



Media Framing of Mental Health in Television Programs in Tanzania: Cases from Medi Counter on Azam TV and Afya ya Jamii on ITV

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Abstract

The paper examined how mental health issues are framed in two flagship Tanzanian television programs, *Medi Counter* on Azam TV and *Afya ya Jamii* on ITV. It employed a descriptive case study design, in which a mixed-methods approach is used, combining quantitative content analysis of selected program episodes and qualitative semi-structured interviews. The main purpose was to identify the dominant frames used by these media outlets and their implications for public perception and help-seeking behavior. Overall, results indicated that the Human-Interest Frame dominated in both shows. This framing strategy effectively shifted the discussion from being only clinical to focusing on personal recovery stories and lived experiences. The discussion reinforces the fact that such strategic framing can play a critical role it can play in mitigating the long-standing stigma surrounding mental health issues within the Tanzanian context, fostering mental health literacy, and encouraging audiences to seek professional help. At the end, positive framing through local media is an excellent public health communication strategy.

Keywords: Mental Health, Media Framing, Human-Interest Frame, Stigma, Tanzania, *Afya ya Jamii*, *Medi Counter*

1. Introduction

In the 21st century, mental health has risen to the top of the global public health agenda and is recognized not only as a health issue but also as a major socioeconomic and development challenge. The global burden of mental health conditions has reached an unprecedented level, with the World Health Organization estimating that over a billion people worldwide are currently living with a mental disorder (WHO, 2025) ^[18]. This is not just an individual health crisis but also a major societal and economic challenge, since depression and anxiety alone cost the global economy an estimated US\$1 trillion annually. In such a pervasive global crisis, the media has an undeniable power to shape public perception-either by reducing stigma through accurate, empathetic reporting or by continuing to perpetuate stereotypes and misinformation (Stuart, 2016) ^[16]. Therefore, understanding how media frames these issues is crucial to public welfare and global mental well-being. In the USA, media reporting traditionally has relied on the danger/criminality frame-particularly in the context of mass violence-which inappropriately equates mental illness with violence (Malka & Tiell, 2025) ^[9]. Similarly, while the UK has pursued proactive media engagement, for instance, through the 'Time to Change' campaign, stigmatizing press coverage remains a problem, although there is a strategic movement toward a social context frame focusing on environmental factors and lived experiences (McGovern *et al.*, 2025) ^[10]. The issue of framing mental health is not confined to Western countries. Many countries, such as China, face high prevalence rates; however, the general media tends to cover limited and sensational stories, framing mental illness as a family burden or academic pressures (Devereux & Peirson-Smith, 2025) ^[3]. Generally, the landscape within the EU and Nordic Countries, including Sweden, Norway, and Finland, is indicative of a more integrated and rights-based approach to mental health, where the framing of mental health issues often takes on a social responsibility frame (OECD, 2020) ^[14].

In parts of Asia, especially in countries such as India, the media often represents a complex interplay between modern medical views and deep-rooted cultural and supernatural explanations, yielding mixed and sometimes highly stigmatizing portrayals that link mental illness with supernatural conceptions or personal moral failings (Kumar *et al.*, 2020) ^[7]. This challenge reverberates across Sub-Saharan Africa. Media across countries like Nigeria, South Africa, Ghana, Kenya, and Uganda, though noted for its potential in educating, is more often criticized for sensationalism and perpetuating harmful stereotypes that link mental health issues with witchcraft, substance abuse, or criminality (Atilola, 2021; Lund *et al.*, 2019) ^[2, 8]. Such negative framing, which exists across the region, even within countries like Namibia where similar cultural beliefs about mental illness are prevalent, contributes directly to the immense mental health treatment gap in low- and middle-income countries, where more than 75% of people suffering from mental health disorders do not receive any treatment.

This global narrative of under-reporting, misrepresentation, and associated stigma finds a point of convergence in Tanzania, where the country's strides toward health equity are still significantly hindered by the pervasive challenge of mental illness. In 2022, for instance, the World Health Organization reported that Tanzania was holding its first-ever national dialogue to address the neglected status of mental health, explicitly naming stigma propagated through misinformation as the primary barrier (WHO, 2022) ^[18]. Traditional beliefs, which blame spiritual or supernatural forces for mental conditions, stand in direct conflict with the formal health system—a gap often exacerbated by media content that is either silent or sensationalist (Nundwe *et al.*, 2023) ^[12]. The quality of coverage of mental health in Tanzanian media, therefore, constitutes a matter of urgent public health concern. The proliferation of dedicated health-focused television programs such as *Afya ya Jamii* on ITV and *Medi Counter* on Azam TV creates a unique opportunity to examine whether these programs actively counteract or passively reinforce prevailing stigmatization.

The specific approach of this study is rooted in Framing Theory, which insists that the media not only informs the audience about what to think about (Agenda Setting) but also, and more importantly, how to think about a particular issue (Entman, 1993) ^[4]. The frame chosen—medical, social, moral, or criminal—determines which aspects of a complex issue are made salient in the text communicated, thus promoting a particular problem definition, causal interpretation, moral evaluation, and treatment recommendation (Entman, 1993) ^[4]. A negative framing, like one of criminality or morality, is proven to reinforce deep-seated stigma, fear, and prejudice, making individuals less likely to seek professional help (Stuart, 2016) ^[16]. On the other hand, positive frames, like the human-interest or public health frame, allow the personalization of the issue, create empathy, and advance the idea of recovery and social inclusion, reducing the stigmatizing effect of the media content.

In view of the significant social and economic burden caused by mental illness in Tanzania and the stigma standing in the way of treatment, empirically deconstructing communication strategies from key public health platforms should be an urgent requirement. While there are critiques of general media underreporting, there is a marked lack of specific framing strategies in empirical analysis with regard to dedicated health programs, including *Medi Counter* and *Afya*

ya Jamii. Drawing on Framing Theory, this study conducts the systematic dissection of language, imagery, and narratives from two high-reach programs. It is important to understand the actual devices made salient and the degree to which these framing devices align with the international best practice guidelines regarding responsible mental health reporting for policymakers and media stakeholders, to optimize these platforms to increase mental health literacy and decrease the treatment gap, which is the necessary step toward solving this public health problem.

2. Statement of the Problem

The pervasive burden of mental illness throughout Tanzania, conservatively estimated to affect nearly a quarter of the population at some point during their lifetime, represents a significant obstacle to achieving those human development goals envisioned under the Tanzania Development Vision 2025 and the Third Five-Year National Development Plan (FYDP III: 2021/22–2025/26). This health crisis is even further complicated by a systemic lack of resources and, more importantly, the stigma created through cultural myths, misinformation, and often the unbalanced, narrow, and sensationalized nature of media reporting. At the heart of this lies the exacerbation of the treatment gap for people who suffer from mental conditions through the deprivation of the right to appropriate care, a situation that directly contradicts the nation's commitment to social well-being and equality of access to health services. Irrespective of the important role that the media play in shaping public opinion, scholarly investigation into the quality and approach of mental health media content in Tanzania remains significantly underdeveloped and thus constitutes an important knowledge gap (Nungu and Bansil, 2022) ^[13]. While aired programs like *Medi Counter* and *Afya ya Jamii* are dedicated, regular media formats for health education, little is known about whether their framing of content is strategically positioned to contribute to stigma reduction or inadvertently reinforces harmful narratives. Thus, the problem lies centrally in the lack of an evidence-based understanding of the rhetorical strategies used by these high-reach, authoritative media programs.

3. Literature Review

3.1. Theoretical Framework

The study examines how mental health issues were framed in the *Medi Counter* and *Afya ya Jamii* programs. The study is grounded analytically upon Framing Theory (Entman, 1993) ^[4]. Framing Theory assumes that the media not only tells the audience what to think about—a function known as Agenda Setting—but also, and more importantly, how to think about a specific issue (Entman, 1993) ^[4]. For news and educational media, a frame has been defined as a systematic process that selects certain facets of a perceived reality and makes them more salient in a communicating text, with the deliberate effect of promoting a specific problem definition, causal interpretation, moral evaluation, and/or treatment recommendation (Entman, 1993) ^[4].

Framing Theory has an important role in analyzing media representations of mental health because framing of mental illness can take several forms: it can be framed as a Medical Frame, a Social/Public Health Frame, a Moral Frame, or a Criminality/Danger Frame. The choice of frame has direct implications for public understanding and the pursuit of help. A negative frame, such as criminality or moral failure, is

proven to maintain deep-seated stigma, fear, and prejudice, making people less likely to seek professional help. On the contrary, positive frames, for instance, the Human-Interest Frame or the Public Health Frame, personalize the issue, create empathy, and advance the concept of recovery and social inclusion with the effect of diffusing the stigmatizing influence of this type of media content. In this study, through the systematic dissection of the language, imagery, and narratives used by *Medi Counter* and *Afya ya Jamii*, one could clearly identify which framing devices were made salient, and to what extent the programs meet best practice international guidelines for responsible reporting on mental health.

3.2. Empirical Literature Review

Empirical work on the framing of mental health in media studies often produces a complicated picture, wherein findings are substantially determined by geographical and cultural contexts. Global studies have often pointed to a continuing trend toward negative framing. In a large content analysis of US news, the criminality frame dominated reports about mental illness, which significantly contributes to public fear and marginalization of sufferers (Stuart, 2016) ^[16]. Correspondingly, empirical work conducted in East Asia, which includes China, indicates a tendency toward sensationalized or consequence frames—that is, focusing on the dramatic impacts of mental illness on society and family, rather than successful treatment and recovery (Wang *et al.*, 2023) ^[17]. These studies collectively underscore that, all too often, the media relies on the culturally resonant narratives that prioritize shock value or social control over public education.

Empirical research in the African context underlines specific challenges of cultural dissonance and low professional capacity. A few studies that have been conducted in West Africa, for instance, in Ghana and Nigeria, noted that programs, while educating, inadvertently retained elements of the supernatural frame, especially in explaining causality, resonating with traditional beliefs and undermining the credibility of purely medical approaches. Research on health reporting in Kenya and Uganda identifies that media practitioners often retreat to the episodic frame, where events are described with a narrow focus on cases, unconnected to systemic issues or policy recommendations, which limits the possibility of meaningful public health action. This focus on individual, de-contextualized stories, often coupled with sensationalism, is a major factor in the perpetuation of stigma and hindrance to help-seeking behavior in the region.

Evidence is, however, increasingly available to support the effectiveness of the human-interest frame in reducing stigma, especially in educational television contexts. For instance, a study on mental health documentaries found that programs emphasizing recovery, resilience, and personal testimony generated viewer empathy and encouraged help-seeking behaviors much more effectively than programs that relied on purely statistical or medical explanations (Anderson *et al.*, 2019) ^[1]. The successful use of the human-interest frame was that it succeeded in making mental health issues "human" and an accessible issue, which is very important in settings where formal mental health literacy may be poor.

That suggests that for Tanzanian media to be truly effective in its health mandate, it goes beyond covering an issue to the strategic framing of such issues in ways that resonate positively with audiences. An analysis of dedicated health

programs like *Medi Counter* and *Afya ya Jamii*, therefore, constitutes an important empirical contribution to the regional literature by assessing particularly whether these programs follow in the international trend of using the empathetic power of the human-interest frame to counteract prevalent stigma and the traditional supernatural frame (Nundwe *et al.*, 2023) ^[12].

4. Methodology

The study adopted a descriptive case study design that was mixed-method in approach to offer an all-rounded analysis of the framing of mental health in the selected television programs. The case focused on two high-reach health programs in Tanzania, namely, *Afya ya Jamii* on ITV and *Medi Counter* on Azam TV. The research combined quantitative content analysis of broadcast materials with qualitative data from interviews, thus allowing for robust triangulation of findings about production, content, and reception of the media messages. This integrated approach means that this research captured not only what was broadcast but also how it was produced and perceived by key stakeholders. The study followed a multiple case study design, justified on the basis that the objective was to compare coverage and framing between two quite distinct programs.

The population of the study included the broadcast material, which consisted of episodes of the target programs, media professionals, mental health experts, and the viewing public. Due to their easy visibility and sustained commitment to discussing public health issues in the Tanzanian media landscape, two television programs were targeted for focus. Quantitative data were collected through the systematic sampling and analysis of a corpus of 14 mental health-focused episodes—seven from each program—airing between January 2023 and December 2024, using purposeful sampling based on relevance and accessibility. The unit of analysis was specified as "each mental health-related segment" within an episode. Additionally, quantitative data were collected in the form of the actual count of 300 viewer comments on the same episodes on YouTube, lending a quantifiable proxy for audience engagement and perception of the framing. The qualitative phase consisted of semi-structured in-depth interviews among eight key informants. The sample was drawn by using purposive selection, including two media professionals—one producer/editor from ITV and one from Azam TV—and six mental health professionals, including clinicians, academics, and policy advocates, to tap into various expertise and get a direct insight into production decisions and their implications for public health.

The two major stages of data collection correspond to the mixed-methods approach applied in this study. Quantitative data were gathered through the content analysis of the sampled television episodes using a pre-designed coding schedule developed from Framing Theory. This allowed for categorization of the frequency and prominence of four key frames: Human Interest, Medical/Treatment, Social/Public Health, and Supernatural/Criminality. Qualitative data were gathered through semi-structured, in-depth interviews with the eight key informants.

The quantitative data from the content analysis were analyzed using descriptive statistics to identify the frames that were used most frequently by each program. The quantitative study also involved the thematic analysis of the sampled 300 viewer

comments to assess audience engagement and perception. Qualitative data complemented the quantitative findings; it included transcription and thematic analysis. This was a thematic analysis that placed into context the interpretation of the framing statistics derived from the content analysis, explaining the strategic choices of communication that the producers made and the perceived public health impact of the content.

5. Findings

The empirical findings speak directly to the core objective, which is an exploration of how mental health issues were

framed in the *Medi Counter* and *Afya ya Jamii* programs. The content analysis revealed a purposeful and coordinated editorial decision by the television programs to provide a counterbalance to the perennially negative media coverage of mental illness in Tanzania. The data showed conclusively that the dominant frames used by the programs were the Human-Interest Frame, especially, and the Medical/Treatment Frame to a lesser extent, while at the same time suppressing the stigmatizing media frames seen in sensationalist or traditional media. Frequency analysis of framing is synthesized into the representative table below:

Table 1: Framing of Mental Health Issues

Frame Category	<i>Afya ya Jamii</i> (ITV) Frequency (%)	<i>Medi Counter</i> (Azam TV) Frequency (%)	Total Dominance Score (%)
Human-Interest Frame (Personal story, recovery, resilience)	48.5%	52.1%	50.3%
Medical/Treatment Frame (Clinical causes, therapy, medication)	35.2%	31.5%	33.3%
Social/Public Health Frame (Policy, environment, systemic issues)	12.0%	10.3%	11.2%
Supernatural/Criminality Frame (Witchcraft, moral failing, danger)	4.3%	6.1%	5.2%
Total	100.0%	100.0%	100.0%

The Human-Interest Frame accounted for over half of all identified framing units in the two programs at 50.3%. This is a critical finding that shows the strategic effort by the producers in de-pathologizing mental illness to present it as a universal human experience of struggle, treatment, and recovery. Such dominance of the frame succeeded in rendering mental health "human," thereby inviting the average viewer to use the shows as a site of self-verification and a non-threatening portal into professional help. The secondary use of the Medical/Treatment Frame at 33.3% directly couples the human stories with tangible evidence-based solutions. Critically, the negligible deployment of the Supernatural/Criminality Frame at 5.2% affirms the corrective role these platforms play against public misinformation.

6. Discussion

The key finding here is that the Human-Interest Frame dominated the coverage in both *Medi Counter* and *Afya ya Jamii* programs, at 50.3 percent, which strongly aligns with international empirical literature supporting this frame as an effective anti-stigma strategy. This directly supports the conclusion from Anderson *et al.* (2019) ^[1], whose empirical study on mental health documentaries found that programs emphasizing recovery and personal testimony generated viewer empathy and encouraged help-seeking behaviors much more effectively than those relying on purely statistical or medical explanations. Focusing on personal stories of resilience and recovery served to de-pathologise mental illness and present it as an accessible shared human experience.

The strategic use of the Human-Interest Frame also provides a direct counter-narrative to the negative framing frequently documented in the Global South, which is usually framed around violence, supernatural causality, or societal costs (Stuart, 2016; Atilola, 2021) ^[16, 2]. In the African context, empirical work in Ghana and Nigeria identified that while programs educate, they often retain elements of the supernatural frame (Atilola, 2021) ^[2], and studies in Kenya and Uganda noted the persistence of connecting mental illness with violence (Mutiso *et al.*, 2018; Kigozi *et al.*, 2020) ^[11, 6]. In contrast, the finding that the stigmatizing

Supernatural/Criminality Frame was deployed negligibly (5.2%) in Tanzanian programs under study is of high importance. This affirms that these specific platforms are strategically resisting the cultural tendencies reinforcing stigma, often found in general media reporting and traditional beliefs (Nundwe *et al.*, 2023) ^[12].

Further, the secondary but strong presence of the Medical/Treatment Frame (33.3%) is crucial for public health outcomes in a setting where clinical understanding is often superseded by traditional beliefs. This finding is significant because it shows that the human stories are directly coupled with tangible evidence-based solutions. Empirical studies from the region, such as those in Kenya and Uganda, have noted a tendency toward the episodic frame, which limits the discussion of policy or systemic treatment issues (Mutiso *et al.*, 2018) ^[11]. By marrying medical information with relatable human narratives, *Medi Counter* and *Afya ya Jamii* provide both the authority and reliability of a professional mental health system and the emotional resonance necessary to overcome viewer skepticism and encourage actual help-seeking behavior. The discussion concludes that such programs have successfully created awareness and engagement, hence positioning themselves as authoritative and reliable sources for health information (Anderson *et al.*, 2019) ^[1].

7. Conclusion

This analysis established that the specific objective of assessing the framing of mental health issues in *Medi Counter* and *Afya ya Jamii* programs revealed significant results with respect to their contribution to mental health literacy in Tanzania. Indeed, this analysis confirms that both programs prioritize the Human-Interest Frame, undergirded by the Medical/Treatment Frame, as a clear means of creating a media environment that effectively builds empathy and increases help-seeking behavior while actively working to offset East Africa's prevalent cultural and sensationalist stigma. By framing mental health conditions within personal stories of resilience and directly connecting such conditions to professional care, these shows play the role of effective public health communicators. Instead of remaining passive, viewers become engaged in an active pursuit of wellness.

Thus, the study serves to validate these dedicated media platforms as critical non-clinical interventions in the national strategy to address the increasing burden of mental illness and directly contribute to the nation's human development goals.

8. Recommendations

Recommendations based on the study findings on effective use of the human-interest frame to help enhance the quality and impact of mental health coverage in Tanzania include:

Formalize and strengthen calls to action: While the framing successfully advocated for help-seeking behavior, in these programs, more formal and specific calls to action with concrete information, such as free-of-charge counselling hotlines, clinic addresses, and public service announcements from mental health professionals, should be included. This would go further in smoothing the transition of a viewer from awareness to clinical action.

Balance Perspectives on Treatment: Programs should strike a balance between medical and spiritualistic standpoints on the treatment of ailments, especially in countries like Tanzania, which combines different cultural contexts with either spiritual or medical perspectives. This framing may be more sensitive to the varied needs of audiences and, importantly, trusted across communities.

Promote More Detail in Content and Linkage to Policy: Encourage producers to develop more detailed, in-depth content dealing with systemic causes and policy implications of mental health issues rather than individual stories alone. This will transition the frame from purely personal to a socio-political one that is apt to have more influence on policymakers and national development priorities.

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