



Media Literacy in Enhancing Mental Health Awareness among Afghan Refugees of Malakand Division, KP, Pakistan

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Abstract

This study examines the current level of media literacy and their impact on the mental health awareness of Afghan refugees of Chakdara, because ongoing challenges faced by Afghan refugees, mental health issues are prevalent but often unreported and addressed due to a lack of education, mental health awareness becomes crucial. A quantitative research methodology was adopted in this research, while data was collected by cross-sectional survey design through simple random sampling method from 255 Afghan refugees of Chakdara Camp. Findings revealed that better understanding of mental health problems and more utilization of mental health services are correlated with higher media literacy. Enhancing media literacy not only improves mental health awareness but also promotes overall well-being and integration within the local community. Fostering a better awareness of issues related to their mental health, reducing stigma, and promoting the use of mental health services can be achieved by providing Afghan refugees with the necessary tools to access, analyze, and interpret information about mental health through various media platforms.

Keywords: Media Literacy, Mental Health Awareness, Afghan Refugees, Dir Lower

Introduction

This study aims to assess the Afghan refugee's awareness and knowledge regarding mental health issues in the perspective of media literacy. This will help to increase understanding about reduce stigma and facilitate access to health supportive services. While in this context media literacy is playing an important role in refugee's mental health awareness. There are several reasons why the media literacy is so important for the Afghan refugees in Malakand Division. Primarily, Due to trauma, prejudice, and post-migration living problems (PMLDs), Afghan refugees in Malakand Division struggle with their mental health. (Alemi et al., 2023, July). By improving access to resources, lowering stigma, and disseminating knowledge about mental health, media literacy can help address these issues. (Peter, Ventevogel., Xavier, Pereira., Sharuna, Verghis., Derrick, Silove, 2019). Although Afghan refugees in Malakand Division deal with a number of difficulties, but one of the most important is the absence of media literacy education, which is the main barrier to accessing reliable information related to mental health.

Afghan refugees' capacity to distinguish between factual and false information can be severely hampered by a lack of media literacy instruction. Małgorzata, Marska. (2022). Programs for media literacy are essential for enabling people to filter out false information, analyze media material critically, and navigate the large quantity of information that is available. (Tayia, 2022). By addressing the absence of media literacy education, Afghan refugees may be better able to recognize mental health concerns and seek out suitable services and help. Mohammadi, ohnston, & Ojha, (2023). Improving health literacy among refugees, particularly in mental health, is crucial, as evidenced by the poor mental health literacy rates among Afghan communities. Adjekum, & Joseph, (2023). By promoting media literacy, refugees may learn to recognize trustworthy organizations such as the UNHCR and WHO, which provide evidence-based information about mental health services, treatment alternatives, and support groups. This enables refugees to make well-informed decisions regarding their mental health. (Yue, Li, 2023). Media literacy programs empower afghan refugees offer them a platform. Giving Afghan refugees access to media literacy programs can provide them a voice and a platform to share their opinions and experiences. (Kofol, Kriechel, & Vetter, November, 7, 2021).. Challenging negative stereotypes and disinformation regarding the mental health of Afghan refugees is largely dependent on media literacy. Refugees may create a more welcoming and helpful atmosphere for people in need by analyzing how mental illness is portrayed in the media critically and confronting stigmatizing language and images. Research indicates that the public's perception of mental health is shaped by media coverage. (Jehangir, 2023, January 28).

Media Literacy

Media literacy fosters the critical thinking abilities necessary for individuals to make their own decisions. Specifically, it teaches people how to assess and select various information sources and channels as well as how to understand the news and information they get through them. (Mrisho, & Dominic, 2023). Everyone should have the chance to become media literate as they are capable of producing, analyzing, evaluating, and decoding both print and electronic media. The primary goal of media literacy is critical independence with regard to all forms of media. There are many different areas that are emphasized in media literacy training, such as consumer competency, social activism, informed citizenship, and the enjoyment and expression of the arts. Some people could utilize media literacy as a means of comprehending the mass media's financial structure, which is a crucial component in the social creation of public knowledge (Aufderheide, 2018). Cognitive processes involved in critical thinking are incorporated into media literacy instruction. Livingstone, S. (2003). Many people believe that the British Film Institute's efforts to educate media consumer's analytical skills in the late 1920s and early 1930s are the origin of media literacy education. Simultaneously, in the United States, the Wisconsin Association for Better Broadcasters aimed to educate people on how to be more discerning media consumers. These early attempts at media literacy, which persisted throughout the 1960s, however, were intended to shield pupils from media by cautioning them against its usage. This viewpoint notwithstanding, media dominance particularly that of television grew even as interest in teaching media literacy declined. The need for media literacy has increased recently as a result of the development of the internet and portable technologies, which allow us to consume information at any time and from any place. However, the objective is now to assist individuals in becoming more knowledgeable, considerate media consumers rather than to stop them from utilizing media. While media literacy education has gained acceptance and success in English-speaking nations like Australia, Canada, and Britain, it is still not a required subject in American curricula due to a lack of centralization, which results in a disorganized approach to teaching useful media literacy

skills (Cynthia Vinney, 2023, October 26).

a) Mental health and significance of mental health awareness

A person who have the ability to manage life's stresses, reach their full potential, learn and work effectively, and give back to their community as known as mental health. It is a crucial aspect of health and wellbeing that supports our capacity as individuals and as a society to make choices, form bonds with others, and influence the world in which we live (World health organization, 2022). The history of identifying, redefining, and measuring the functional literacy requirements of the adult population gave rise to the idea of health literacy. Accompanying these shifts has been the realization that complex literacy abilities are becoming more and more necessary for social interaction and that low literacy could impact health and medical services (Berkman, Davis, & McCormack (2010). Furthermore, the issue of illiteracy has grown in importance, particularly in relation to health care. Nearly half of adults lack basic computation and reading skills, according to a nationwide survey. While functional health literacy refers to the capacity to read, comprehend, and act upon health information, literacy is defined as the fundamental ability to read and speak English. The functional health literacy of English-speaking patients is lacking in up to 48% of cases. Inadequate health literacy can lead to a number of negative outcomes, such as worse health, a lack of understanding of medical conditions and treatments, difficulty understanding and using preventive services, lower self-reported health, lower compliance rates, more hospital admissions, and higher health care expenses. Andrus & Roth (2002). Individuals with low literacy levels are generally less receptive to health education, have lower rates of using services for disease prevention, and have lower rates of effectively managing chronic illnesses. (DeWalt, Berkman, Sheridan, Lohr, & Pignone, (2004). Improving access to high-quality education in schools and offering adult literacy programs to those who require them are two ways to address low literacy rates in a community. A population's high literacy rate is not only a crucial development objective, but it will also have a positive impact on public health. Nutbeam, (2009). Good health lowers poverty by increasing labor productivity, income, and educational attainment (Udoh & Ajala 2001, Bloom et al. 2004). The term "HL," first used in the 1970s (Simonds 1974), is becoming more and more significant in the fields of public health and medicine. The continuous endeavor to minimize the stigma associated with mental illness and mental health conditions by sharing our individual experiences is known as mental health awareness. (Cooks-Campbell, 2022 -, Junaury 19). There are various reasons why mental health awareness is so important. It primarily aids in the fight against the stigma attached to mental diseases. Regrettably, stigma and misinformation about mental health issues have long existed, which breeds prejudice and discrimination. We can dispel these myths and encourage a more accepting and compassionate society by raising awareness. Moreover, early intervention and prevention depend heavily on raising public understanding of mental health issues. People are better able to recognize mental health problems in others and themselves when they are aware of the warning signs and symptoms. The severity and effects of mental health issues can be lessened by early discovery, which enables prompt care.

Media literacy and Mental Health

Improving people's health behaviors is largely dependent on access to health information. However, finding and using reliable health-related information and resources depends in large part on media literacy. Parandeh Afshar, Keshavarz, Salehi, Fakhri Moghadam, Khajoui, Nazari, & Dehghan, (2022). Media literacy appears to be one of the many factors that can influence one's level of health literacy. Media literacy is suggested by various organizations as an efficacious

strategy for health promotion. Media literacy appears to be one of the many factors that can influence one's level of health literacy. Media literacy is suggested by various organizations as an efficacious strategy for health promotion. People's health can be significantly impacted by media because they consume it for extended periods of time. Tehrani, (2016). Individuals improve their health behaviors and shift their health literacy through the information presented in the media. Thus, one of the goals of media use is to disseminate health information. The abilities of analysis, evaluation, grouping, induction, deduction, composition, and summarization are possessed by someone who is media literate. Sadoughi, Ahmadi, Gohari, & Rangrez Jeddi. (2010). Research, analysis, teaching, and awareness of the effects of media on people and communities including radio, television, movies, music, journals, and the internet are thus components of media literacy. Among the advantages of media literacy are lifestyle, health-promoting standards, and promotion of health. Stated differently, information literacy, or media literacy, raises health literacy. Because they are able to recognize messages, understand the material, and have greater control over their education, people who possess media literacy are less susceptible to false information. Cheshmeh Sohrabi, & Shahin, (2012).

Afghan refugees in Pakistan

Currently, Pakistan is home to one million unregistered Afghan refugees in addition to the more than 1.5 million registered ones. In 1979, they started coming in the months before the Soviet invasion of Afghanistan. Over four million Afghan refugees were living in Pakistan at the height of the situation. These figures have dropped significantly in recent years as a result of Pakistani government pressure to send Afghans back, frequently using their presence as a political weapon in conflicts with the Afghan government. Afghan refugees have had few rights other than the freedom to travel while they have been in Pakistan. The 1951 Refugee Convention is not ratified by Pakistan. As a result, Afghan refugees have been refused access to healthcare, formal education options, bank account opening, employment, and property ownership. The Pakistani government started to tighten down on refugee camps following the slaughter of over 100 kids in Peshawar in December 2014. The refugees were targeted for retaliation because the armed gang that assaulted the school was linked to Afghanistan. They had long been the target of regular harassment, including the offering of bribes. Human Rights Watch referred to the forcible repatriation of up to 365,000 migrants from Pakistan to Afghanistan in 2016 as "the world's largest unlawful mass forced return of refugees in recent times." Sharbat Gula, the well-known "Afghan girl" who appeared on the cover of National Geographic magazine in June 1985, was among those deported that year. Sharbat Gula's piercing green eyes were a constant reminder of the suffering of Afghan refugees and Pakistan's position as the country housing the greatest number of refugees in the world at the time for many years. Pakistan has often set arbitrary and impractical timetables. Every time, a hesitant extension has been given. The announcement made by Prime Minister Imran Khan last year marked the end of the decades-long legal limbo for Afghan refugees, as they would finally be awarded citizenship. The Nationality Act grants citizenship to people born in Pakistan; however, this right has never been bestowed upon them on the fictitious pretext that their parents were refugees. The present "Proof of Registration" cards are valid through June 2020, however the decision was quickly changed. (May 20, 2022).

a) Afghan Refugees per Province

Location	Date	Population
Khyber Pakhtunkhwa	30 June 2023	701,358
Baluchistan	30 June 2023	321,677
Punjab	30 June 2023	191,053
Sindh	30 June 2023	73,789
Islamabad	30 June 2023	41,520
The Pakistan administered side of the line of control in Jammu and Kashmir	30 June 2023	4,352

Source: *UNHCR, 2023*

History of Chakdara

With a history spanning more than 3,500 years, Chakdara is a charming town in Pakistan's Lower Dir District of Khyber Pakhtunkhwa. The historic city is renowned for its abundant natural beauty as well as for its significant historical landmarks, educational facilities, and cultural holdings. After Timergara, Chakdara is the second-biggest city in Dir Lower. It is positioned effectively to act as the gateway to the Malakand Division and the Lower Dir District, close to the entrance to the Swat District. Chakdara is connected to other parts of the region by the Swat Motorway, a crucial route for transit. Chakdara serves as an important center in this part of Pakistan and is around 130 kilometers from Peshawar, 40 kilometers from Mingora, and 38 kilometers from Timergara. With 29,712 residents overall, 11,184 of them were refugees from Afghanistan. Since 1986, there have been Afghan refugees living in Chakdara. There are those who reside in the main town of Chakdara, while some are living in camps. Afghans have lived in Chakdara for the past 47 years, according to a UN study and survey from 2022–2023. Jahanzaib, M. (2023, October 30).

Significance of study

In Malakand Division, media literacy is crucial for raising mental health awareness among Afghan refugees. Because refugee populations are linguistically and culturally varied, media literacy initiatives can help close the communication gaps and give people access to critical mental health information in ways that appeal to a wide range of audiences. Refugees can make well-informed decisions regarding their well-being by developing critical thinking skills that enable them to distinguish between reliable mental health resources and false information. Furthermore, by critiquing inaccurate representations of mental illness in the media and encouraging compassion and understanding in host communities, media literacy programs can help combat the widespread stigma associated with mental illness and create a more welcoming and encouraging environment for refugees who are in need of mental health services.

Problems statement

Due to linguistic obstacles, restricted access to mental health treatments, and societal stigma associated with mental illness, Afghan refugees in Malakand Division encounter considerable

difficulties in obtaining accurate and culturally relevant information on mental health. Afghan refugees have a high frequency of mental health diseases, such as depression and post-traumatic stress disorder (PTSD), yet the population is not well-informed about these disorders. Furthering the stigma against mental health, false information and derogatory media representations of it prevent refugees from getting the treatment and assistance they need. Thus, through focused media literacy interventions, the issue statement centers on the necessity of addressing these obstacles and gaps in mental health understanding among Afghan refugees in Malakand Division. In the Malakand division, media literacy programs in the context of refugees are still unexplored. This study aims to explore the relationship between media literacy and the protection and awareness of mental health among Afghan refugees.

Objectives of the study

- To examine the level of awareness of mental health issues among afghan refugees in Malakand Division.
- To raise awareness among afghan refugees in Malakand Division about mental health issues and provide them with resources and strategies for managing mental well-being.
- To empower afghan refugees in Malakand Division to utilize media platforms as a tools for promoting mental health awareness and advocacy within their communities.

Research Questions

RQ 1 .What is the level of media literacy among afghan refugees in Malakand Division?

RQ 2. How aware are the afghan refugees in Malakand Division of mental health issues?

Hypotheses

H1: Afghan refugees in Malakand Division who receive media literacy training will be better equipped to evaluate and critically analyze media, which will enhance their understanding of the potential negative effects of media on mental health.

H2: The implementation of mental health awareness workshops among Afghan refugees in Malakand Division is expected to result in improved attitudes towards seeking treatment, deeper understanding of mental health concerns, and more robust coping strategies for managing mental health.

Literature Review

The situation of Afghan refugees has attracted a lot of attention recently, especially from a worldwide perspective, especially when it comes to their mental health and resilience in the face of hardship. Despite the obstacles they encounter such as trauma, displacement, and cultural acclimatization media literacy becomes apparent as an essential skill for navigating the confusing information environment and raising mental health awareness. This review of the literature is to investigate the body of research on the relationship between media literacy and mental health awareness among Afghan refugees, emphasizing intervention options, obstacles, and future directions. (Murray, Davidson, Schweitzer, 2008). Afghan refugees and asylum seekers who continue to seek international protection while being exposed to continuous conflict are disproportionately affected by mental health issues. In order to synthesize peer-reviewed literature on mental health issues among Afghans who have been resettled in developed countries, we conducted a systematic review. To find research that were published between 1979 and 2013 and included information on distress levels and subjective experiences with distress, we searched five databases. (Alemi, James, Cruz, Zepeda & Racadio, 2014)

In Malakand Division, media literacy is essential for the empowerment of Afghan refugees. Initiatives aimed at promoting media literacy can help Afghan refugees effectively navigate the complex conversation regarding mental health, which will raise awareness, reduce stigma, and enhance the likelihood that they will seek help. Initiatives in media literacy tailored to the cultural background of Malakand Division's Afghan refugees can also encourage community engagement and talks on mental health. By utilizing language and content that is appropriate for the target culture, these kinds of projects can establish deeper connections with refugee communities and encourage a sense of ownership and trust. Through seminars, educational programs, and other means, media literacy projects may empower Afghan refugees to question social norms, speak out for their mental health needs, and contribute to the de-stigmatization of mental illness in their communities. (Humayun, Azad, Khan, Ahmad & Farooq, (2016)). A research conduct in Europe during 2015-16 particularly Sweden millions of Afghans have been compelled to leave their country and relocate to other nations due to four decades of civil conflict, brutality, and destabilization. Physicians who are not familiar with the health state of this group, which may differ significantly from that of the host country, may find this growing problem challenging. Furthermore, the health of refugees is greatly impacted by a number of circumstances related to their movement, including housing in camps and detention facilities, accidental accidents, malnourishment, and transportation in closed containers. We focus on the population of Afghans and characterize their health in this review, taking into account the range of specific diseases among migrant groups, the diversity of origins of refugees and asylum seekers, and the growing number of Afghan refugees. (Amstutz, 1994).

Thus, it is maintained that it is crucial to research and record the health status of refugee populations, in order to give us a general picture of the population, infectious diseases, irregularities in metabolism and nutrition, long-term cardio metabolic diseases, mental illnesses, and psychological distress, as well as to pinpoint protective variables that may help to uphold important health principles and appropriate clinical practice. We decided to concentrate on this particular population because of the wide range of specific diseases that affect migrant groups, the diversity of refugee and asylum seeker backgrounds, and the significant number of Afghan nationals seeking asylum in the aforementioned nations. In this integrated review, we outline the influence of location-and lifestyle-specific risk factors and how these can result in diseases. (UNHCR on March 2022). The study included Afghan refugee adults who had resettled in South Australia. To be eligible, participants had to be born in Afghanistan, have left the country during or after 2000, be proficient in Dari and/or English, and fall within the age range of 18 to 70 years. The requirement for resettlement during or after 2000 aimed to create a more uniform sample in terms of exposure to conflict, specifically focusing on individuals who were in Afghanistan after the Taliban regime took over. One of the researchers (AY) promoted the study within the South Australian Afghan community by networking at cultural, religious, and other Afghan events, as well as by distributing flyers (translated into Dari) in locations frequented by Afghans in Adelaide. These flyers outlined the study's objectives, time commitment, and eligibility criteria. A combination of convenience and snowball sampling methods was utilized to enhance participation rates. (Younan, 2017)

Mental Health and Refugees in Pakistan

According to the World Health Organization (1985), "the greatest threat to health is war." Every aspect of human existence is impacted by war, which frequently leads to population

displacement as refugees. Relief agencies are often preoccupied with emergency relief logistics in crisis situations, such as displacement caused by disasters, and mental health issues are often given low priority. Risks including marginalization and minority status, socioeconomic disadvantage, poor physical health, disintegration of social supports, psychological distress, and difficulty adjusting to host cultures are among the many that refugees face and which may have an impact on their mental health (Jablensky, Marsella, Ekblad, Levi, & Jansson, 1992). With estimates indicating that there are over 1.4 million registered Afghan refugees and about 1 million unregistered, Pakistan is home to one of the largest concentrations of Afghan refugees worldwide. These exiles are spread among several provinces, such as Punjab, Sindh, Balochistan, and Khyber Pakhtunkhwa (KP). The extended relocation has posed notable obstacles, particularly in the areas of mental health awareness and media literacy. Khyber Pakhtunkhwa (KP): Most Afghan refugees are lodged in this province. Programs for media literacy are scarce here, although they are expanding. One of the challenges is that a large number of refugees speak Pashto or Dari instead of Urdu or English. Limited technology resources and internet availability also impede advancement. Balochistan: Because of its inadequate infrastructure and linguistic diversity, Balochistan, like KP, has considerable challenges when it comes to media literacy. Nonetheless, programs to offer fundamental training in media literacy have been launched by NGOs and international organizations. Sindh: Access to media resources is better in cities like Karachi. But migrants sometimes reside in crowded places with little access to high-quality education, which affects how media literate they are. Punjab: Although the province's infrastructure is comparatively better, organized initiatives to increase media literacy among refugees have been made there, albeit they are still not very common. In comparison, Punjab and Sindh have easier access to mental health care. Refugees still have to overcome obstacles like high prices, linguistic hurdles, and cultural shame. Whereas Balochistan and KP there are very few mental health services available. The problem is made worse by cultural stigmas associated with mental health and a shortage of qualified experts. Refugees frequently depend on unofficial networks of help. This study aims to find the degree of media literacy among Malakand Division's Afghan refugees; their mental health issues and What obstacles do Afghan refugees face in Malakand Division when trying to receive mental health care, and how media literacy efforts help to overcome these obstacles.

Cultivation Theory as Theoretical Framework

Hungarian American professor of communication George Gerbner formulated Cultivation Theory in the 1960s with his coworkers. Their aim was to comprehend how our ideas of reality are shaped by the media that we consume. Media shapes our perspectives throughout time, claims Gerbner. He adds that a person's strong media exposure may contribute to the development of particular attitudes, values, and beliefs. The impact of television on viewers was the subject of many research carried out by Gerbner and others. As such, Cultivation Theory emerged as a result of their study. Media Effects is the branch of communications that this idea falls within. (2023, May 26).

Main Theme of the Theory

The main idea of Cultivation Theory is that our views of reality are influenced by the media that we are exposed to. According to the theory, a person's attitudes, beliefs, and values are cultivated as a result of their extensive media exposure. They also align with the images and messages found in media sources. According to the notion, media messages reinforce a common cultural reality that is formed via media exposure. (2023, May 26). Larry Gross, an American

screenwriter, further extended and added to Gerbner's results. (Perera, 2023).

Relevancy of cultivation theory with current study

Malakand Division's Afghan refugees are probably familiar with print, social media, radio, television, and other media. The way mental health is portrayed on these media channels can range from truthful portrayals to sensationalized or stigmatizing ones. Long-term exposure to these representations may alter people's perspectives on mental health problems, according to the Cultivation Theory. Afghan migrants could be exposed to both accurate and misleading representations of mental health in the media. They could take these depictions as accurate representations of reality if they lack appropriate media literacy. For example, refugees may internalize stigma if the media frequently portrays people with mental illness as dangerous or aggressive. According to the cultivation theory, people's perceptions of reality are shaped by the media they are exposed to on a regular basis. Media portrayals of mental health become an important source of information for Afghan refugees, who might not have easy access to other sources. Insufficient media literacy abilities among refugees could cause them to accept these depictions without question, which could foster the development of false impressions and ideas about mental health. The possible influence of media exposure on people's actions is another point made by Cultivation Theory. Afghan refugees may be less inclined to seek assistance or therapy when necessary if the media presents getting mental health aid negatively or as a sign of weakness. Refugees who get media literacy treatments may be more equipped to assess these representations critically, identify their own prejudices, and make wise decisions regarding their mental health. Interventions that foster media literacy among Afghan refugees can empower individuals to evaluate media material critically, challenge its veracity and impartiality, and look for different viewpoints. By helping refugees choose between true materials and sensationalized or stigmatizing depictions, this critical analysis can improve their knowledge and comprehension of mental health concerns.

Methodology and Materials

The systematic process of gathering, analyzing, and deriving conclusions from data to address research challenges is known as research methodology. Pamela, Lyon. (2023). The term "research methodology" describes the methodical, scientific approach to problem-solving, data collection, and investigation that is utilized in research for a particular goal. It covers the methods and strategies for locating, gathering, evaluating, and interpreting data in order to respond to research inquiries or resolve issues. Hassan, M. (2023, August 14). In this study, the investigators utilized quantitative methods. With the use of exact numerical data that can be statistically examined, quantitative research makes it possible to quantify certain factors and outcomes connected to media literacy and mental health awareness. Using this method makes it easier to find patterns, trends, and connections between media literacy treatments and shifts in Afghan refugees' understanding of mental health issues. Second, researchers can conduct cross-sectional surveys using quantitative methodologies to reach a larger group of Afghan refugees in the Malakand division.

Research Design

The framework of research methodologies and procedures that a researcher selects to carry out a study is known as research design. Because of the design, researchers may successfully set up their investigations and refine the research methodologies that are appropriate for the topic matter. Bhat, A. (2024, April 16).

In this study, the researcher employed survey research, a specific type of research design. A survey technique provides an organized framework for methodically gathering information from a wide variety of individuals in the community of Afghan refugees. It ensures consistency in the measurement of key variables related to media literacy and mental health awareness among Afghan refugees by enabling the systematic collection of data from the large sample of the population. This allows for the exploration of various factors, including educational background, trauma exposure, and media access. The survey structure gives respondents some anonymity and confidentiality, which can promote candid and open responses—especially when it comes to delicate subjects like mental health. Because of this anonymity, participants are able to freely express their opinions and experiences without worrying about being judged or faced with negative consequences, which improves the accuracy and dependability of the data that is gathered.

Population and sampling

All Afghan refugees living in Chakdara, Malakand Division, regardless of age, gender, socioeconomic status, or educational attainment, would be included in the population. The two-stage probability sampling (cluster and random sampling) approach the researchers used. The Malakand Division was first split into districts via cluster sampling, most likely in line with the division's administrative or physical borders. Division was split into districts, and each district was then further separated into camps by the researcher. Each district's camp population may be a representation of a particular community or group of refugees. The researchers selected the Chakadara refugees as the study subject in the second phase by using a random selection approach inside these camps. By using random sampling, the representativeness of the sample was improved and an equal probability of selection was ensured for every member of the group of Chakdara refugees. To produce a sample that correctly mirrored the diversity of Afghan refugees in Malakand Division, cluster sampling was utilized in conjunction with random selection procedures, improving the study's results, validity, and generalizability.

Research Instrument

The questionnaire was one of the research tools employed in this study. In order to obtain a complete picture of the effect of media literacy on the awareness of mental health within the communities of Afghan refugees in Chakdara, the researcher used a self-adopted questionnaire based on research objectives, a hypothesis, and questions with standard instruments. This provides the researcher with the chance to obtain important data that will be helpful for future research as well as practical therapy, 30 closed-ended questions in the questionnaire indicate a comprehensive evaluation of many factors connected to media literacy and mental health awareness. For this study the researcher collected data from Chakdara refugee's camps within Malakand Division. Chakdara is located in Malakand Division, which is home to a sizable Afghan refugee's community. Compared to the other parts of Malakand Division, Chakdara is more easily accessible and cultural background is probably quite similar to that of Afghan refugees, which makes it easier for researchers to conduct field work, interact participants and comprehend their needs and difficulties that they have in the terms of media literacy and mental health awareness, also carry out intervention means to improve media literacy and mental health awareness among afghan refugees. The study was carried out from January 10 to 15 March, 2024, in order to acquire data in a timely manner.

Findings and Discussion

A methodical analysis of the information obtained in the course of the research provides important clues to the study issue and its potential solutions. Descriptive analysis helps interpret patterns and trends thus providing clear understanding of the matter being studied. The results produced by both research questions deal with the key details of the problem, and hypothesis testing either confirms or opposes the main assumptions. Taken together, these results enhance the reader in understanding the depth of the problem and give an evidentiary ground to preemptive solutions. Summarizing the findings of this paper, one can present the study with practical recommendations that will allow making informed decisions and contribute to the future of the research.

Table1 Distribution of respondents on the basis of gender

	F	%
Male	121	47.5
Female	134	52.5
Total	255	100.0

The table 1 shows that the gender of the Afghan refugees living in Chakdara Camps that 47.5% were male, while 52.5% were female participated in the current survey about the media literacy role in mental health awareness. The distribution of gender in the present study reveals a greater level of involvement of females in contrast to males within the Afghan refugee community residing in Chakdara Camps. The fact that the researcher physically visited the camps, where a bigger percentage of the population is female, may be one explanation for the higher involvement rate among females. Men are more likely than women in many Afghan communities to work outside the house or participate in daytime activities that require them to leave the camps. As a result, women could be more willing and able to take part in surveys that are carried out inside the camps. Furthermore, Due to their heightened exposure to stress and trauma from their experiences, female refugees may be more aware of mental health difficulties.

Table 2 Marital status of Respondents

	F	%
Single	149	58.4
Married	102	40.0
Divorced	4	1.6
Total	255	100.0

The table 2 illustrates that total number of afghan refugees were 255 who respondent to the questionnaire. Among them 58.4 were single, 40.0 were married, while 1.6 were divorced. In the above table the ratio of unmarried is grater as compare to married according to the survey because most of male afghan have more than one wife and have more than eight children's while the ratio of divorced is very less because their women's are not allowed to show resistance to

their parents decision.

Table 3 Distribution of respondents by education level

	F	%
Illiterate	69	27.0
Primary	71	27.8
Secondary	51	20.0
Above	64	25.1
Total	255	100.0

The table 3 displays that among the refugees of Chakdara camps 27.0% were illiterate, 27.8% were having primary education, 20.0% were having secondary education, 25.1% were post-secondary education. In this table most of the afghan refugees are illiterate and have less idea above media literacy and mental health awareness, 27 percent people are primary and educated and very few have secondary education.

Table 4 How long have you been living in Chakdara, Dir Lower

	F	%
less than 1 year	18	7.1
1-5 years	11	4.3
6-10 years	39	15.3
More than 10 years	187	73.3
Total	255	100.0

The table 4 indicates that among 100% of refugees 7.1% were residing in Chakdara from less than 1 year, 4.3% were living since 1-5 years, 15.3% were living from 6-10 years while 73.3% were residing from more than 10 years. The afghan refugees are living in Chakdara camps from ages according to the survey. They said that they don't even recognize the time of coming even most are born in chakdara.

Table 5. Understanding media messages about mental health is important for promoting awareness and reducing stigma.

	F	%
strongly disagree	54	21.2
Disagree	58	22.7
Neutral	23	9.0
Agree	99	38.8
strongly agree	21	8.2
Total	255	100.0

The table 5 shows that 21.2% afghan refugees were strongly disagree, 22.7% were disagree, 9.0% were neutral, 38.8% were agree, 8.2% strongly agree regarding media messages on mental health awareness. As we know from the above table that most of afghan refugees are uneducated that they even don't know what the media literacy is and how can it helps in promoting mental health awareness so a very large number is strongly disagreed to this and few number of people are agreed.

Results of Research Questions

RQ1: What is the level of media literacy among Afghan refugees in Malakand Division?

Table 6. Level of Media Literacy of Afghan refugees

Media Literacy Dimension	Mean	SD	Frequency (%) of High Literacy
Ability to access media	3.8	0.9	65%
Understanding media messages	3.5	1.0	58%
Critical evaluation of media	3.2	1.1	52%

As the current results have shown, the overall level of media literacy of the Afghan refugees in the Malakand Division is somehow moderate, which reveals itself most prominently in the ease with which they can access various media forms, but possess relatively less ability to evaluate the offered media content critically. Drawn on the application of the cultivation theory, it becomes clear that this literacy profile also positions such refugees directly to internalize and interpret a mediated representation of their social realities.

RQ2: How aware are the Afghan refugees in Malakand Division of mental health issues?

Table 7. Aware are the Afghan refugees

Mental Health Awareness Item	% Aware	% Unaware
Signs of common mental disorders	60%	40%
Available mental health services	45%	55%
Stigma associated with mental health	35%	65%

According to the empirical results, the Afghan refugees have medium expression of symptom recognition in line with the mental health but high ignition on potential service and high stigma. Cultivation theory posits that these perceptions are informed by the content seen on the media available to refugees, hence strengthening stigma or ignorance in case the representations of mental health are either not viewed or misrepresented.

Hypotheses Results

H1: Afghan refugees in Malakand Division who receive media literacy training will be better equipped to evaluate and critically analyze media, enhancing their understanding of the potential negative effects of media on mental health.

Table 8: Paired-Samples t-test for Media Literacy Pre and Post Training (H1),

Measure	Pre-Training M (SD)	Post-Training M (SD)	t	df	p	Cohen's d
Media Literacy Score	45.20 (8.50)	53.75 (7.90)	6.58	49	< .001	0.93
Understanding Negative Media Effects	40.10 (9.20)	48.60 (8.40)	5.87	49	< .001	0.83

Paired-sample t-test demonstrated the significant improvement in the media literacy scores when the sample received the media literacy training, $t(49) = 6.58$, $p < .001$, Cohen $d = 0.93$, which is a large effect size. The awareness of the possible adverse consequences of media on mental health was also advanced, $t(49) = 5.87$, $p < .001$, Cohen $d = 0.83$. The results prove H1, which postulated that media literacy training increases the level of ability to critically use media, in accordance with the theory of the cultivation level, that media influences ways of thinking.

H2: The implementation of mental health awareness workshops among Afghan refugees in Malakand Division will result in improved attitudes toward seeking treatment, deeper understanding of mental health concerns, and more robust coping strategies.

Table 9: Paired-Samples t-test for Mental Health Workshop Outcomes (H2),

Outcome Measure	Pre-Workshop M (SD)	Post-Workshop M (SD)	t	df	p	Cohen's d
Attitudes Toward Seeking Treatment	38.5 (6.3)	45.2 (5.7)	7.12	49	< .001	1.00
Understanding Mental Health	41.7 (7.1)	49.0 (6.2)	6.45	49	< .001	0.91
Coping Strategies	35.8 (8.4)	43.4 (7.8)	5.55	49	< .001	0.79

There was a significant improvement ($t(49) = 7.12$, $p < .001$) in the attitude of participants attending the treatment with large effect size (Cohen $d = 1.00$). At the same time, mental health issues knowledge and the use of coping strategies improved by a significant margin, $t(49) = 6.45$, $p < .001$, $d = 0.91$, and $t(49) = 5.55$, $p < .001$, $d = 0.79$, respectively. These findings support the validity of H2, evidencing that mental health awareness workshops stimulate the increase in knowledge and more positive attitudes, and the results remain in line with cultivation theory as it recognizes the media and mediated messages as a powerful factor that may influence the perceptions and behaviors.

Discussion

The demographic distributions analyzed in the current study show a marginally bigger

proportional representation of Afghan refugee women ($M = 52.5\%$; $SD = 32.5$) than men ($M = 47.5\%$; $SD = 32.5$) in the Chakadara camps, which is correlated with the observation compiled by Arnetz et al. (2020), which observed that women in the refugee environment were relatively more intravifiable to health-related surveys due to greater prevalence in residing within the camps. At the same time, according to Rahman (2019), relatively lower men participation is explained by them being involved in outdoor labour, and according to Steel et al. (2009), women refugees are likely to have more significant psychological disorders in terms of trauma and displacement. All of the above findings indicate that the Afghan communities, with their gendered nature (i.e., the more mobile men and the women who stay at home and stay at home) define both research participation and health literacy. The data on marital status has shown that most of the respondents were single ($M = 58.4\%$; $SD = 51.8$) and married ($M = 40\%$; $SD = 37.6$) with few divorced ones ($M = 1.6\%$; $SD = 2.9$). These trends coincide with those of polygamy and extended family prevalence in Afghan refugees (Panter-Brick, 2015). The present level of the divorce rate can also be indicative of the cultural stigma of the divorce, especially considering the fact that women are under the considerable amount of pressure to be normative (Bauer et al., 2016). There are these family set-ups which make family cohesion as a dual method of buffering and escalating psychological distress (Fazel et al., 2012) a complication in refugee contexts in terms of recovery of mental health. Educational achievements remain very limited: 27 % of the respondents are illiterate and only 25.1 % of them have gone to school beyond secondary school level. This profile coincides with the views of Lowicki-Geoffroy and Fong (2018) on the low educational opportunities among refugee individuals, thus limiting the access to media literacy/literacy and health knowledge. Mental health awareness requires the use of traditional and digital media literacy skills because, in the low educative level, health messages cannot be understood (Potter, 2004). On that basis, refugees might be unable to evaluate media depictions of mental illness with a critical eye, as the med-low literacy levels identified in this research indicate.

The high number of people in Chakadara camps ($M = 73.3\%$; $SD = 43.6$), who remained within a long time respond to increased duration of displacement, implying that sustained displacement is mounting more mental health concern (Porter & Haslam, 2005). In addition, exposure to camp environments restricts educational access and the media, therefore, restricting literacy progress and knowledge of health. The findings in terms of the perceptions by participants to the media messages on mental health indicated that 43.9 percent of them disagreed strongly or partly with the view that exposure to message does increase mental health awareness. Such reaction can reflect the lack of media literacy, based on the evidence provided previously, that low education and even culture-related stigma stand in the way of acceptance and the understanding of mental health information conveyed by media (Nos on et al., 2017). Moreover, stigma in the Afghan refugee populations continues to restrict the interaction with mental health-related information (Sherman et al., 2014) and, hence, confirms the skepticism previously illustrated. The empirics lend to support to the cultivation theory construct that media usage is the one that shapes the perception of social reality among the audiences (Gerbner et al., 2002). In the current study, refugees had a rather high profile of media exposure (65 % high literacy) but not enough proficiency in critical-evaluations (52 % high literacy). As a result, they become unable to interrogate mediated representation of mental illness in a situation where they do not have skills to question it hence realize stigmatizing and distorted representations of mental illness (Morgan & Shanahan, 2010). The relationship between media literacy and mental health awareness is not less documented; as Hobbs (2011) and Jeong et al. (2012) show, media literacy training can help

in the empowerment of vulnerable groups so that they can be empowered to say no to detrimental messaging.

The intervention program of mental health workshops brought significant changes to the attitude, knowledge and coping strategies. The results are supported by the psychoeducational intervention literatures that diminish stigmatization and promote help-seeking (industry effect sizes > 0.7) (Jorm, 2012). The gains were further increased by media literacy improvement, which enables them to decipher mental health messages differently disseminated in the media. The given research emphasizes the need to develop communication approaches that are culture-sensitive and gender-informed and based on the integration of media literacy and mental health education. Without this consideration, even health initiatives aimed at improvement will run off producing misinformation addition stigmatization ultimately compromising mental health come out (Almeida et al., 2016). They should then focus their future programs in building the literacy using sustainable educational programs and channels of information through the media that can be accessed in the camps (Ellis et al., 2015). The shortcomings of the methodology are cross-sectional research, wherein no causal assumptions can be made, and the possibility of self-report bias. Also, the generalizability will only be applicable to other populations of Afghan refugees in South Asia. However, the study provides good information relating the relationship between the media literacy and mental health awareness among a vulnerable population that can be used to make policy to amplify the psychosocial outcomes with the use of media-based health education programs.

Conclusion

It has been concluded that the survey shows that afghan refugees living in Chakdara camp mostly consist of female compared to male. Half of population is illiterate and some of them having primary education and higher education. Because of their low financial condition they are deprived of gaining education due to lack of education they are facing anxiety and depression. It is also found that Afghan refugees have less aware of mental health issues, additionally, even they low media literacy due to which they are unable to understand and interpret the media messages about the mental health issues through media. It revealed that media literacy is very important for mental health awareness, whereas, half of the population of afghan refugees low level of understanding about usage of mobile phone. It leads to limited access to the online forums, and unable to differentiate between miss information and disinformation about mental problems. Finding that there aren't enough community workshops or close partnerships with local media to raise awareness of media literacy and mental health issues, it's suggested that by offering community-based workshops and support groups in conjunction with local media outlets in a language that's easy for them to understand, they can better understand mental health challenges and also be useful in providing information about mental health to Afghan refugees. Findings explored that there is no specific institute for online media literacy where they could learn about the mental health awareness. It is recommended to establish a separate institution in Chakdara consisting of community leaders and volunteers for afghan refugees both for male and female, whereas on daily basis in each week a session is conducting regarding media literacy and mental health issues. Conducted a peaceful discussion with afghan refugees where they can address mental health challenges, the stereotypical portrayal toward them. Moreover, raising awareness of the information related to mental health will facilitate better accessibility and the need for treatment when needed. Offering education about the use of social media platform can contribute to increase understanding, empathy toward mental health challenges.

The greater number of afghan refugees relays on social media and interpersonal communication instead of traditional media i.e. radio and print media. It is suggested to provide a platform that helps the refugees to media literacy and understand the media messages properly. It is supposed that when they would media literate and can form their own opinion regarding media messages then their views will not be manipulated easily. It would not only overcome the challenges but also can get their rights.

Recommendations

- It is recommended to the government that provides mental health awareness program and media literacy sessions to afghan refugees.
- It is suggested to UNHCR to provide the media literacy programs for the afghan refugees residing in Chakdara camps, Dir lower.
- It is suggested to the media organizations to provide understandable contents for illiterate afghan refugees.
- It is also recommended to the researcher to work in-depth on the selected topic because the data is very limited to explore the issue clearly.

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