The survey was designed to reach undergraduate students at Lead City University in Ibadan. The questionnaires were distributed to undergraduates at random using Google Forms on the University Campus. The questionnaires were distributed to respondents. It is a tool that contains several questions designed to elicit information from respondents. The survey questionnaire

contains straightforward questions that allow respondents to provide accurate responses. Each item in the survey questionnaires is designed to provide an answer to one of the research projects sub problems. The questionnaire was distributed through various departmental *WhatsApp* groups, with some being distributed to individuals to complete. The instrument was administered over a two-week period.

3.8 Method of Data Analysis

To analyse the demographic data and research questions, responses from the completed questionnaire were collected, coded, and analysed using descriptive statistics of frequency counts and percentages. The Pearson Correlation was used to analyse the hypotheses. All of this was accomplished with the help of SPSS version 20.

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Chapter Four

Results and Discussion of Findings

This study is aimed at assessing the Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Students towards Mental Health Disorder. A detailed report on the analysis of data obtained from participants using 382 questionnaires is presented using descriptive and statistical analysis. Each questionnaires administered consisted of 47 questions, divided into four sections (demographics, level of exposure of lead city university students to social media campaigns on mental health disorder, level of knowledge of lead city university students on mental health disorder, the attitude of lead city university students towards mental health disorder) and participants generally completed the survey in 5-10 minutes.

The study's sample size was 375 undergraduates of lead city university, Ibadan. However, a total of 400 questionnaires were administered, of which 382 were retrieved while 18 were unusable because the respondents did not fill them out and others contained some forms of errors and omissions. Results and data were obtained from the 382 retrieved questionnaires, which represents 102% of the sample size a total time of 2 weeks were used for the administration of the questionnaires. The responses were taken as samples to determine the influence of social media campaigns on knowledge and attitude of lead city university students towards mental health disorder. The survey questions administered can be found in Appendix 1. Analyses were carried out on the retrieved questionnaires using the *Statistical Package for Social Sciences*

(SPSS) and Microsoft Excel. Here under are the details of data analysis based on the research questions and the hypothesis.

4.1 Demographic Data Analysis

The study established the demographic data of students by asking about their gender, age group, year of study and religion affiliation. The results of the demographic assessment are as presented in Table 4.1.

Table 4.1: Gender of the Respondents (N=382)

		Frequency	Percentage
Gender	Male	138	36
	Female	244	64

Source: Researcher's Fieldwork 2022

Table 4.2: Religion of the Respondents (N=382)

		Frequency	Percentage
Religion	Christianity	307	80.36
	Islam	70	18.36
	Traditionalist	5	1.36

Source: Researcher's Fieldwork 2022

The results of the analysis shows that a total of 307 representing 80.36% of the respondents are Christians, 70 respondents representing 18.36% are Muslims, while 5 respondents representing 1.36% are Traditionalist.

Table 4.3: Year of Study of the Respondents (N=382)

Demographics		Frequency	Percentage
Year of Study	100	31	8.2
	200	21	5.4
	300	23	6.1
	400	80	20.4
	500	227	59.9

Source: Researcher's Fieldwork 2022

Out of the 382 respondents, it was established that the majority of the respondents were in their fifth year (500 level), having a total of 227 respondents representing 59.9% of the sampling size. This is followed by year four (400 level) with 80 respondents representing 20.4% of the sampling size. Year One, Three, and Two each had 31, 23, and 21 respondents, representing 8.2%, 6.1%, and 5.4% of the sample size, respectively.

Table 4.4: Age of the Respondents (N=382)

		Frequency	Percentage
Age Group	16-20	103	27.22
	21-24	117	30.61

24-30

162

42.17

Source: Researcher's Fieldwork 2022

The Age group of the respondents was divided into three: 16-20, 21-24 and 24-30. The analysis of the responses obtained shows that the highest age group was 24-30 with a total of 162 respondents representing 42.17%. Others were 21-24 and 16-20 with a total of 117 and 103 respondents representing 30.61 and 27.22% respectively.

4.2 Presentation of Data

In order to achieve the aim and objectives of the study, the questionnaire was divided into three (3) sections. Each section sought to provide answers to each of the research questions and research hypotheses. The data as obtained from the respondents from the questionnaire administered are presented in Tables 4.5., 4.6 and 4.7. The responses to each statement are presented as Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD), which are presented in Frequency (Number of respondents) and percentage of the respondents. Table 4.2 presents the responses obtained concerning the Level of Lead City University Students' exposure to Social Media Campaigns on Mental Health Disorder.

4.2.1 Analysis of Research Questions

Research Question One: What social media platform are Lead City University undergraduates exposed to campaigns on mental health disorder?

Table 4.5a: Level of Lead City University Students' exposure to Social Media Campaigns on Mental Health Disorder. (N=382)

S/ N	Statement	SA		A		D		SD	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%
1.	I often see social media campaigns on Mental Health disorder	27	7	149	39	138	36	68	18
2.	I occasionally see social media campaigns on Mental Health disorder	57	15	160	42	134	35	31	8
3.	I often see social media campaigns on Mental Health disorder through Facebook	84	22	153	40	92	24	53	14
4.	I occasionally see social media campaigns on Mental Health disorder through Facebook	145	38	103	27	96	25	38	10
5.	I often see social media campaigns on Mental Health disorder through	46	12	57	15	168	44	111	29

S/ N	Statement	SA		A		D		SD	
		Frequ ncy	%	Frequ ency	%	Frequ ency	%	Frequenc y	%
	WhatsApp								

Source: Field Study 2022

In order to provide answers to this question, a series of questions were provided in the questionnaire and the responses of the respondents are presented in Table 4.5a. From data presented with a total of 382 respondents, 27 respondents Strongly Agreed, while 149 agreed that they often see social media campaigns on mental health disorder. More so, 138 and 68 respondents disagreed and strongly disagreed with the statement respectively. It clearly shows that almost half (49%) of the respondents of which 10% strongly agreed and 39% Agreed indicated that they often see social media campaigns on mental health disorder. On the other hand, 57% of the respondents (of which 15% strongly agreed and 42% agreed) indicated that they occasionally see social media campaigns on mental health disorder. This clearly shows that a good number of the students of Lead City University, Ibadan have been exposed to campaigns on mental health disorder via social media, and thus social media campaigns on mental health disorder are not completely new to them. The social media platforms by which the students of Lead City University most often used to see the campaigns on mental health disorder were assessed using the questionnaires.

Out of the 382 respondents, 84 respondents which represents 22% of the total population strongly agreed that they often see social media campaigns on mental health disorder through Facebook, and 153 respondents which represents 40% of the total respondents Agreed that they often see social media campaigns on mental health disorder through *Facebook*. In addition, 92

respondents which represents 24% of the total respondents disagreed that they often see social media campaigns on mental health disorder through *Facebook*, while 53 respondents which represents 14% of the total respondents strongly disagreed that they often see social media campaigns on mental health disorder through *Facebook*. Out of the 382 respondents, 46 respondents which represents 12% of the total population Strongly Agreed that they often see social media campaigns on mental health disorder through *WhatsApp*, while 57 respondents which represents 15% of the total respondents agreed that they often see social media campaigns on mental health disorder through *WhatsApp*. In addition, 168 respondents which represents 44% of the total respondents disagreed that they often see social media campaigns on mental health disorder through *WhatsApp*, while 111 respondents which represents 29% of the total respondents Strongly Disagreed that they often see social media campaigns on mental health disorder through *WhatsApp*.

Table 4.5b: Level of Lead City University Students' exposure to Social Media Campaigns on Mental Health Disorder. (N=382)

S/ N	Statement	SA		A		D		SD	
		Frequ ncy	%	Frequ ency	%	Frequency	%	Frequenc y	%
6.	I occasionally see social media campaigns on Mental Health disorder	126	33	172	45	57	15	27	7

S/	Statement	SA	A	D	SD				
N		Frequency	%	Frequency	%	Frequency	%	Frequency	%
	through WhatsApp								
7.	I occasionally see social media campaigns on Mental Health disorder through Twitter	153	40	130	34	53	14	46	12
8.	I often see social media campaigns on Mental Health disorder through Instagram	206	54	76	20	27	7	73	19
9.	I occasionally see social media campaigns on Mental Health disorder	149	39	119	31	38	10	76	20

S/	Statement	SA	A	D	SD				
N		Frequency	%	Frequency	%	Frequency	%	Frequency	%
	through Instagram								
10.	I often see social media campaigns on Mental Health disorder through Tik-Tok	57	15	42	11	115	30	168	44

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.5b shows that out of the 382 respondents, 206 respondents which represents 54% of the total population strongly agreed that they often see social media campaigns on mental health disorder through *Instagram*, while 76 respondents which represents 20% of the total respondents agreed that they often see social media campaigns on mental health disorder through *Instagram*. In addition, 27 respondents which represents 7% of the total respondents disagreed that they often see social media campaigns on mental health disorder through *Instagram*, while 73 respondents which represents 19% of the total respondents strongly disagreed that they often see social media campaigns on mental health disorder through *Instagram*. Out of the 382 respondents, 57 respondents which represents 15% of the total population Strongly Agreed that they often see social media campaigns on mental health disorder through *Tik-Tok*, while 42

respondents which represents 11% of the total respondents agreed that they often see social media campaigns on mental health disorder through *Tik-Tok*.

In addition, 115 respondents which represents 30% of the total respondents disagreed that they often see social media campaigns on mental health disorder through *Tik-Tok*, while 168 respondents which represents 44% of the total respondents strongly disagreed that they often see social media campaigns on mental health disorder through *Tik-Tok*. It can be concluded that the students of Lead City University, Ibadan most often see campaigns on mental health disorder through *Instagram* and followed by *Facebook*.

Table 4.5c: Level of Lead City University Students' exposure to Social Media Campaigns on Mental Health Disorder. (N=382)

S/ N	Statement	SA		A		D		SD	
		Freque ncy	%	Frequ ency	%	Frequency	%	Frequenc y	%
11.	I see social media campaigns on Mental Health disorder daily	23	6	38	10	145	38	176	46
12.	I see social media campaigns on Mental	76	20	57	15	153	40	96	25

S/ N	Statement	SA		A		D		SD	
		Frequ ncy	%	Frequ ency	%	Frequ ency	%	Frequenc y	%
	Health disorder weekly								
13.	I see social media campaigns on Mental Health disorder weekly	107	28	115	30	126	33	34	9
	Health disorder monthly								
14.	I see social media campaigns on Mental Health disorder annually	172	45	126	33	57	15	27	7

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.5c indicates that the social media platforms by which the students of Lead City University most occasionally used to see the campaigns on mental health disorder were assessed using the questionnaires. The social media platforms considered include: *Facebook, WhatsApp, Twitter and Instagram*. The results of the responses are presented in Table 4.5. Out of the 382 respondents, 145 respondents which represents 38% of the total population strongly agreed that they occasionally see social media campaigns on mental health disorder through *Facebook*, and 103 respondents which represents 27% of the total respondents agreed that they occasionally see social media campaigns on mental health disorder through *Facebook*. In addition, 96 respondents which represents 25% of the total respondents disagreed that they occasionally see social media

campaigns on mental health disorder through *Facebook*, while 38 respondents which represents 10% of the total respondents strongly disagreed that they occasionally see social media campaigns on mental health disorder through *Facebook*.

Similarly, out of the 382 respondents, 126 respondents which represents 33% of the total population strongly agreed that they occasionally see social media campaigns on mental health disorder through *Whatsapp*, and 172 respondents which represents 45% of the total respondents agreed that they occasionally see social media campaigns on mental health disorder through *Whatsapp*. In addition, 57 respondents which represents 15% of the total respondents disagreed that they occasionally see social media campaigns on mental health disorder through *Whatsapp*, while 27 respondents which represents 7% of the total respondents strongly disagreed that they occasionally see social media campaigns on mental health disorder through *Whatsapp*. Out of the 382 respondents, 153 respondents which represents 40% of the total population strongly agreed that they occasionally see social media campaigns on mental health disorder through *Twitter*, and 130 respondents which represents 34% of the total respondents agreed that they occasionally see social media campaigns on mental health disorder through *Twitter*.

In addition, 53 respondents which represents 14% of the total respondents disagreed that they occasionally see social media campaigns on mental health disorder through *Twitter*, while 46 respondents which represents 12% of the total respondents strongly disagreed that they occasionally see social media campaigns on mental health disorder through *Twitter*. Out of the 382 respondents, 149 respondents which represents 39% of the total population strongly agreed that they occasionally see social media campaigns on Mental Health disorder through *Instagram*, and 119 respondents which represents 31% of the total respondents agreed that they occasionally see social media campaigns on Mental Health disorder through *Instagram*. In addition, 38

respondents which represents 10% of the total respondents disagreed that they occasionally see social media campaigns on mental health disorder through *Instagram*, while 76 respondents which represents 20% of the total respondents strongly disagreed that they occasionally see social media campaigns on mental health disorder through *Instagram*. In conclusion, from the data obtained from the respondents, it clearly shows that students of Lead City University occasionally see Campaigns on mental health disorder more through *Instagram* and followed by *WhatsApp*.

Out of the 382 respondents, 23 and 38 respondents which represents 6% and 10% strongly agreed and agreed respectively that they see social media campaigns on mental health disorder daily. However, 145 and 176 respondents which represents 38% and 46% disagreed and strongly disagreed respectively that they see social media campaigns on mental health disorder daily. Out of the 382 respondents, 76 and 57 respondents which represents 20% and 15% strongly agreed and agreed respectively that they see social media campaigns on mental health disorder weekly. However, 153 and 96 respondents which represents 40% and 25% disagreed and strongly disagreed respectively that they see social media campaigns on mental health disorder weekly. Out of the 382 respondents, 107 and 115 respondents which represents 28% and 30% strongly agreed and agreed respectively that they see social media campaigns on mental health disorder monthly. However, 126 and 34 respondents which represents 33% and 9% disagreed and strongly disagreed respectively that they see social media campaigns on mental health disorder monthly. Out of the 382 respondents, 172 and 126 respondents which represents 45% and 33% strongly agreed and agreed respectively that they see social media campaigns on mental health disorder annually. However, 157 and 27 respondents which represents 15% and 7% disagreed and strongly disagreed respectively that they see social media campaigns on mental health

disorder annually. It can be concluded that most respondents strongly agreed and agreed that they see social media campaigns on mental health disorder annually, while most strongly disagreed and disagreed that they see the campaign daily.

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Research Question Two: What is the level of knowledge of Lead City University undergraduates on mental health disorder as a result of exposure to social media mental health campaigns?

Table 4.6a: Level of Knowledge of Lead City University Students on Mental Health Disorder (N=382)

S/ N	Statement	SA		A		D		SD	
		Freque ncy	%	Freque ncy	%	Freque ncy	%	Frequen cy	%
1.	I am aware of my Mental Health status	38	10	46	12	160	42	138	36
2.	Mental Health disorder affects mood, thinking and behaviours	168	44	115	30	57	15	42	11
3.	Everyone is exposed to Mental Health disorder	202	53	145	38	23	6	12	3
4.	Mental Health disorder is treatable	153	40	115	30	76	20	38	10
5.	Mental Health disorder cannot be cured	114	30	76	20	96	25	96	25
7.	Excessive anger, hostility or violence are signs of Mental Health disorder	199	52	126	33	19	5	38	10

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.6a reveals that out of the 382 respondents, 38 and 46 respondents which represents 10% and 12% strongly agreed and agreed respectively that they are aware of their mental health status. However, 160 and 138 respondents which represents 42% and 36% disagreed and strongly disagreed respectively that they are aware of their mental health status. The responses show that just a few of the respondents are aware of the status of their mental health. While about 22% (10% sa and 12%a) of the respondents agreed to be aware of their mental health, 78% (42% d and 36% sd) indicated not to be aware of the status of their mental health. The questionnaire also sought to assess the level of knowledge of the respondents on if mental health disorder affects mood, thinking and behaviours.

Furthermore, out of the 382 respondents, 168 and 115 respondents which represents 44% and 30% strongly agreed and agreed respectively that they are aware that mental health disorder affects mood, thinking and behaviours. However, 57 and 42 respondents which represents 15% and 11% disagreed and strongly disagreed respectively that they are aware that mental health disorder affects mood, thinking and behaviours. The responses show that many of the respondents are aware that mental health disorder affects mood, thinking and behaviours as 74 % (44% sa and 30% a) agreed to be aware while 26% (15% d and 11% sd) disagreed to be aware.

Out of the 382 respondents, 202 and 145 respondents which represents 53% and 38% strongly agreed and agreed respectively that everyone is exposed to mental health disorder. However, 23 and 12 respondents which represents 6% and 3% disagreed and strongly disagreed respectively that everyone is exposed to mental health disorder. The responses obtained from the respondents on their level of knowledge on if everyone is exposed to mental health disorder show that 91% (53% sa and 38% a) agreed that everyone is exposed to mental health disorder while 9% (6% d and 3% sd) disagreed that everyone is exposed to mental health disorder. Out of the 382

respondents, 153 and 115 respondents which represents 40% and 30% strongly agreed and agreed respectively that mental health disorder is treatable. However, 76 and 38 respondents which represents 20% and 10% disagreed and strongly disagreed respectively that mental health disorder is treatable. Assessment of the level of knowledge on if mental health disorder is treatable show that the majority (70%) believed that mental health disorder is treatable, while a few (30%) agreed that mental health disorder is not treatable. Out of the 382 respondents, 114 and 76 respondents which represents 30% and 20% strongly agreed and agreed respectively that mental health disorder cannot be cured.

However, 96 and 96 respondents which represents 25% and 25% disagreed and strongly disagreed respectively that mental health disorder cannot be cured. Half of the respondents (30% SA and 20% A) agreed that mental health disorder cannot be cured, while half also disagreed that mental health disorder cannot be cured (25% D and 25% SD).

As part of the signs of a person suffering from mental health disorder, the level of knowledge of the respondents on signs of mental health disorder were assessed. This is discussed in the following session. Out of the 382 respondents, 119 and 126 respondents which represents 52% and 33% strongly agreed and agreed respectively that excessive anger, hostility or violence are signs of mental health disorder. However, 19 and 38 respondents which represents 5% and 10% disagreed and strongly disagreed respectively that excessive anger, hostility or violence are signs of mental health disorder. 85% (52% SA and 33% A) agreed to be aware of excessive anger, hostility and violence as signs of mental health disorder, while 15% (5% D and 10% SD) disagreed that excessive anger, hostility or violence are signs of mental health disorder. Out of the 382 respondents, 153 and 191 respondents which represents 40% and 50% strongly agreed and agreed respectively that detachment from reality (delusions), paranoia or hallucinations are

signs of mental health disorder. However, 19 and 19 respondents which represents 5% and 5% disagreed and strongly disagree respectively that detachment from reality (delusions), paranoia or hallucinations are signs of mental health disorder. It was shown that 90% (40% SA and 50% A) agreed to be aware that detachment from reality (delusions), paranoia or hallucinations are symptoms of mental health disorder, while 10% (5% D and 5% SD) disagree to be aware. It is a common believe that suicidal thinking is one of the major signs of mental health disorder. The level of knowledge of the respondents were assessed on this. Out of the 382 respondents, 168 and 191 respondents which represents 44% and 50% strongly agreed and agreed respectively that suicidal thinking is a sign of mental disorder. However, 15 and 8 respondents which represents 4% and 2% disagreed and strongly disagreed respectively that suicidal thinking is a sign of mental disorder. 94% (44% SA and 50% A) of the respondents agreed with the statement, while 6% (4% D and 2% SD) disagreed with the statement.

While assessing the level of knowledge of the other symptoms of mental health, 96 and 141 respondents which represents 25% and 37% strongly agreed and agreed respectively that significant tiredness, low energy or problems sleeping are symptoms of mental health disorder. However, 107 and 38 respondents, representing 28% and 10% disagree and strongly disagree respectively that significant tiredness, low energy or problems sleeping are symptoms of mental health disorder. Generally, 62% (25% SA and 37% A) agreed that significant tiredness, low energy or problems sleeping are symptoms of mental health disorder, while 38% (28% D and 10% SD) disagreed with the statement.

Table 4.6b: Level of Knowledge of Lead City University Students on Mental Health Disorder (N=382)

S/ N	Statement	SA		A		D		SD	
		Freque ncy	%	Freque ncy	%	Freque ncy	%	Frequen cy	%
8.	Mental Health disorder leads to problems with alcohol or drug abuse	183	48	123	32	38	10	38	10
9.	Detachment from reality (delusions), paranoia or hallucinations are symptoms of Mental Health disorder	153	40	191	50	19	5	19	5
10.	Sex drive changes due to Mental Health disorder	115	30	176	46	57	15	34	9
11.	Suicidal thinking is a sign of mental disorder	168	44	191	50	15	4	8	2
12.	Excessive fears or worries, or extreme feelings of guilt can be called Mental Health disorder	118	31	153	40	57	15	54	14

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.6b, shows that there are sometimes links between drug abuse/alcohol and Mental Health disorders. 183 and 123 respondents which represents 44% and 50% Strongly Agreed and Agreed respectively that Mental Health disorder leads to problems with alcohol or drug abuse. However,

38 and 38 respondents which represents 10% and 10% disagree and Strongly Disagree respectively that Mental Health disorder leads to problems with alcohol or drug abuse. Thus, 80% of the respondents (48% SA and 32% A) Agreed that Mental Health disorder leads to problems with alcohol or drug abuse, while 20% (10% D and 10% SD) Disagreed that Mental Health disorder leads to problems with alcohol or drug abuse. Out of the 382 students that the questionnaires were administered to, 115 and 176 respondents which represents 30% and 46% Strongly Agreed and Agreed respectively that Sex drive changes due to Mental Health disorder. However, 57 and 34 respondents which represents 15% and 9% disagreed and Strongly Disagreed respectively that Sex drive changes due to Mental Health disorder. Summarily, 76% (30% SA and 46% A) Agreed that Sex drive changes due to Mental Health disorder, while 24% (15% D and 9% SD) of the respondents disagree with the statement. Some of the challenges faced by victims of Mental Health disorder include Excessive fears or worries, or extreme feelings of guilt. Out of the 382 students that the questionnaires were administered to, 118 and 153 respondents which represents 31% and 40% Strongly Agreed and Agreed respectively that Excessive fears or worries, or extreme feelings of guilt can be called Mental Health disorder. However, 57 and 54 respondents which represents 15% and 14% disagreed and Strongly Disagreed respectively that Excessive fears or worries, or extreme feelings of guilt can be called Mental Health disorder. Summarily, 71% (31% SA % 40% A) of the respondents Agreed to the statement while 29% (15% D and 14% SD) Disagreed with the statement.

Table 4.6c: Level of Knowledge of Lead City University Students on Mental Health Disorder (N=382)

S/ N	Statement	SA		A		D		SD	
		Frequen ncy	%	Frequen ncy	%	Frequen ncy	%	Frequen cy	%
13.	Significant tiredness, low energy or problems sleeping are symptoms of Mental Health disorder	96	25	141	37	107	28	38	10
14.	Mental illness often runs in the family	134	35	168	44	34	9	46	12
15.	Losing a loved one, or being in a car accident can lead to mental disorder	115	30	149	39	42	11	76	20
16.	Not getting enough sleep, or not eating can lead to Mental Health disorder	84	22	99	26	96	25	103	27
17.	Mental disorder involves an imbalance of natural chemicals in your brain and your body	160	42	153	40	42	11	27	7

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.6c, shows that out of the 382 students that the questionnaires were administered to, 115 and 149 respondents which represents 30% and 39% Strongly Agreed and Agreed respectively that Losing a loved one, or being in a car accident can lead to mental disorder. However, 42 and 76 respondents which represents 11% and 20% disagreed and Strongly Disagreed respectively that Losing a loved one, or being in a car accident can lead to mental disorder. Summarily, 69% (30% SA and 39%A) of the respondents Agreed with the statement, while 31% (11% D % 20% SD) Disagreed with the statement. It is one of the popular statements that not getting enough sleep, or not eating can lead to Mental Health disorder. Out of the 382 students that the questionnaires were administered to, 84 and 99 respondents which represents 22% and 26% Strongly Agreed and Agreed respectively that not getting enough sleep, or not eating can lead to Mental Health disorder. However, 96 and 103 respondents which represents 25% and 27% disagreed and Strongly Disagreed respectively that not getting enough sleep, or not eating can lead to Mental Health disorder. Summarily, while 48% of the respondents agreed with the statement, 53% of the respondents disagreed with the statement

Out of the 382 responses received, 134 and 168 respondents which represents 35% and 44% Strongly Agreed and Agreed respectively that Mental illness often runs in the family. However, 34 and 46 respondents which represents 9% and 12% disagreed and Strongly Disagreed respectively that Mental illness often runs in the family. Summarily, 79% (35% SA and 44% A) of the respondents Agreed that mental illness often runs in the family, while 21% (9% D and 12% SD) Disagreed with the statement. Out of the 382 responses received, 160 and 153 respondents which represents 42% and 40% Strongly Agreed and Agreed respectively that mental disorder involves an imbalance of natural chemicals in your brain and your body. However, 42 and 27 respondents, representing 11% and 7% disagreed and Strongly Disagree

respectively that mental disorder involves an imbalance of natural chemicals in your brain and your body. Summarily, 82% of the respondents Agreed with this statement, while 18% of the respondents disagreed with the statement.

Research Question Three What is the attitude of Lead City University students towards Mental Health disorder as a result of exposure to social media campaigns on mental health?

Table 4.7a: Attitude of Lead City University students towards mental health disorder (N=382)

S/N	Statement	SA		A		D		SD	
		Fre q	%	Fre q	%	Fre q	%	Freq	%
1.	People with Mental Health disorder deserve respect	57	15	92	24	76	20	157	41
2.	Learning about Mental Health is crucial	191	50	153	40	27	7	12	3
3.	We must help people with Mental Health disorder for them to be better	134	35	160	42	61	16	27	7
4.	I worry about my Mental Health status	76	20	134	35	96	25	76	20
5.	I will be sad if I am diagnosed of any Mental Health disorder	172	45	191	50	12	3	8	2
6.	I will be willing to go for medical check-up on my Mental Health disorder	145	38	160	42	31	8	46	12

Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.7a reveals that out of 382 responses received, 57 and 92 respondents which represents 15% and 24% Strongly Agreed and Agreed respectively that People with Mental Health disorder deserve respect. However, 76 and 157 respondents which represent 20% and 41% Disagreed and Strongly Disagreed respectively that People with Mental Health disorder deserve respect. Summarily, 29% (15% SA and 24% A) of the respondents Agreed with the statement, while 49% (20% D % 19% SD) Disagreed with the statement. Out of the 382 responses received, 191 and 153 respondents which represents 50% and 40% Strongly Agreed and Agreed respectively that Learning about Mental Health is crucial. However, 27 and 12 respondents which represent 7% and 3% Disagreed and Strongly Disagree respectively that Learning about Mental Health is crucial. Summarily, 90% (50% SA and 40% A) of the respondents Agreed that Learning about Mental Health is crucial, while 10% (7% D and 3% SD) Disagreed with the statement. Out of the 382 responses received, 134 and 160 respondents which represents 35% and 42% Strongly Agreed and Agreed respectively that we must help people with Mental Health disorder for them to be better. However, 61 and 27 respondents, which represents 16% and 7% Disagreed and Strongly Disagree respectively, say that we must help people with Mental Health disorders for them to be better. Summarily, 77% (35% SA & 42% A) of the respondents Agreed that people with Mental Health disorders must be helped for them to be better. However, 23% (16% D & 7% SD) Disagreed with the statement.

Furthermore, Out of the 382 responses received, 76 and 134 respondents which represents 20% and 35% Strongly Agreed and Agreed respectively that they worry about my Mental Health status. However, 96 and 76 respondents, which represents 25% and 20% Disagreed and Strongly Disagreed respectively, say that they worry about my Mental Health status. Summarily, 55%

(20% SA and 35% SA) of the respondents Agreed to worry about their Mental Health, while 45% (25% D and 20% SD) of the respondents disagreed with the statement. Out of the 382 responses received, 172 and 191 respondents which represents 45% and 50% Strongly Agreed and Agreed respectively that they will be sad if they are diagnosed with any Mental Health disorder. However, 12 and 8 respondents, which represents 3% and 2% Disagreed and Strongly Disagreed respectively, say that they will be sad if they are diagnosed with any Mental Health disorder. Summarily, while 95% (45% SA and 50% A) of the respondents agreed that they will be sad if diagnosed of any Mental Health disorder, 5% (3% D and 2% SD) of the respondents disagreed with the statement.

Out of the 382 responses received, 145 and 160 respondents which represents 38% and 42% Strongly Agreed and Agreed respectively that they will be willing to go for medical check-up on Mental Health disorder. However, 31 and 46 respondents, which represents 8% and 12% Disagreed and Strongly Disagreed respectively, are willing to go for a medical check-up on Mental Health disorders. Summarily, while 80% (38% SA and 42% A) of the respondents agreed that they would be willing to go for a medical check-up on Mental Health disorder, 20% (8% D and 12% SD) of the respondents disagreed with the statement.

Table 4.7b: Attitude of Lead City University students towards Mental Health disorder (N=382)

S/N	Statement	SA		A		D		SD	
		Fre q	%	Fre q	%	Fre q	%	Freq	%
7.	I am willing to tell someone if I am diagnosed of Mental Health disorder	115	30	95	25	57	15	115	30
8.	I am scared when being approached by people with Mental Health disorder	157	41	126	33	57	15	42	11
9.	If I have Mental Health disorder, I most likely do not tell my friends	138	36	172	45	34	9	38	10
10.	It would be a shame if I had a Mental Health disorder	134	35	115	30	57	15	76	20
11.	I run away from people with Mental Health disorder	122	32	115	30	99	26	46	12

Source: Source: Field Study 2022

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

Table 4.7b shows that out of the 382 responses received, 115 and 95 respondents which represents 30% and 25% strongly agreed and agreed respectively that they are willing to tell someone if diagnosed of mental health disorder. However, 57 and 115 respondents which

represents 15% and 30% disagreed and strongly disagreed respectively that they are willing to tell someone if diagnosed of mental health disorder. Summarily, 55% (30% SA and 25% A) of the respondents agreed that they are willing to tell someone if diagnosed of mental health disorder, 45% (15% D and 30% SD) disagreed with the statement.

Out of the 382 responses received, 157 and 126 respondents which represents 41% and 33% strongly agreed and agreed respectively that they are scared when being approached by people with mental health disorder. However, 57 and 42 respondents, representing 15% and 11% disagreed and strongly disagreed respectively, say that they are scared when being approached by people with mental health disorder. Summarily, the attitude of the respondents towards people with mental health disorder was assessed with this statement. While 74% (41% SA and 33% A) agreed that they are scared when being approached by people with mental health disorder, 26% (15% D and 11% SD) Disagreed with the statement. Out of the 382 responses received, 138 and 172 respondents which represents 36% and 45% Strongly Agreed and Agreed respectively that if they have Mental Health disorder, they most likely will not tell their friends. However, 34 and 38 respondents which represents 9% and 10% Disagreed and Strongly Disagreed respectively say that if they have a Mental Health disorder, they most likely will not tell their friends. Summarily, 81% (36% SA and 45% A) agreed that if they have a Mental Health disorder, they most likely will not tell their friends. However, 19% of the respondents (9% D and 10% SD) Disagreed with the statement.

Out of the 382 responses received, 134 and 115 respondents which represents 35% and 30% Strongly Agreed and Agreed respectively that they would be a shame if they had a mental health disorder. However, 57 and 76 respondents, representing 15% and 20% Disagreed and Strongly Disagreed respectively, said that they would be ashamed if they had a Mental Health disorder.

Summarily, 65% (35% SA and 30% A) of the respondents Agreed that it would be a shame if they had a Mental Health disorder, while 35% (15% D and 20% SD) Disagreed with the statement. Out of the 382 responses received, 122 and 115 respondents which represents 32% and 30% Strongly Agreed and Agreed respectively that they will run away from people with Mental Health disorder. However, 99 and 46 respondents, which represents 26% and 12% Disagreed and Strongly Disagreed respectively, say that they will run away from people with Mental Health disorder. In a nutshell, 62% (32% SA and 30% A) of the respondents Agreed that they will run away from people with Mental Health disorder, 38% (26% D and 12% SD) Disagreed with the statement.

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4.2.2 Hypotheses Testing

H₀₁ Social media campaigns do not significantly influence knowledge of Lead City University students on Mental Health.

Table 4.8: Relationship between Social Media Campaign and Level of Knowledge on Mental Health Lead City University students

Correlations			
Social Campaign		Media	Level of Knowledge
Social-Media Campaign	Pearson Correlation	1	.313**
	Sig. (2-tailed)		.000
	N	382	382
Level of Knowledge	Pearson Correlation	.313**	1
	Sig. (2-tailed)	.000	
	N	382	382

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Study 2022

Pearson Correlation was used with a two-tailed test of significance at P0.01 level to investigate the correlation between social media campaign and level of knowledge on Mental. Furthermore, social media campaign correlates with level of knowledge on mental health at 0.313. Correlation is significant at the $p < 0.01$ level (2-tailed), as indicated by the (**). Correlation coefficients are always between -1 and +1, corresponding to perfect negative and perfect positive. This backed

up the study hypothesis of a significant relationship between social media campaigns and mental health knowledge. Hence, this study rejects the hypothesis Ho¹– Social media campaigns do not significantly influence knowledge of Lead City University students on mental health.

Ho2 Social media campaigns do not significantly influence attitudes of Lead City University students towards mental health.

Table 4.9: Relationship between Social Media Campaign and Attitude of Students on Mental Health of Lead City University students

		Correlations		
		Social Campaign	Media	Level of Knowledge
Social Campaign		Pearson Correlation	1	.282**
		Sig. (2-tailed)		.000
		N	382	382
Level of Knowledge		Pearson Correlation	.282**	1
		Sig. (2-tailed)	.000	
		N	382	382

****.** Correlation is significant at the 0.01 level (2-tailed).

Source: Field Study 2022

Also, Pearson Correlation was used with a two-tailed test of significance at the $P < 0.01$ level to investigate the correlation between social media campaigns and student attitudes toward mental health. At 0.282, the social media campaign correlates with students' attitudes toward mental health. Correlation is significant at the $p < 0.01$ level (2-tailed), as indicated by the (**). Correlation coefficients are always between -1 and +1, corresponding to perfect negative and perfect positive. This supported the research hypothesis that there is a significant relationship between social media campaigns and student attitudes toward mental health. Hence, we reject the Hypothesis Ho2– Social media campaigns do not significantly influence attitudes of Lead City University students towards mental health.

4.3 Discussion of Findings

The discussions of the findings on the level of knowledge and attitude of Lead City University students on mental health, this findings are based on the following determinants: student knowledge of mental health, their attitude toward mental health, the influence of social media on their knowledge and attitude toward mental health, and the sources of mental health campaigns.

The findings on research question one from table 4.5 show that a good number of Lead City University, Ibadan students have been exposed to campaigns on mental health disorder via social media, and thus social media campaigns on mental health disorder are not entirely new to them. The social media platforms most frequently used by Lead City University students to view mental health disorder campaigns were evaluated using questionnaires. *Facebook, WhatsApp, Instagram, and Tik Tok* are among the social media platforms under consideration. It can be concluded that Lead City University, Ibadan students are most likely to see Campaigns on mental health disorders on *Instagram*, followed by *Facebook*. This finding contrasts with those

of a similar study conducted by librarians in universities in Nasarawa State on the impact of social media platforms on the dissemination of information about COVID-19, which found that Facebook was the most widely used social media platform among university librarians¹. Furthermore, findings from table 4.6 on research question two show that only a few of the respondents are aware of the state of their mental health and confirm that respondents are aware that mental health disorders affect mood, thinking, and behaviour. While assessing respondents' knowledge of other symptoms of mental health, it was discovered that most agreed that tiredness, low energy, or sleeping problems are symptoms of a mental health disorder. The summary of the findings is given below:

- i. Many of the respondents are not aware of the status of their mental health. However, a large number of them are aware that mental health disorder affects mood, thinking and behaviour.
- ii. A large number of the respondents are aware that mental health disorder is treatable. In addition, almost half of the respondents agreed that Mental Health Disorder cannot be cured. This is in accordance with a study on: Influence of Social Media campaigns and knowledge, attitude and practice of mental health disorder prevention among youths in Ibadan metropolis which reveals that 90.7% respondents affirm that mental health disorder is treatable².
- iii. The level of awareness on the signs and symptoms of mental health disorder were also assessed, where a significant number of the respondents agreed that excessive anger, hostility or violence; detachment from reality (delusions), paranoia or hallucinations; suicidal thinking; significant tiredness, low energy or problems sleeping are all signs and symptoms of mental health disorder.

- iv. Furthermore, impacts/effects of mental health disorder were also assessed among the students. It clearly shows that the majority agreed that mental health disorder leads to problems with alcohol or drug abuse; Excessive fears or worries, or extreme feelings of guilt can be called mental health disorder. However, majority disagreed that sex drive changes due to mental health disorder.
- v. In order to assess the causes of mental health disorder, responses obtained from the respondents indicate that the majority agreed that losing a loved one, or being in a car accident; mental disorder involves an imbalance of natural chemicals in your brain and your body; and that mental illness often runs in the family ,this result opposes a survey³that was conducted to investigate the common causes of mental illness and 23% of the respondents indicated that mental illness runs in the family always check for a mental health illness in the family”. However, the majority disagreed that not getting enough sleep, or not eating can lead to mental health disorder.

Also, Table 4.7 presents the responses of the respondents on the Attitude of Lead City University students towards mental health disorder. While a few support the statement that People with mental health disorder deserve respect, majority of the respondents disagree with the statement. In addition, the majority of the respondents agree that Learning about mental health is crucial. Furthermore, while assessing their level of worries about their mental health, just about half (50%) of the respondents agreed to be worried about their Mental Health. In accordance with a research on: Influence of Social Medial campaigns and knowledge, attitude and practice of mental health disorder prevention among youths in Ibadan metropolis 68.8% affirmed that they are worried about their mental health condition². As with many people, almost all the respondents agreed that they would be sad if diagnosed of any mental health disorder and also

agreed to go for medical check-up on my mental health disorder. Generally, it could be summarised that the majority of the respondents feels negativity about being affected by mental health issues. In addition, they feel shy in seeking help or making their friends aware of their mental health issues. Also, they are scared of being associated with people with mental health disorders

Finally, a correlation estimate was used to determine the relationship between the social media campaign and the level of knowledge on mental health, as well as the relationship between the social media campaign and the attitude of Lead City University students toward Mental Health. Correlations are used to determine the strength of a linear relationship between two (and only two) variables. Correlation coefficients range from -1.0 (perfectly negative correlation) to 1.0 (perfectly positive correlation). For this study, the researcher used Pearson Correlation with a two-tailed test of significance at the $P < 0.01$ level. The Pearson correlation coefficient (r^2) measures the strength of a linear relationship between two variables.

The closer the connection coefficients approach -1.0 or 1.0, the higher the correlation. The stronger the correlation between two variables, the closer a correlation coefficient approaches zero. Take note of the one diagonal in Tables 4.8 and 4.9. The correlations between the variables are perfect. All correlations are presented twice because the matrix is symmetrical on both sides of the diagonal. The sample size was 382, and the p-value for this correlation coefficient is 0.313. Furthermore, according to the table, social media campaigns were correlated with mental health knowledge at 0.313. Furthermore, the social media campaign correlated with the attitude of Lead City University students toward mental health at 0.282, indicating a positive correlation. This means that the social media campaign influences good mental health knowledge and attitudes, and that this relationship was statistically significant at the 0.001 level. As a result, the research

hypothesis that there is no significant relationship between social media campaign and level of knowledge on mental health among Lead City University Students was rejected, as well as the hypothesis that there is no significant relationship between social media campaign and attitude of Lead City University Students towards mental health. As a result, we reject H_0^1 and H_0^2 . This corroborates the findings of a study on the influence of social media platforms as a tool for creating a knowledge base for mental health, specifically the impact it has on individuals' awareness levels and their respective behavioural changes. It also supports up the findings on student knowledge, attitudes, and practices regarding mental health. That there is a significant relationship between social media campaigns and students' level of knowledge about mental health, as well as a significant relationship between social media campaigns and students' attitudes. And this is in accordance with Agenda Setting Theory which assumes that the media has the ability to influence the topic of public discussion⁴.

Conclusively, the findings of this research shows that social media campaigns has a significant impact on the majority of students' knowledge and attitudes toward mental health, with many displaying positive knowledge and attitudes toward mental health.

Endnotes

1. P.Aghadiuno; G.Amidu. G.Zaccheaus, *Influence of Social Media Platforms on The Dissemination of Information about COVID-19 by Librarians In Universities in Nasarawa State, Nigeria*, **Journal of Applied Information Science and Technology**, 14(1), 2021, 31-40.
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Chapter Five

Conclusion

5.1 Summary of Findings

This research has critically made an assessment of the influence of social media campaigns on knowledge and attitude of Lead City University, Ibadan undergraduates towards mental health disorder. Among other specific objectives, the study identified the roles and ways by which social media campaigns are contributing to the awareness on mental health among the undergraduates of Lead City University, Ibadan and determine effectiveness by which social media campaigns are

The result showed that a good number of the students of Lead City University, Ibadan have been exposed to campaigns on mental health disorder via social media, and thus social media campaigns on mental health disorder are not completely new to them. The study concluded that social media campaigns had a significant impact on the majority of students' knowledge and attitudes toward mental health, with many displaying positive knowledge and attitudes toward mental health.

5.2 Conclusion

The study has shown the effectiveness of available information on the influences of social media on the knowledge, and attitude towards mental health among students and, in particular, the undergraduate students of Lead City University. Findings reveal that although most respondents are aware of mental health disease, it appears that they recognise and often receive Campaigns

on mental health disorder through Instagram and followed by Facebook. Many of the respondents are of the opinion that Mental Health disorders are treatable if given the needed attention.

One common strongly held belief about mental health disorders among the respondents is, “mental health is people going mad”. Once more, research shows that mental health disorders are only recognized when there is a public exhibition of disruptive behaviour. The fact that people are frequently urged to search for a family history of mental illness is a close second.

Last but not least, the respondents' attitudes on mental health disorders demonstrate that these individuals merit respect in society and that, in order for them to improve, the community must provide these individuals with assistance. In addition, individuals must begin to learn about mental health so that we as a society will hopefully unveil the false notions that plague this topic. When these myths are debunked, it should help remove the stigma surrounding mental health. The study therefore concludes that have increased the awareness and knowledge of undergraduates of Lead City University, Ibadan, on mental health.

5.3 Recommendations

From the findings of this research work, the following recommendations are hereby made:

- i. It is important to advocate for the integration of mental health services into all spheres of lives using social media applications.
- ii. There is an urgent need to educate Nigerians - at institutional and community levels, in order to raise awareness on mental health disorders and improve people's perception on matters concerning mental health issues.

- iii. In addition, campaigns should be focused on removing stigma from the people with mental health disorders. Thereby giving a right attitude towards mental health disorder.

5.4 Contribution to Knowledge

- i. The findings of this study have shown that the social media campaigns on mental health have made an impact among undergraduates of Lead City University, Ibadan. Therefore, this study has contributed to knowledge and has emphasised that the continuous usage and growth of social media contributes to the awareness and knowledge about mental health disorder.
- ii. The findings of this study have successfully given insight to social media campaigns on how their success in changing the attitudes towards mental health among undergraduates of Lead City University, Ibadan.
- iii. The study is of great importance to the society at large that need-to-know social media campaigns can be used to push safe health practices

5.5 Suggested Area of Further Research

This study examined the influence of social media campaigns on knowledge, and attitude of Lead City University, Ibadan undergraduates towards mental health disorder. During this study, in the review of empirical works related to the nature of the study, it was discovered by the researcher that there is paucity of literature in areas concerned with social media campaigns and awareness generally. Due to the findings from this study, the researcher is urging scholars to delve into doing more research on social media campaigns and the roles it plays in preaching the topic of mental health.

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Appendixes

Appendix I

Lead City University, Ibadan

Faculty of Communication and Information Science,

Department of Mass Communication and Media Technology.

Questionnaire on the

Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Students towards Mental Health Disorder

Dear respondents,

I am a postgraduate student of Lead City University, Ibadan. The purpose of this research is to examine the Influence of Social Media Campaigns on Knowledge and Attitude of Lead City University Students towards Mental Health Disorder. Please read carefully and tick (✓) the appropriate column for each statement as promptly as possible. All information gathered shall be used purely for research purpose and shall be treated with confidentiality.

Thanks,

Yours Faithfully,

Ibeun Elizabeth

Researcher

Section A (Demographic Data)

Instruction: Please tick or provide answers as appropriate.

Gender: Male Female

Age Group: Less than 18 () 18 – 25 () 26 – 30 () Above 30 ()

Level: 100 200 300 400 500

Faculty: _____

Religion: Christianity Islam Traditionalist Others.....

Section B: What is the level of Lead City University student's exposure to Social Media

Campaigns on Mental Health Disorder?

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

S/N	Statement	SA	A	D	SD
1.	I often see social media campaigns on Mental Health disorder				

S/N	Statement	SA	A	D	SD
2.	I occasionally see social media campaigns on Mental Health disorder				
3.	I often see social media campaigns on Mental Health disorder through Facebook				
4.	I occasionally see social media campaigns on Mental Health disorder through Facebook				
5.	I often see social media campaigns on Mental Health disorder through WhatsApp				
6.	I occasionally see social media campaigns on Mental Health disorder through WhatsApp				
7.	I occasionally see social media campaigns on Mental Health disorder through Twitter				

S/N	Statement	SA	A	D	SD
8.	I often see social media campaigns on Mental Health disorder through Instagram				
9.	I occasionally see social media campaigns on Mental Health disorder through Instagram				
10.	I often see social media campaigns on Mental Health disorder through Tik-Tok				
11.	I see social media campaigns on Mental Health disorder daily				
12.	I see social media campaigns on Mental Health disorder weekly				
13.	I see social media campaigns on Mental Health disorder monthly				
14.	I see social media campaigns on Mental Health disorder annually				

Section C: What is the level of knowledge of Lead City University students on Mental Health disorder?

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

S/N	Statement	SA	A	D	SD
1.	I am aware of my Mental Health status				
2.	Mental Health disorder affects mood, thinking and behaviours				
3.	Everyone is exposed to Mental Health disorder				
4.	Mental Health disorder is treatable				
5.	Mental Health disorder cannot be cured				
6.	Mental Health disorder cannot be cured				
7.	Excessive anger, hostility or violence are signs of Mental Health disorder				

S/N	Statement	SA	A	D	SD
8.	Mental Health disorder leads to problems with alcohol or drug abuse				
9.	Detachment from reality (delusions), paranoia or hallucinations are symptoms of Mental Health disorder				
10.	Sex drive changes due to Mental Health disorder				
11.	Suicidal thinking is a sign of mental disorder				
12.	Excessive fears or worries, or extreme feelings of guilt can be called mental health disorder				
13.	Significant tiredness, low energy or problems sleeping are symptoms of Mental Health disorder				
14.	Mental illness often runs in the family				
15.	Losing a loved one, or being in a car accident can lead to mental disorder				

S/N	Statement	SA	A	D	SD
16.	Not getting enough sleep, or not eating can lead to Mental Health disorder				
17.	Mental disorder involves an imbalance of natural chemicals in your brain and your body				

Section D: What is the attitude of Lead City University students towards Mental Health disorder?

SA= Strongly Agree, A= Agree, D= Disagree and SD= Strongly Disagree

S/N	Statement	SA	A	D	SD
1.	People with Mental Health disorder deserve respect				
2.	Learning about Mental Health is crucial				
3.	We must help people with Mental Health disorder for them to be better				
4.	I worry about my Mental Health status				
5.	I will be sad if I am diagnose of any Mental Health				

S/N	Statement	SA	A	D	SD
	disorder				
6.	I will be willing to go for medical check-up on my Mental Health disorder				
7.	I am willing to tell someone if I am diagnosed of Mental Health disorder				
8.	I am scared when being approached by people with Mental Health disorder				
9.	If I have Mental Health disorder, I most likely do not tell my friends				
10.	It would be a shame if I had a Mental Health disorder				
11.	I run away from people with Mental Health disorder				

Appendix II

Demographic Data of the Respondents

Demographics		Frequency	Percentage	Cumulative Percentage
Gender	Male	138	36	36
	Female	244	64	100
			100	
Age Group	16-20	103	27.22	27.22
	21-24	117	30.61	57.83
	24-30	162	42.17	100
			100	
Year of Study	100	31	8.2	8.2

	200	21	5.4	13.6
	300	23	6.1	19.7
	400	80	20.4	40.1
	500	227	59.9	100
Religion	Christianity	307	80.36	80.36
	Islam	70	18.36	98.72
	Traditionalist	5	1.36	100

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**Level of Lead City University Students' exposure to Social Media Campaigns
on Mental Health Disorder**

S/N	Statement	SA		A		D		SD		Total
		Freq	%	Freq	%	Freq	%	Freq	%	
1	I often see social media campaigns on Mental Health disorder	27	7	149	39	138	36	68	18	100
	Cumulative Percentage		7		53		82		100	
2	I occasionally see social media campaigns on Mental Health disorder	57	15	160	42	134	35	31	8	100
	Cumulative Percentage		15		57		92		100	
3	I often see social media campaigns on Mental Health disorder through Facebook	84	22	153	40	92	24	53	14	100
	Cumulative Percentage		22		42		86		100	
4	I occasionally see social media campaigns on Mental Health disorder through Facebook	145	38	103	27	96	25	38	10	100
	Cumulative Percentage		38		65		90		100	
5	I often see social media campaigns on Mental Health disorder through	46	12	57	15	168	44	111	29	100

	WhatsApp									
	Cumulative Percentage		12		27		71		100	
6	I occasionally see social media campaigns on Mental Health disorder through WhatsApp	126		172		57		27		100
			33		45		15		7	
	Cumulative Percentage		33		78		93		100	
7	I occasionally see social media campaigns on Mental Health disorder through Twitter	153		130		53		46		100
			40		34		14		12	
	Cumulative Percentage		40		74		88		100	
8	I often see social media campaigns on Mental Health disorder through Instagram	206		76		27		73		100
			54		20		7		19	
	Cumulative Percentage		54		74		81		100	
9	I occasionally see social media campaigns on Mental Health disorder through Instagram	149		119		38		76		100
			39		31		10		20	
	Cumulative Percentage		39		70		80		100	
10	I often see social media campaigns on Mental Health disorder through Tik-Tok	57		42		115		168		100
			15		11		30		44	
	Cumulative Percentage		15		26		56		100	

11	I see social media campaigns on Mental Health disorder daily	23	6	38	10	145	38	176	46	100
	Cumulative Percentage		6				54		100	
12	I see social media campaigns on Mental Health disorder weekly	76	20	57	16	153	40	96	25	100
	Cumulative Percentage		20		35		75		100	
13	I see social media campaigns on Mental Health disorder monthly	107	28	115	30	126	33	34	9	100
	Cumulative Percentage		28		58		91		100	
14	I see social media campaigns on Mental Health disorder annually	172	45	126	33	57	15	27	7	100
	Cumulative Percentage		45		78		93		100	

Statistics

Statement		
	Mean	Standard Deviation
I often see social media campaigns on Mental Health disorder	95.5	50.29
I occasionally see social media campaigns on Mental Health disorder	95.5	53.12
I often see social media campaigns on Mental Health disorder through Facebook	95.5	36.25
I occasionally see social media campaigns on Mental Health disorder through Facebook	95.5	38.12
I often see social media campaigns on Mental Health disorder through WhatsApp	95.5	49.37
I occasionally see social media campaigns on Mental Health disorder through WhatsApp	95.5	56.91

I occasionally see social media campaigns on Mental Health disorder through Twitter	95.5	46.78
I often see social media campaigns on Mental Health disorder through Instagram	95.5	66.69
I occasionally see social media campaigns on Mental Health disorder through Instagram	95.5	42.13
I often see social media campaigns on Mental Health disorder through Tik-Tok	95.5	49.95
I see social media campaigns on Mental Health disorder daily	95.5	66.13
I see social media campaigns on Mental Health disorder weekly	95.5	35.95
I see social media campaigns on Mental Health disorder	95.5	36.14

monthly		
I see social media campaigns on Mental Health disorder annually	95.5	56.91

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Level of Knowledge of Lead City University Students on Mental

Health Disorder

S/N	Statement	SA	A	D	SD	Total %
		%	%	%	%	
1	I am aware of my Mental Health status	10	12	42	36	100
	Cumulative Percentage	10	22	64	100	
2	Mental Health disorder affects mood, thinking and behaviours	44	30	15	11	100
	Cumulative Percentage	44	74	89	100	
3	Everyone is exposed to Mental Health disorder	53	38	6	3	100
	Cumulative Percentage	53	91	97	100	
4	Mental Health disorder is treatable	40	30	20	10	100
	Cumulative Percentage	40	70	90	100	

5	Mental Health disorder cannot be cured	30	20	25	25	100
	Cumulative Percentage	30	50	75	100	
7	Excessive anger, hostility or violence are signs of Mental Health disorder	52	33	5	10	100
	Cumulative Percentage	52	85	90	100	
8	Mental Health disorder leads to problems with alcohol or drug abuse	48	32	10	10	100
	Cumulative Percentage	48	80	90	100	
9	Detachment from reality (delusions), paranoia or hallucinations are symptoms of Mental Health disorder	40	50	5	5	100
	Cumulative Percentage	40	90	95	100	

10	Sex drive changes due to Mental Health disorder	30	46	15	9	100
	Cumulative Percentage	30	76	91	100	
11	Suicidal thinking is a sign of mental disorder	44	50	4	2	100
	Cumulative Percentage	44	94	98	100	
12	Excessive fears or worries, or extreme feelings of guilt can be called Mental Health disorder	31	40	15	14	100
	Cumulative Percentage	31	71	86	100	
13	Significant tiredness, low energy or problems sleeping are symptoms of Mental Health disorder	25	37	28	10	100
	Cumulative Percentage	25	62	90	100	
14	Mental illness often runs in the	35	44	9	12	100

	family					
	Cumulative Percentage	35	79	88	100	
15	Losing a loved one, or being in a car accident can lead to mental disorder	30	39	11	20	100
	Cumulative Percentage	30	69	80	100	
16	Not getting enough sleep, or not eating can lead to Mental Health disorder	22	26	25	27	100
	Cumulative Percentage	22	48	73	100	
17	Mental disorder involves an imbalance of natural chemicals in your brain and your body	42	40	11	7	100
	Cumulative Percentage	45	78	93	100	

Attitude of Lead City University students towards Mental Health

disorder

S/N	Statement	SA		A		D		SD	
		Freq	%	Freq	%	Freq	%	Freq	%
1	People with Mental Health disorder deserve respect	57	15	92	24	76	20	157	41
	Cumulative Percentage		15		39		59		100
2	Learning about Mental Health is crucial	191	50	153	40	27	7	12	3

	Cumulative Percentage		50		90		97		10
3	We must help people with Mental Health disorder for them to be better	134	35	160	42	61	16	27	7
	Cumulative Percentage		35		77		93		100
4	I worry about my Mental	76	20	134	35	96	25	76	20

	Health status								
	Cumulative Percentage		20		55		80		100
5	I will be sad if I am diagnosed of any Mental Health disorder	172	45	191	50	12	3	8	2
	Cumulative Percentage		45		95		98		100
6	I will be willing to go for medical	145	38	160	42	31	8	46	12

	check-up on my Mental Health disorder								
	Cumulative Percentage		38		80		88		100
7	I am willing to tell someone if I am diagnosed of Mental Health disorder	115	30	95	25	57	15	115	30
	Cumulative		30		55		70		100

	Percent age								
8	I am scared when being approac hed by people with Mental Health disorder	157	41	126	33	57	15	42	11
	Cumula tive Percent age		41		74		89		100
9	If I have Mental Health disorder, I most	138	36	172	45	34	9	38	10

	likely do not tell my friends								
	Cumulative Percentage		36		81		90		100
10	It would be a shame if I had a Mental Health disorder	134	35	115	30	57	15	76	20
	Cumulative Percentage		35		65		80		100
11	I run away from	122	32	115	30	99	26	46	12

people with Mental Health disorder								
Cumulative Percentage		32		62		88		100

SA= Strongly Agreed, A= Agreed, N=Neutral, D= Disagree and SD= Strongly Disagree

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Appendix III

Section	No of Items	Cronbach's Alpha Coefficient
Knowledge of Mental Health	5	.937
Attitude towards Mental Health	5	.806
Attitude towards Mental Health	5	.806
Social Media Campaign Sources	5	.808
Overall reliability coefficient value	20	.939

Reliability

/Variables=Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12 Q13 Q14 Q15 Q16 Q17 Q18 Q19

Q20

/Scale('All Variables') All

/Model=Alpha.

Reliability

Scale: All Variables

Reliability Statistics

Cronbach's Alpha	N of Items
.937	20

Reliability

/Variables=q1 q2 q3,q4,q5

/Scale('All Variables') All

/Model=Alpha.

Reliability

Scale: All Variables

Reliability Statistics

Cronbach's Alpha	N of Items
.939	5

Reliability

/Variables=q6, q7, q8, q9, q10

/Scale('all variables') All

/Model=Alpha.

Reliability

Scale: ALL VARIABLES

Reliability Statistics

Cronbach's Alpha	N of Items
.806	5

Reliability

/Variables=q11 q12 q13 q14 q15

/Scale('all variables') All

/Model=Alpha.

Reliability

Scale: All Variables

Reliability Statistics

Cronbach's Alpha	N of Items
.948	5

Reliability

/Variables=q16,q17,q18, q19, q20

/Scale('all variables') all

/Model=Alpha.

Reliability

Scale: All Variables

Reliability Statistics

Cronbach's Alpha	N of Items
.808	5

Reliability

/Variables=q16,q17,q18, q19, q20

/Scale('All variables') All

/Model=Alpha.

Frequencies

Statement	Mean	Standard Deviation
	People with Mental Health disorder deserve respect	95.5
Learning about Mental Health is crucial	95.5	77.61
We must help people with Mental Health disorder for them to be better	95.5	53.68
I worry about my Mental Health status	95.5	23.68

I will be sad if I am diagnosed of any Mental Health disorder	95.5	86.02
I will be willing to go for medical check-up on my Mental Health disorder	95.5	57.49
I am willing to tell someone if I am diagnosed of Mental Health disorder	95.5	23.68
I am scared when being approached by people with Mental Health disorder	95.5	47.58
If I have Mental Health disorder, I most likely do not tell my friends	95.5	60.72
It would be a shame if I had a Mental Health disorder	95.5	30.52
I run away from people with Mental Health disorder	95.5	29.77

Bio-data

A. Personal Data

Name: Ifejesutomi Elizabeth IBEUN
Address: No. 1925 Ibadan Way Opposite hunter's
lodge Kainji, Niger State.
Phone Number: 08087241005
Date of Birth: September 25th 1996
Place of Birth: Kainji, Niger State
Nationality: Nigerian
Marital Status: Single

B. Educational Background

1. Educational Institution Attended with Date and Qualification Obtained

NEPA Primary school, Kainji

2003-2009

Primary school leaving certificate

2009

Emmanuel Baptist College, Illorin

2009-2014

West African Examination Council (WAEC) 2014

Ibrahim Badamasi Babangida University Lapai, Niger State

2015-2019

B.Sc Mass Communication

2019

C. Working Experience with Dates

a. Organisation: Royal FM, Ilorin

Role: Media Intern

2017-2018

b. Organisation: I.G Dickson Ventures Limited, Kainji

Role: Personal Assistant to the C.E.O

2019-2020

D. Awards and Fellowships

None

E. Extra-Curricular Activities

Watching movie

Playing board games

F. Publications

Nil

G. Major Conferences Attended with Dates

Nil

References

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Lead City University, Ibadan.
08071581511
2. Mr Ternenge Ende
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Ibrahim Badamasi Babangida University, Lapai.
07065523679

.....
Signature

.....
Date

The University Compliance Certification

This is to certify that this thesis by Ifejesutomi Elizabeth IBEUN with Matric No LCU/PG/002247 in the Department of Mass Communication and Media Technology, Lead City University, Ibadan is in full compliance with the approved University format and style.

Signature

Date

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