

# Psycho-education through radio

**Naheed Hamdani**

*In March 2003 Médecins Sans Frontières (MSF) started its weekly radio programme in order to foster psychosocial awareness in the Kashmir valley. This programme is produced by MSF national and expatriate staff, keeping the cultural, social and religious beliefs and ways of the people closely in mind, and thus treading most carefully. Every part of this programme was developed after extensive field research including talking with general people, some key people, interviews with doctors, focus group discussions and so on.*

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## **The need for psycho-education in Kashmir**

Over the past decades Kashmir has become associated with violence. Three wars between Pakistan and India have resulted in a stalemate between the two nuclear parties. In the last ten years militant groups of Muslim fighters claim to represent the wishes of the Kashmir population through violence.

The chronic conflict in Kashmir has psychological consequences. People in Kashmir are resilient to a great extent, but they are challenged by a lot of psychological and emotional difficulties. Most of these difficulties are very rarely talked about. Often they are only expressed through physical

complaints. In order to help people to cope with these difficulties, MSF decided to offer psycho-education as a part of its mental health project. Psycho-education could help people to understand their problems, to discuss these problems with other people, and thus exchange ways of coping with them. Psycho-education could also help people to deal with stress and tension.

*For example: a person carrying some psychological burden after witnessing a dreadful event may show withdrawal from his daily activities. As a result, he may sometimes feel worthless, may stop interaction with others or may present physical symptoms related to tension. A person in this condition often will not talk about what is happening to him; he may even avoid the very thought of the event. Through this radio programme MSF emphasises the importance of giving expression to worries and fears, so that the pressure does not build up and take on a more serious form.*

## **Making a radio show**

Kashmir is a developing country, in which only a minority of the population has access to television. Urdu is the official language of the Jammu and Kashmir State, but many Kashmiris don't understand that language. Radio is a medium that poses no bar of education or literacy and no geographical barrier. It has a tremendous reach and can

serve almost the whole population of Kashmir. The health programmes on Kashmir Radio are quite popular. If the content touches on mental health, a topic rarely discussed in Kashmir, the audience will increase many times over. The content of the programme was based on the local knowledge, discussions, observations, and practical experiences of the MSF staff with Kashmiri people. The main sources of information were the Para Counsellors in Block Ganderbal (GMC), the Voluntary Health Association of India (VHAI), and doctors working in the Hospital for Psychiatric diseases, Srinagar, as they see lots of people with different types of problems in the Outdoor Patients' Department (OPD) of the hospital. So collecting all these inputs and contemplating the structure of the programme, we divided it into topics. We started with the introduction of MSF in general, followed by MSF in Kashmir. This was compiled into a small introductory talk used at the opening and closing of every episode. The whole show was divided into ten episodes, each of 20 minutes duration. The topics included *causes and effects of tension, coping with tension, relaxation techniques, depression, domestic violence, supporting families, myths and facts about mental health, and drug abuse.*

Topics like *myths and facts (in Kashmir) about mental health and drug abuse* were the most sensitive, demanding sensitive treatment as a result. A lot of care had to be taken not to offend or say anything that goes against the social, cultural and religious beliefs, norms and values of the people. It was only after much discussion that the scripts for the programme about these topics could be written. The translation of the scripts from English to Kashmiri was another challenge. We hired a Kashmiri writer to do it. However, the production executive from the radio sta-

tion discarded this translation saying that it was a word-for-word translation with a total lack of theme and body. He introduced us to a professor of Kashmiri who writes Kashmiri fiction and poetry. This professor delved into the theme and came up with a beautiful script. His creativity added colour to the programme. He inserted apt Kashmiri and a few Urdu song bytes into the shows.

The format of the programme is a conversational dialogue. First the two MSF national staff went on recording a sample episode. As the fluency of the language was poor and the technicalities had been overlooked, two professional radio presenters were hired. The dialogues are between an elderly man, Mr Saab, and a young woman, Yasmin. The elderly man has lived in Kashmir all his life; he knows a lot about the traditions and the conventional methods of dealing with mental health problems. He actually is a man of wisdom. Yasmin is endowed with pragmatic knowledge of the subject. Mir Saab is highly interested in learning these concepts about mental health and thus is full of queries. Yasmin always supplements the answers with the relevant and culturally appropriate examples.

In fact, the conversational format opens up different dimensions of the subject and thus makes it clear and simple as well as interesting for the listeners. In order to clarify some matters, the writer envisaged a few skits that highlighted the topic under discussion. To perform these dramatised skits a few radio artists were brought in.

### **Feedback**

The radio programme is being received very well by the people. MSF received letters from the people from various districts of Kashmir. Many people in the villages narrated their personal experiences with

this radio programme to us. They indicated that the specific coping strategies like talking with somebody, muscle relaxation exercises, reinforcing good communication in the family, keeping oneself busy with activities, etc. were quite useful for them. Some people mentioned that they benefited very much from the explanation of the concepts about myths and facts related to mental health. After listening to that show they or their family felt like talking about their problems.

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