

The Contribution of Television Coverage to Mental Health Issues: The Case of Rwanda Television

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ABSTRACT

This study assessed the contribution made by Rwanda Television [RTV] programs to increased mental health awareness in Rwanda through a content and impact analysis of six mental health-related programs aired between January and June 2024. Anchored on a mixed-methods research design, the study combined surveys, focus group discussions, and interviews, engaging 88 respondents drawn from the target population of 700 residents in the Kigali Sector. Cultivation Theory and Framing Theory were used to guide this study. Cultivation theory suggests that repeated exposure to television creates an individual's perception of reality. Framing Theory states that how the media presents social issues will affect how the public understands them. Quantitative findings showed that the coverage of RTV in mental health was dominated by emotional distress and depression (23.9%), substance abuse (21.6%), trauma and Post-Traumatic Stress Disorder [PTSD] (19.3%), and finally suicide prevention (18.2%). The approaches used in raising awareness were dominated by personal testimonies at 28.4%, followed by expert advice at 25.0%, showing the station's emphasis on relatable storytelling and professional guidance. Viewers rated the programs as informative at 27.3%, discussion-promoting at 26.1%, and helpful in offering practical mental health guidance at 23.9%, showing strong engagement and perceived relevance. Despite these strengths, the study noted serious challenges to the effective communication of mental health. Crucial constraints were the shortage of trained health journalists, at 28.4 percent, who impact content accuracy and sensitivity; poor public awareness of mental health problems, at 26.1 percent, impeding deeper understanding and help-seeking behavior. Thus, though RTV is indeed playing an important role in promoting mental health literacy, certain systemic gaps remain in terms of the capacity, reach, and clarity of messages. Recommendations from this study look toward strengthening the training of journalists in mental health reporting, improving collaboration between media houses and health institutions, and encouraging more regular, evidence-based programming to quality assure and enhance the impact of mental health communication in Rwanda.

Keywords: Mass Media, Mental Health Issues, Rwanda Television, TV Coverage

I. INTRODUCTION

Today as the world shrink into a global village, it's undeniable for us to note that, mass media play a critical role in shaping public perceptions and influencing awareness of mental health issues such as depression, anxiety, and trauma. By disseminating accurate information, personal stories, and expert opinions, media outlets including television, radio, newspapers, and digital platforms can contribute to reducing stigma and encouraging help-seeking behavior (Mutai, 2022).

Historically, mental health has been heavily stigmatized across many societies. However, in recent decades, there has been a gradual positive shift as media portrayals increasingly emphasize empathy, recovery, and the importance of mental well-being. Despite this progress, challenges persist, especially in contexts where stigma remains deeply rooted and where media coverage often lacks depth and contextual understanding (Situma, 2021). The portrayal of mental health in the media is multifaceted, reflecting broader societal attitudes and cultural perspectives. Television programs, films, and news features frequently shape public opinions about individuals living with mental illness. Collaborations between media professionals and health experts have enhanced the credibility and educational value of public health communication. Nevertheless, it remains difficult to create authentic narratives that accurately represent mental health conditions and promote empathy. Effective media storytelling requires balancing informative content with audience engagement (Corbo & Zweifel, 2013).

Globally, depression affects millions of people and has been recognized by the World Health Organization [WHO] (2020) as one of the leading causes of disability. In Rwanda, media campaigns and initiatives such as public service announcements and television program shave contributed to raising mental health awareness and promoting policy dialogue (Ministry of Health Rwanda, 2019). However, some coverage continues to rely on sensationalism or misinformation, which can reinforce stigma and misinformation. Strengthening the accuracy, sensitivity, and

consistency of media reporting, particularly in television programming, remains crucial to ensuring that media serve as an effective platform for advancing mental health awareness and education (Woloshin & Schwartz, 2006)

Further in the African context, Mutai (2022) performs an extensive review of media–health communication practices across East Africa. This reveals that radio, television, and digital media are highly influential platforms in shaping public perceptions of mental health. According to Mutai (2022), while mental health is a highly stigmatized subject in many African communities, mass media interventions increasingly lie at the heart of normalizing discussions on depression, trauma, and anxiety. He also cites culturally embedded storytelling, survivor testimonies, and expert-led discussions as some of the approaches that have so far proved effective in minimizing stigma and promoting mental health literacy. Just like how participatory budgeting scholars take up structural processes for analysis, Mutai (2022) asserts that such media systems require sustained investment, specialized training, and collaboration with professionals dealing with mental health in their coverage to ensure accurate, sensitive reporting that empowers audiences.

Correspondingly, Mosler et al. (2023) investigated the state of mental health communication campaigns in Southern and Eastern Africa, noting that community radio, traditional storytelling, and digital engagement are being increasingly used to reach varied population groups. The researchers point out diverse models of communications ranging from broadcast expert-driven to participatory community dialogue, structured and with different outcomes according to cultural and socio-economic settings. Their analysis underlines the need to embed mechanisms of feedback, audience participation, and capacity-building initiatives for media practitioners—a need like those that are advanced by global reforms in comparative media studies. Such an approach allows media institutions to adopt an inclusive and culturally responsive way of communicating mental health issues, which significantly improves public awareness, helps to increase help-seeking behaviors, and builds resilience at an individual and community level within African societies.

Rwanda's recent history has significantly shaped its current mental health landscape. The 1994 genocide against the Tutsi left deep psychological scars on the nation, with many survivors experiencing long-term mental health issues. The trauma and loss associated with the genocide have resulted in high prevalence rates of Post-Traumatic Stress Disorder (PTSD) and depression among survivors. This historical context is crucial for understanding the current state of mental health in Rwanda, where a significant portion of the population continues to deal with the repercussions of this traumatic event (Rwanda Media Commission, 2021).

Rwanda Media Commission report (2021) notes that, Mass media plays a crucial role in shaping public perceptions and providing essential information about mental health. In Rwanda, media outlets like RTV are particularly influential in transforming attitudes toward mental health, reducing stigma, and promoting awareness of available support and resources. RTV is known for its extensive programming that reaches a wide audience, which has made significant strides in producing content that raises awareness about mental health challenges and the importance of seeking help. RTV is dedicated to disseminating accurate information and portraying mental health issues with sensitivity, which is vital in a country where stigma can often prevent individuals from accessing support (Rwanda Media Commission, 2021).

The effectiveness of mass media in addressing mental health issues is evident through various global and local initiatives. Media campaigns, public service announcements, and educational programs have shown how powerful media can be in fostering understanding and encouraging help-seeking behavior. By engaging with the community and producing the most mental health-focused shows in Rwanda, RTV is positioned to significantly impact public attitudes and behaviors toward mental health. Their commitment to these issues not only informs the public but also contributes to a broader cultural shift regarding mental health awareness (Cross, 2010).

One of the most comprehensive national assessments on mental health in Rwanda comes from the Rwanda Biomedical Centre [RBC Report (2021), which offers critical insights into the prevalence, distribution, and impact of mental disorders across different population groups. Mental health issues are a pressing public health issue in Rwanda, a country still grappling with the profound psychological impacts of its tragic history. The 2018 Rwanda Mental Health Survey revealed that Post-Traumatic Stress Disorder (PTSD) is significantly more prevalent among survivors of the 1994 genocide compared to the general population, with rates of 27.9% versus 3.6%, respectively. PTSD is the second most common mental disorder among genocide survivors, following Major Depressive Episode, which affects 35.0% of this group. In the general population, depression affects approximately 11.9% of individuals, indicating a substantial burden of mental health issues nationwide. Furthermore, data from the RBC report (2021) highlight those mental disorders among youth aged 14-18 years old stand at 10.2%. These figures underscore a critical need for effective mental health interventions and support systems (RBC report, 2021).

It's paramount to note that, as the world shrinks into a global village, the media plays a pivotal role in addressing a range of mental health issues, including depression, anxiety, and the impacts of trauma. Media outlets such as RTV have the potential to significantly enhance public awareness, reduce stigma, and provide essential information about mental health resources and support services. This research aims to explore the contributions of media in Rwanda, focusing specifically on RTV, to understand how these platforms can effectively impact mental

health awareness and support in a country grappling with substantial mental health challenges. By examining their programming, outreach initiatives, and community engagement efforts, this study seeks to highlight the critical role media can play in fostering a more informed and supportive environment for mental health issues in Rwanda.

1.1 Statement of the Problem

In Rwanda, the challenge of promoting mental health issues through mass media is significantly exacerbated by a critical shortage of professional health journalists who possess the skills and passion necessary to effectively engage with these topics. The current lack of specialized training in health communication, particularly concerning mental health, impedes the creation of impactful and informative content. This gap is particularly concerning given the sensitivity and complexity of mental health issues, which require careful and nuanced handling to avoid perpetuating stigma and misinformation. Addressing this deficit is essential for fostering a more informed public discourse and promoting greater awareness and understanding of mental health challenges in Rwanda (Rwanda Media Commission report, 2021).

Mental health is a prevalent and pressing issue in Rwanda that requires a media approach capable of raising awareness, educating the public, and engaging communities with accurate and empathetic information. However, many journalists currently lack the necessary training in health communication to produce content that effectively addresses these critical topics. The absence of targeted capacity-building programs means that journalists often do not possess the skills needed to create informative and sensitive content that resonates with those affected by mental health challenges. This training gap hinders the media's potential to foster understanding and support for mental health issues, underscoring the need for initiatives that enhance journalists' capabilities in this vital area (Fojo Media Institute report, 2021).

1.2 Research Objectives

- (i) To examine TV program content on mental health issues presented in Rwanda Television programs.
- (ii) To assess the extent to which Rwanda Television addresses mental health awareness through its broadcasts.
- (iii) To explore the Rwanda Television's mental health-related content on viewers' perceptions.
- (iv) To identify the challenges in using television as a medium to promote mental health education in Rwanda.

II. LITERATURE REVIEW

2.1 Theoretical Review

The following are the theories used in the study. The first is the Cultivation Theory proposed by George Gerbner, 1960, which informs the foundation upon which continuous exposure to the messages of television cultivates audience perceptions of social reality (Signorielli, 1989). The theory emphasizes that television is a strong cultural storyteller that keeps emphasizing some messages, attitudes, and views of the world, thereby cultivating these among its viewers. The major elements of the model are mainstreaming-where heavy viewers take the same view-and the process of gradual internalization of the themes commonly conveyed in the program. In the context of this study, therefore, Cultivation Theory explains how continuous mental health programming on RTV builds public perception, reduces stigma, and normalizes conversations on issues such as depression, trauma, and anxiety in the Rwandan community.

The Framing Theory by Robert Entman in 1993 explains how media influence the understanding of issues among the public through the selection of certain aspects of information and emphasizing them in particular ways. This theory pinpoints that media do not just report facts but build meaning actively, such as defining problems, diagnosing causes, making moral evaluations, and suggesting remedies (Oostdyk, 2005). Core principles include the idea that framing guides how audiences interpret and respond to social issues based on how stories are highlighted or downplayed. Critics, such as those discussed in contemporary communication studies, suggest that framing analysis is perhaps too subjective and might miss consideration of audience interpretation and prior knowledge. The Framing Theory is highly relevant to media and mental health communication in that it explains how the selection and presentation of RTV's mental health content shape public attitudes. In the context of this study, this framework helps to understand how framing stories of recovery, resilience, or trauma influences public awareness, encourages empathy, and supports help-seeking behaviors related to mental health in Rwanda.

2.2 Empirical Review

2.2.1 Mental Health Issues Coverage through Broadcast Media

Several studies have examined how broadcast media, particularly television, shape public perceptions and attitudes toward mental health from both global and local perception and attitudes toward mental health from both global and local perspectives. Diefenbach and West (2007) reported that greater exposure to television programming indeed reinforced stereotypes about mental illness-for example, viewing individuals as violent or unpredictable-albeit

certain other programs did much to educate audiences by depicting mental health challenges in realistic and sensitive ways.

Besides, according to Oostdyk (2005), although sensationalized portrayals do continue, there are still documentaries and dramas that humanize mental illness and help decrease stigma and increase understanding. Further, Omoera and Aihevba (2012), in their study in Nigeria, noticed that the inclusion of informative content within television programs significantly raises public awareness and encourages help-seeking behavior, though with variable degrees of success. Collectively, these studies affirm that depending on how issues are framed, television can perpetuate stigma or promote mental health awareness. They reveal notable gaps, however, in what is known about how mental health issues are presently portrayed in local Rwandan television and how those portrayals shape public attitudes.

2.2.2 The extent to which Television Addresses Mental Health Awareness through Its Broadcasts

The empirical studies indicate that, television broadcast media has a significant influence on how mental health themes are presented to the public. Through various programs, audiences are exposed to diverse narratives that shape their understanding of mental health issues. This literature review focuses on the contributions of Signorielli (1989), Oostdyk (2005), and Benbow (2007), highlighting the themes of mental health as depicted in contemporary television programming.

Signorielli (1989) conducted an early investigation into the representation of mental illness on television, examining how these portrayals reflected societal attitudes and contributed to public perceptions. In her study, she found that television often depicted individuals with mental health issues in a negative light, reinforcing harmful stereotypes. Characters were frequently shown as dangerous, erratic, or incapable of functioning in society. However, Signorielli also noted some progressive trends emerging in the late 1980s, where programs began to include narratives that depicted mental illness more compassionately. This shift indicated a potential for media to educate viewers about mental health conditions, moving beyond stereotypes to foster greater understanding. Signorielli's findings underscore the importance of critical engagement with media content, as the themes presented in television can either perpetuate stigma or promote awareness and empathy.

Oostdyk (2005) built upon earlier research by providing a comprehensive review of the literature surrounding mental illness portrayals on television. Her analysis highlighted various themes, including the representation of mental health issues television, dramas, and comedies. Oostdyk pointed out that while many programs still leaned on stereotypes, there was a growing trend towards more realistic and multifaceted portrayals of mental health challenges. For instance, certain dramas portray characters undergoing therapy, coping with anxiety, or dealing with depression in relatable ways. Oostdyk argued that such representations serve a dual purpose: they entertain while also educating viewers about the realities of mental health struggles. By presenting characters with depth and nuance, these programs can help demystify mental health issues, encouraging audiences to discuss and seek help for their own experiences. This shift reflects an evolving understanding of mental health in society and the potential for television to act as a platform for education and awareness.

2.2.3 Exploring Rwanda Television's Mental Health-Related Content on Viewers' Perceptions

Empirical studies further indicate that television plays a significant role in how mental health themes are presented to the public. Through news, talk shows, dramas and documentaries, audiences are exposed to narratives that influence their understanding of mental health issues. Several studies have explored how television broadcast media impact audience engagement and perceptions about mental health issues from both a global and local perspective. Rizwan (2023) indicated that community broadcasting, inclusive of local radio and television, facilitates viewer involvement through discussion, call-ins, and feedback mechanisms. Programs that included personal stories/testimonials from individuals who had mental health problems connected with viewers, creating awareness and a sense of community belonging.

Omoera and Aihevba (2012), in the context of Nigeria, also found that relevant culturally and community-oriented programming greatly increases the viewers' level of participation, especially when local mental health specialists address issues that are important to the viewers. Further, Broersma (2019) elucidated that relatable characters and realistic portrayals of mental illnesses create an emotional effect, making viewers introspect into their own mental health and discuss it openly. Together, these studies confirm that television can educate, inspire, and unite audiences in conversations on mental health issues; however, they reveal lacunas regarding how local Rwandan television would engage viewers in the process and shape public understanding of mental health.

2.2.4 The Challenges in using Television as a Medium to Promote Mental Health Education

Television mental health programs serve as powerful tools for community education, awareness, and support. This literature review explores the contributions of Rizwan (2023), Omoera and Aihevba (2012), and Meadows and Foxwell (2011), focusing on how these programs are beneficial to communities and contribute to better understanding

and addressing mental health issues. Rizwan (2023) investigated the impact of television on public perceptions of mental health through a cultivation analysis framework. Their research revealed that while television often perpetuates negative stereotypes about mental illness, there are programs that effectively educate audiences and provide valuable information. Rizwan (2023) highlighted the importance of narrative structure and character development in mental health programming. Programs that portray mental health issues with empathy and realism can significantly shift audience perceptions, fostering a greater understanding of the challenges faced by individuals with mental health conditions. By portraying characters who seek help, undergo therapy, or engage in supportive community activities, these programs can encourage viewers to reflect on their own mental health and seek assistance if needed. This educational function of television serves as a critical resource for communities, helping to dismantle stigma and promote acceptance of mental health issues.

Omoera and Aihevba (2012) focused on the role of broadcast media in addressing mental health challenges within local communities in Edo State, Nigeria. Their study highlighted how community-oriented programming, particularly through local radio and television, can significantly enhance mental health literacy. Omoera and Aihevba (2012) found that programs tailored to the cultural context of the audience not only resonate more deeply but also facilitate open discussions about mental health. By including local mental health professionals and community members in these programs, broadcasters create a relatable platform that encourages viewers to engage with the content.

III. METHODOLOGY

According to Creswell and Creswell (2018), research design encompasses the strategy, plan, and structure through which research is conducted. This study explored television programs as a contributor to mental health awareness in Rwanda, using the case of RTV. The design adopted for this research is the mixed-methods research design, combining quantitative and qualitative approaches to have a more complete understanding of the problem.

The quantitative component involved standardized questionnaires administered to RTV viewers to assess the extent to which RTV addresses mental health awareness and how its programming influences the perceptions, help-seeking behavior, and access to mental health information of viewers. In addition, a content analysis of selected RTV programs was conducted to study the frequency, duration, and relevance of mental health-oriented programming, and how mental health topics are presented. The qualitative component consisted of in-depth interviews with media professionals, mental health practitioners, and community health promoters to discuss their experiences, perceptions, and challenges regarding the use of television for educating the public on mental health. FGDs with residents informed the study about audience understanding and responses to RTV's mental health programs and the effectiveness of broadcasts in reducing stigma and promoting an informed public discourse.

Mitchell and Jolley (2012) characterize the target population as the entire group of people or things from which researchers draw conclusions. In this study, the target population will involve selected RTV mental health programs and residents in the Kigali Sector. More precisely, two television programs, namely, *Menya Wirinde* and *Waramutse Rwanda*, were selected for regular inclusion of segments promoting mental health awareness and public wellbeing. These programs provided a suitable context for analyzing how television content shapes public understanding, attitudes, and behaviors regarding mental health. The target population for the study included 700 regular viewers of these RTV programs within the Kigali Sector. These viewers, selected for their consistent exposure to mental health programming, were considered ideal for assessing RTV's role in promoting awareness and influencing community attitudes toward mental health. According to the National Institute of Statistics of Rwanda (2022), the Kigali Sector has a total population of 61,499 residents. The sample of 700 respondents ensured diversity in age, gender, and socio-economic status, capturing a representative understanding of RTV's impact on mental health awareness at the community level.

The sample size for this study was determined using Slovin's formula, appropriate when the population is known and a specified margin of error is applied. Using a population of 700 and an error tolerance of 10%, the calculation was as follows: $n = 700 / (1 + 700(0.1)^2) = 700 / 8 = 87.5$, rounded to 88 respondents. The study has, therefore, involved at least 88 participants and key informants in the main study, comprising Kigali Sector residents who watch Rwanda Television's mental health programs, with mental health professionals and program producers constituting the key informants.

Following the collection, this sample size comprised 88 respondents, whose quantitative data were analyzed using Excel through descriptive and inferential statistics. Qualitative data were submitted to thematic analysis. Throughout this research, ethical standards regarding informed consent, confidentiality, and anonymity were strictly observed; participation was voluntary to ensure integrity and protection for all participants.

IV. FINDINGS & DISCUSSION

4.1 Summary of Variables and Conceptual Framework

The study examined the contribution of Rwanda Television (RTV) programs to mental health awareness. The independent variables included TV program content and extent to which RTV addresses mental health awareness, measured by number of mental health issues covered, duration per episode, frequency of coverage, and use of expert advice or real-life cases.

The dependent variables were mental health outcomes, including audience understanding, attitude change, and help-seeking behavior, as well as challenges in using television for mental health education such as stigma, limited airtime, sensationalism, and audience engagement. The model also considered government support as a moderating variable influencing RTV's effectiveness.

4.2 Demographic Characteristics of Respondents

The demographic characteristics of the respondents include gender, age, level of education, and number of years working. The summary is shown on table 1.

Table 1

Distribution of Respondents According to Gender

Gender	Frequency	Percent
Male	49	55.7
Female	39	44.3
Total	88	100.0

As shown in Table 1, out of the total 88 respondents, 49 (55.7%) were male while 39 (44.3%) were female. The relatively balanced gender split lends credence to the study's findings in the sense that the insights regarding the effectiveness of Rwanda Television's mental health programming are drawn from an equally broad base of opinions across gender.

4.3 Demographic Information: Age

Table 1

Distribution of Respondents According to Age

Age	Frequency	Percent
Below 25	15	17.0
26-35	22	25.0
36-45	23	26.1
Above 46	28	31.8
Total	88	100.0

This distribution indicates that Rwanda Television mental health programming is reaching a diverse audience among age groups in Kigali Sector. The relatively higher proportion among audiences 36 and older (approximately 58%) suggest older audiences are more likely to watch health-related programming or that these age groups have more interest in mental health education and awareness.

4.3.1. Demographic Information: Education Level

Table 3

Distribution of Respondents According to Level of Education

Level of Education	Frequency	Percent
Primary Certificate	5	5.7
Secondary Certificate	39	44.3
Bachelor's Degree	28	31.8
Master's Degree	14	15.9
Doctorate Degree	2	2.3
Total	88	100.0

Table 3 shows the Education level of the respondents. This distribution indicates that the audience of Rwanda Television's mental health programs is quite educated, with the majority having at least secondary or tertiary education. Nearly half of the audience (44.3%) held secondary-level education, while 49.9% held tertiary-

level education.

4.3.2 Distribution of Respondents According to Number of Years as Audience of Rwanda Television

Table 4

Distribution of Respondents According to audience number of years

Distribution	Frequency	Percent
Less than 1 year	10	11.4
1 - 5 years	29	33.0
5 - 10 years	27	30.7
More than 10 years	22	25.0
Total	88	100.0

Table 4 presents the number of years the distribution pattern suggests Rwanda Television established a long-term and loyal audience base, with over 55% of respondents reporting constant viewing for five years or more. The huge segment of the audience in the 1–5 and 5–10-year groups also suggests that mental health programming on Rwanda Television is targeting both younger and older audiences.

4.4 To Examine TV Program Content on Mental Health Issues presented in Rwanda Television Programs

As can be seen from Table 5, emotional stress and depression were the most frequently occurring mental illnesses were noted by 21 participants (23.9%). Then came abuse and substance addiction (21.6%), PTSD and trauma-related issues (19.3%), suicide prevention (18.2%), and mental health stigma reduction (17.0%). These results are consistent with the fact that Rwanda Television covers a wide range of mental health issues, though with some variation in audience awareness or familiarity with individual issues. The general recognition of depression and drug abuse as slightly higher implies that greater importance is given, or a greater identification made with these issues. Overall, the findings confirm that Rwanda Television is effectively promoting mental health through various themes. There may be opportunities for enhancing the depth and visibility of coverage of issues such as stigma reduction and suicide prevention, however.

Table 5

Mental Health Issues presented in Rwanda Television Programming

		Responses		Percent of Cases
		N	Percent	
Mental health issues on RTV	Depression and emotional	21	23.9 %	23.9 %
	Substance abuse	19	21.6 %	21.6 %
	PTSD and trauma	17	19.3 %	19.3 %
	Suicide prevention	16	18.2 %	18.2 %
	Mental health stigma	15	17.0 %	17.0 %
Total		88	100.0%	100.0%

a. Dichotomy group tabulated at value 1.

Mental health, according to WHO (2021), is defined as a state of emotional, psychological, and social well-being that affects how people think, feel, and interact with each other. The findings on the mental health issues presented in Rwanda Television indicate that depression and emotional well-being (23.9%) is the most discussed issue, implying that emotional struggles are a priority in public discourse. It is followed by drug abuse (21.6%), indicating a keen focus on addiction issues. PTSD and trauma (19.3%) also rank high, pointing to the enduring presence of historical traumatic events in the Rwandan context. Suicide prevention (18.2%) is another key subject matter, pointing to efforts to address increasing concerns over mental health crises. Mental health stigma (17.0%) lastly signifies efforts to mitigate societal misconceptions and promote awareness. Depression is consistently identified as the most prevalent mental health issue globally (WHO, 2021). In African contexts, studies highlight that depression is often underdiagnosed but increasingly visible in public discourse due to media campaigns (Omoera & Aihevba, 2012).

According to WHO (2021), mental health, including emotional, psychological, and social well-being, affects the ways in which people cope with stress, interact with others, and make decisions. Rwanda Television's emphasis reflects a global trend where emotional struggles are prioritized, aligning with efforts to normalize conversations around mental health. In addition, substance abuse is a growing concern in Sub-Saharan Africa, often linked to youth unemployment, urbanization, and trauma (United Nations Office on Drugs and Crime [UNODC], 2022). Media coverage plays a preventive role by raising awareness and shaping public attitudes (Mitchell & Jolley, 2012). The

prominence of drug abuse coverage suggests addiction is framed as both a health and social issue, reinforcing the need for integrated policy responses. Furthermore, Rwanda’s historical context, particularly the 1994 genocide, has left enduring psychological scars. Research shows high prevalence of PTSD among survivors and their descendants (Pham et al., 2004; Schaal & Elbert, 2006).

Media attention to trauma reflects collective memory and ongoing healing processes, consistent with literature on post-conflict societies where trauma remains central to public health discourse. On the other hand, suicide rates are rising globally, with WHO (2021) emphasizing prevention campaigns as critical. In African contexts, stigma often silences suicide discussions, but media interventions are breaking this silence (Mosler et al., 2023). Rwanda Television’s coverage indicates emerging openness to discussing suicide, aligning with international best practices in prevention and stigmatization.

Lastly, stigma is one of the most persistent barriers to accessing mental health care in Africa (Ndetei et al., 2019). Communication campaigns are widely recognized as effective tools for reducing misconceptions and encouraging help-seeking (Broersma, 2019). The focus on stigma reduction highlights Rwanda’s efforts to shift cultural perceptions, consistent with broader African initiatives to integrate mental health into primary care and public discourse. A pie chart graphic would serve to accentuate the predominance of depression, drug abuse, and PTSD in Rwanda Television's coverage of mental health. Results were tabulated in Figure 1.

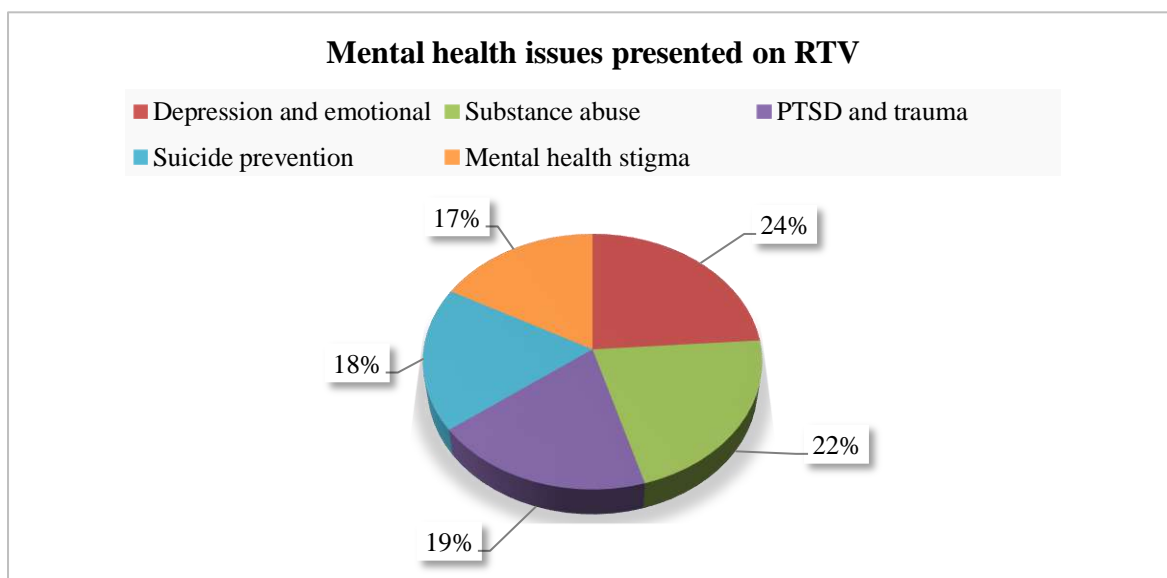


Figure 1
Mental Health Issues that are Presented on RTV

To add to the evidence of mental health issues presented on Rwanda Television, the following verbatim quotes were drawn from participants during the Focus Group Discussion (FGD) conducted between 22 August and 19 September 2025. These excerpts illustrate audience perceptions of how mental health topics are portrayed on television. Overall, the findings indicate that RTV programs address a range of mental health issues, including depression, substance abuse, trauma, suicide, and stigma. Participants acknowledged an increase in mental health-related discussions on television compared to the past, although stigma and negative perceptions remain persistent among audiences.

According to one male participant,

“These days, depression is everywhere on TV. People say they feel emotionally drained and downtrodden.”
(Male participant, FGD, 22 August 2025)

Another participant noted,

“Drug abuse is discussed a lot. You hear about young people getting addicted and ruining their lives.”
(Participant, FGD, 22 August 2025)

A female participant added,

“Trauma remains a large problem. Many are quietly enduring things that took place in the past.”
(Female participant, FGD, 29 August 2025)

Similarly, one youth participant observed,

"I have seen shows where they discuss suicide. It indicates that more people are quietly suffering."
(Youth participant, FGD, 5 September 2025)

Another female participant remarked,

"Stigma remains prevalent. Although someone may speak up on television, people perceive them as weak or crazy."
(Female participant, FGD, 29 August 2025)

Finally, a male participant commented,

"TV programs nowadays discuss more about emotions and mental health. That was not prevalent before."
(Male participant, FGD, 19 September 2025)

These findings reinforce previous research by demonstrating that depression, drug abuse, trauma, suicide, and mental illness stigma are central themes frequently featured in Rwanda Television programming. The dominant theme emerging from the discussions was emotional distress, followed by substance use and lingering trauma. Content analyzed between March to September 2025 programming from *Menya Wirinde* and *Waramutse Rwanda* was marked by a sharp focus on emotional well-being, with frequent features on depression, stress, and coping problems.

Menya Wirinde frequently broadcast expert panel and personal testimony discussions on mental health problems, particularly among youth and survivors of past traumas, suggesting an ongoing interest in PTSD and emotional pain. *Waramutse Rwanda* dwelt on lifestyle and community life issues, bordering on drug abuse and social stigma using feature stories and interviews. Both programs addressed suicide prevention sporadically, though to a lesser degree. Together, their coverage confirms the FGD findings that depression and emotional issues top the mental health agenda on Rwanda Television, followed by drug abuse, trauma, and stigma reduction initiatives. WHO (2021) identifies depression as the leading cause of disability worldwide, with growing recognition in African contexts. Mutai, (2022) emphasize that communication campaigns are critical in normalizing conversations about emotional distress. Rwanda Television reflects global priorities by centering depression and emotional wellbeing in its broadcasts.

Pham et al. (2004) and Schaal & Elbert (2006) document the enduring prevalence of PTSD in Rwanda due to genocide trauma. Media engagement with youth audiences aligns with Broersma's (2019) concept of audience engagement, where storytelling and lived experiences foster deeper public connection. The program's focus on trauma survivors situates media as a tool for collective healing and youth empowerment.

UNODC (2022) highlights rising substance abuse in Sub-Saharan Africa, while Ndeti et al. (2019) stress stigma as a barrier to care. Media framing of these issues contributes to public awareness and prevention strategies. Rwanda Television's lifestyle framing broadens mental health discourse beyond clinical issues to social determinants. WHO (2021) underscores suicide prevention as a global priority, but stigma often silences discourse in African contexts. Mosler et al. (2023) show that structured communication methods can improve openness in primary care. Limited coverage suggests suicide remains a sensitive topic, requiring more deliberate communication strategies.

4.5 To assess the extent to which Rwanda Television addresses Mental Health Awareness through Its Broadcasts

The second purpose that guided the research was to assess the extent to which Rwanda Television addresses mental health awareness through its broadcasts. The data indicated that the highest percentage, 28.4%, shows that personal experience testimonies are the most prevailing theme. This suggests that RTV gives priority to personal stories to make mental health issues more relatable and easier to understand, aiming to raise awareness through lived experiences. Professional advice ranks second at 25.0%, meaning that expert opinions are often shared to guide the public and encourage good mental health practices. In addition, 23.9% of the respondents stated that mental health advocacy is a major focus, showing the station's role in promoting awareness, care, and policy discussions around mental health. Lastly, 22.7% of responses highlight mental illness stigma as a repeated theme, which points to RTV's efforts to fight discrimination and change negative perceptions. Overall, these findings confirm that Rwanda Television uses a balanced and socially responsible approach to raise mental health awareness through emotional storytelling, expert input, advocacy, and stigma reduction. The results are presented in Table .6.



Table 2
Rwanda Television Addresses Mental Health Awareness through its Broadcasts

		Responses		Percent of Cases
		N	Percent	
Presentation of Mental health issues on RTV	Life experience testimonies	25	28.4 %	28.4 %
	Professional advice	22	25.0 %	25.0 %
	Mental health advocacy	21	23.9 %	23.9 %
	Stigma around mental illness	20	22.7 %	22.7 %
Total		88	100.0%	100.0%

a. Dichotomy group tabulated at value 1.

The study discovers that testimonies of life experience are the most prevailing theme in RTV's mental health programming, cited by 28.4% of the sample. This is trailed by professional counseling at 25.0%, advocacy for mental health at 23.9%, and stigma of mental illness at 22.7%. These revelations point out RTV's balanced strategy, blending personal experience, expert opinion, advocacy, and stigma reduction to reach the public with mental problems effectively. Overall, RTV effectively promotes mental health consciousness by equally focusing on testimonies, professional advice, advocacy, and stigma reduction. Narrative communication is widely recognized as a powerful tool in health promotion. According to Broersma (2019), audience engagement is heightened when media uses personal stories, as they foster empathy and identification.

Similarly, Pham et al. (2004) and Schaal & Elbert (2006) show that survivor testimonies in Rwanda are central to collective healing and public understanding of trauma. RTV's reliance on testimonies reflects global best practice in storytelling as a vehicle for destigmatization and awareness. Creswell and Creswell (2018) emphasize the importance of integrating expert knowledge into communication strategies to ensure credibility. Mosler et al. (2023) highlight that structured communication methods in primary care improve patient outcomes, showing that expert-led dialogue builds trust and encourages help-seeking. RTV's inclusion of professional counseling aligns with the literature on expert authority as a cornerstone of effective health communication.

Ndetei et al. (2019) argue that advocacy and communication campaigns are essential for reducing stigma and mobilizing communities. WHO (2021) also stresses advocacy as a driver for policy change and resource allocation. RTV's advocacy focus situates it within broader global and regional efforts to mainstream mental health into public discourse and policy agendas. Ndetei et al. (2019) identify stigma as the most significant barrier to care in Africa. Media campaigns that directly confront stigma are shown to improve attitudes and increase service uptake. RTV's coverage reflects the literature's emphasis on stigma reduction as a prerequisite for effective mental health interventions. Outcomes were recorded in Figure 2.

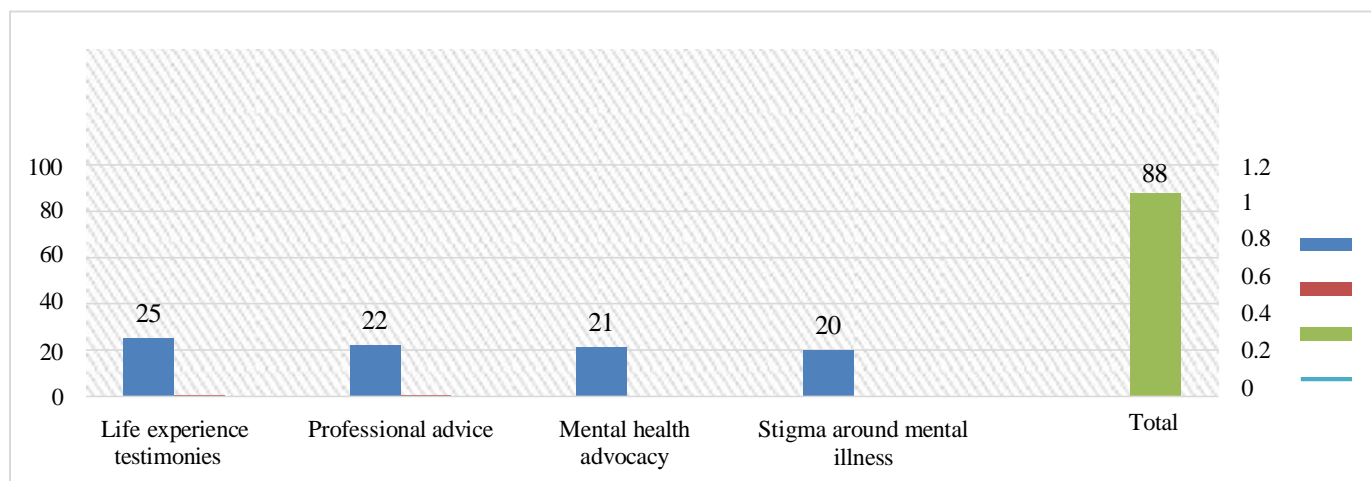


Figure 2
Extent to which Rwanda Television Addresses Mental Health Awareness through its Broadcasts

Also to provide the evidence assess the extent the extent to which Rwanda Television tackles awareness of mental health in its programming, the following are verbatim quotes from the respondents. Participants also shared their perceptions of how mental health stories and expert discussions on Rwanda Television influence their understanding and attitudes. According to one female participant,

“Whenever we hear people discuss their mental health problems on television, I relate to it more. Stories told in real life make it closer.”

(Female participant, FGD, 29 August 2025)

Another male participant explained,

“People who have been through it and survived are very strong testimonies. They offer hope for recovery.”

(Male participant, FGD, 22 August 2025)

A female youth participant added,

“I’ve seen psychologists and counsellors on television. They help you understand what you’re going through and how to deal with it.”

(Female youth participant, FGD, 5 September 2025)

Similarly, one male participant observed,

“RTV is doing well having experts. They counsel you on when to seek help and how to deal with stress or depression.” Another participant pointed out, “Programmes today talk more in rights and awareness terms. They talk about mental health as a public, rather than a private, concern.”

(Male participant, FGD, 19 September 2025)

Finally, a female participant noted,

“There are also stories that talk about stigma. Some people are reluctant to speak out, but when they see other people speaking out, it encourages them.”

(Female participant, FGD, 19 September 2025)

These reflections indicate that viewers perceive Rwanda Television’s mental health programming as relatable, educational, and empowering. The use of real-life testimonies and expert guidance appears to enhance public empathy, normalize conversations around mental health, and encourage help-seeking behavior among audiences. These claims reiterated earlier findings by accentuating lived experience narrative, professional guidance, advocacy for mental health, and stigma reduction as the main methods Rwanda Television uses to increase awareness of mental health. The most common was narrative from lived experience, then professional guidance, awareness efforts, and attempts to de-stigmatize.

Content analysis of *Menya Wirinde* and *Waramutse Rwanda* programs from March to September 2024 in relation to the extent to which Rwanda Television addresses mental health awareness through its broadcasts showed a prominent focus on emotional wellbeing with frequent stories about depression, stress, and difficulties of coping. *Menya Wirinde* consistently included expert panel discussions and personal experiences, heavy focus on mental health among young people and trauma survivors, reflecting ongoing interest in PTSD and emotional distress. *Waramutse Rwanda* focused more on lifestyle and social issues, including drug abuse and social stigma, in interviews and cover stories. The two shows did cover suicide prevention occasionally but to a lesser extent. Broersma (2019) emphasizes that audience engagement is heightened through personal stories, which foster empathy and identification.

In Rwanda, survivor testimonies have historically been central to collective healing and reconciliation (Pham et al., 2004; Schaal & Elbert, 2006). RTV’s reliance on testimonies aligns with global best practice in storytelling as a vehicle for destigmatization and awareness. Mosler et al. (2023) show that structured communication methods in primary care improve patient outcomes, demonstrating that expert-led dialogue builds trust and encourages help-seeking. RTV’s use of professional counseling reflects the literature’s emphasis on expert authority as a cornerstone of effective mental health communication. Annan and Archibong (2023) argue that advocacy and communication campaigns are essential for reducing stigma and mobilizing communities. WHO (2021) stresses advocacy as a driver for policy change and resource allocation. RTV’s advocacy focus situates it within broader global and regional efforts to mainstream mental health into public discourse and policy agendas. Ndeti et al. (2019) identify stigma as the most significant barrier to care in Africa. Media campaigns that directly confront stigma are shown to improve attitudes and increase service uptake. RTV’s coverage reflects the literature’s emphasis on stigma reduction as a prerequisite for effective mental health interventions. UNODC (2022) highlights rising substance abuse in Sub-Saharan Africa, while WHO (2021) underscores suicide prevention as a global priority. The contrast between the two shows illustrates Broersma’s (2019) concept of audience segmentation, where different formats engage different publics. RTV’s programming demonstrates a multi-pronged communication strategy, tailoring content to diverse audience needs while maintaining consistency in core themes.

4.6 To Explore the Rwanda Television's Mental Health-Related Content on Viewers' Perceptions

The findings indicate that the influence of Rwanda Television's (RTV) mental health-related content on viewers' perceptions is overwhelmingly positive at different levels. With 27.3% of the viewers reporting that the programs are interesting, informative, and engaging, clearly, the programs engage the audience strongly. Again,

26.1% reported that the programs encouraged them to discuss mental health, meaning that these programs assist in breaking stigma and improving open discussion. Applicability in real life was indicated by 23.9% of respondents, who agreed that content demonstrates useful ways to seek help, reinforcing the purpose of the programs to connect viewers to mental health care. Lastly, 22.7% highlighted the fact that the programs are recommendable to others, showing satisfaction and endorsement by viewers. Overall, these findings underscore the important role that RTV's mental health programs play in informing, engaging, and empowering the community on mental health issues. There were outcomes that were recorded in Table 7.

Table 3
Influence of Rwanda Television's Mental Health-Related Content on Viewers' Perceptions

		Responses		Percent of Cases
		N	Percent	
Influence on Viewers' Perceptions	Programs are interesting and informative	24	27.3%	27.3%
	Encouraged to discuss mental health	23	26.1%	26.1%
	Programs useful ways to seek help	21	23.9%	23.9%
	Programs are recommended for others	20	22.7%	22.7%
Total		88	100.0%	100.0%

a. Dichotomy group tabulated at value 1.

The results demonstrate the following: programs being interesting and informative (27.3%) has the highest rating, demonstrating a strong level of viewer interest. Being encouraged to discuss mental health (26.1%) also scored a high rating, demonstrating a growing level of openness. Programs as a useful way to seek help (23.9%) and programs being recommended for others (22.7%) demonstrate a level of practicality and approval. Broersma (2019) stresses the following: "Audience engagement is driven by the relevance and informativeness of the media. When the content of the media is useful and engaging, this maintains audience attention and trust." WHO (2021) also stresses the following: "Informative communication plays a crucial role in increasing community awareness and reducing misconceptions regarding mental health." Rwanda Television's success in developing mental health programs as interesting and informative represents best practice in health communication.

Annan and Archibong (2023) contend that communication campaigns create an environment of openness and combat stigma by normalizing dialogue. Ndetei et al. (2019) emphasized that stigma is still one of the biggest challenges facing Kenya and Africa, and engaging in dialogue is one of the biggest steps toward fighting it. RTV's content is helping to change culture by making mental health a legitimate area for discussion in Africa. Mosler et al. (2023) demonstrated the positive effect of structured forms of communication on help-seeking behavior in primary care settings. Media can be a useful tool for providing clear guidance and expertise to individuals, helping them bridge the gap between awareness and action. Creswell and Creswell (2018) stress the significance of credibility and trust in communication design. Advocacy campaigns may utilize peer recommendation as a strategy to extend reach (WHO, 2021). RTV's programs have managed to attain social endorsement, demonstrating that audiences not only view the content but also advocate for mental health awareness. Results were recorded in Figure 3

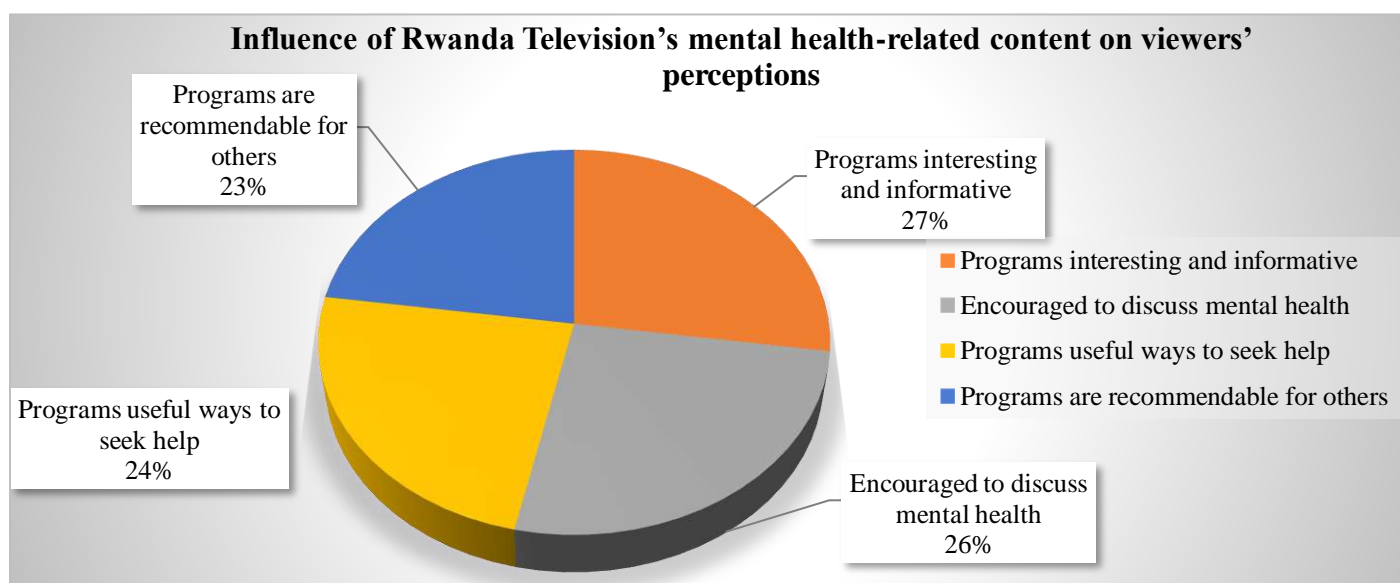


Figure 1
The Influence of Rwanda Television's Mental Health-Related Content on Viewers' Perceptions

To provide evidence examining the influence of Rwanda Television's mental health-related content on viewers' perceptions, the following are verbatim quotations from the respondents. A few of the respondents employed the following arguments when observing while participating in their FGD discussion:

According to one female participant,

"Whenever we hear individuals share stories about their mental sicknesses on television, I relate more. True-life stories bring it closer."

(Female participant, FGD, 29 August 2025)

Another male participant observed,

"People who have been through it and survived are excellent testimonials. They give hope for healing."

(Male participant, FGD, 19 September 2025)

A female youth participant added,

"I've seen psychologists and counsellors on television. They help you understand what you're going through and how to manage."

(Youth participant, FGD, 5 September 2025)

Similarly, one male participant noted,

"RTV is beneficial for having professionals. They tell you when to seek help and how to manage stress or depression."

(Male participant, FGD, 22 August 2025)

Another participant remarked,

"Programmes today are talking more in the language of rights and awareness. They present mental health as a public, rather than private, matter."

(Another participant, FGD, 5 September 2025)

Finally, a female participant stated,

"There are also stories that talk about stigma. Some people are reluctant to speak up, but when they see others speaking up, it encourages them."

(Female participant, FGD, 29 August 2025)

These findings were echoed by earlier research by pointing out narrative of lived experience, professional advice, mental health advocacy, and de-stigmatization as the main methods through which Rwanda Television raises awareness of mental health. Content analysis of Menya Wirinde and Waramutse Rwanda program content analysis (March–September 2025) indicates that Rwanda Television has a considerable impact on audience perceptions of mental health. Menya Wirinde emphasized emotional well-being, youth mental health, and trauma using expert debates and personal experiences. Waramutse Rwanda highlighted social problems such as drug abuse and stigma with a lifestyle angle. These consisted of issues that most closely identified with FGD, where participants mentioned personal stories and expert advice made mental health content accessible and informative:

"True stories bring it closer." "Professionals help you understand and manage." "Seeing others speak up encourages us." (Participant, FDG, 19 September 2025).

Overall, RTV's mental health content fosters awareness, reduces stigma, and encourages help-seeking through lived experience, professional knowledge, and public discourse. Broersma (2019) notes that audience engagement is heightened through lived experiences, which foster empathy and identification. In Rwanda, survivor testimonies have historically been central to reconciliation and trauma healing (Pham et al., 2004; Schaal & Elbert, 2006). RTV's reliance on lived experience narratives aligns with global best practice in storytelling as a vehicle for destigmatization and awareness.

Mosler et al. (2023) show that structured communication methods in primary care improve patient outcomes, demonstrating that expert-led dialogue builds trust and encourages help-seeking. RTV's use of professional advice reflects the literature's emphasis on expert authority as a cornerstone of effective mental health communication. Annan and Archibong (2023) argue that advocacy and communication campaigns are essential for reducing stigma and mobilizing communities. WHO (2021) stresses advocacy as a driver for policy change and resource allocation. RTV's advocacy focus situates it within broader global and regional efforts to mainstream mental health into public discourse and policy agendas.

Ndetei et al. (2019) identify stigma as the most significant barrier to care in Africa. Media campaigns that directly confront stigma are shown to improve attitudes and increase service uptake. RTV's coverage reflects the literature's emphasis on stigma reduction as a prerequisite for effective mental health interventions. UNODC (2022)



highlights rising substance abuse in Sub-Saharan Africa, while WHO (2021) underscores suicide prevention as a global priority. The contrast between the two shows illustrates Broersma’s (2019) concept of audience segmentation, where different formats engage different publics.

4.7 To identify the Challenges in using Television as a Medium to Promote Mental Health Education in Rwanda

The findings reveal that while Rwanda Television’s (RTV) mental health programs have a positive impact, certain challenges persist in using television as a medium for mental health education. One major challenge is the lack of trained health journalists specialized in mental health, which limits the creation of accurate, sensitive, and engaging content. Although 28.4% of interviewees reported increased knowledge on mental health, this suggests that a significant portion of the audience may still not be fully reached or informed, highlighting difficulty recognizing mental illness signs due to the complexity of simplifying clinical information. Furthermore, while 25.0% agreed that the programs provide useful tools to seek help, barriers to using help-seeking advice remain, especially due to limited accessibility to mental health services. Lastly, with only 20.5% stating that the programs are worth recommending, this points to low program recommendation limiting broader impact, emphasizing the need for improvements in quality, content diversity, and broadcasting consistency. Together, these challenges underline key barriers that must be addressed for television to effectively promote mental health education in Rwanda. WHO (2021) emphasizes that effective mental health communication requires trained professionals who can translate clinical knowledge into accessible messages.

Studies in African contexts (Ndetei et al., 2019) highlight that inadequate training among media practitioners perpetuates stigma and misinformation. Without specialized training, media risks oversimplifying or misrepresenting mental health issues, reducing its educational impact. Creswell and Creswell (2018) stress the challenge of translating complex concepts into accessible formats for diverse audiences. Annan and Archibong (2023) argue that communication campaigns must balance accuracy with simplicity to ensure inclusivity. RTV’s limited reach reflects the broader challenge of bridging the gap between clinical expertise and public understanding.

Mosler et al. (2023) show that communication alone cannot overcome structural barriers, availability of services is crucial. WHO (2021) similarly notes that awareness campaigns must be paired with service accessibility to translate knowledge into action. RTV’s programming raises awareness but cannot fully address systemic barriers such as shortage of mental health professionals and facilities. Broersma (2019) highlights that audience trust and endorsement are critical for engagement. Low recommendation rates suggest gaps in content diversity, quality, and consistency, which reduce credibility and peer-to-peer diffusion. RTV must improve program quality and variety to build stronger audience trust and encourage wider dissemination. Findings were recorded in Table.8.

Table 4
The Challenges in Using Television to Promote Mental Health Education in Rwanda

		Responses		Percent of Cases
		N	Percent	
Challenge identified on RTV’s Mental health programs	Lack of trained health journalists specialized in mental health	25	28.4 %	28.4 %
	Difficulty recognizing mental illness signs	23	26.1 %	26.1%
	Barriers to using help-seeking advice	22	25.0 %	25.0 %
	Low program recommendation limits impact	18	20.5 %	20.5 %
Total		88	100.0%	100.0%

a. Dichotomy group tabulated at value 1.

The results show RTV’s programs increase mental health knowledge (28.4%) but highlight limited reach. Recognition of symptoms (26.1%) points to challenges in simplifying info. Programs help viewers seek help (25.0%), yet access barriers remain. Low recommendation rates (20.5%) show the need to improve content and engagement. Results were observed in Figure 4.

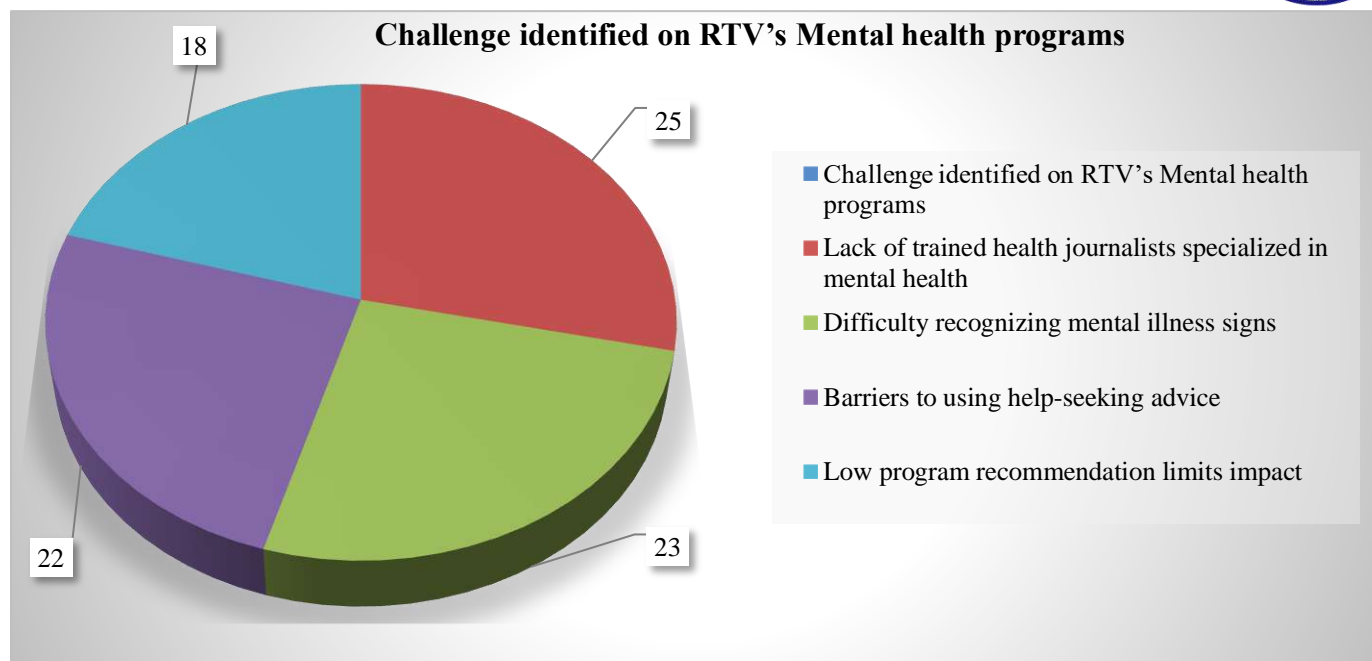


Figure 2
Level of Audience Engagement with RTV's Mental Health Programs

To show evidence in relation to identifying the challenges in using television as a medium to promote mental health education in Rwanda, the following are verbatim quotations from the respondents. A few of the respondents employed the following arguments when observing while participating in their FGD discussion: According to one male participant,

“Sometimes the people talking on TV use complicated words. It's hard to understand if you're not educated in health.”

(Male participant, FGD, 22 August 2025)

Another female participant expressed concern by saying,

“We take advice, but where do we go for help? Services are still far away or expensive.”

(Female participant, FGD, 29 August 2025)

A youth participant added,

“Some programmes use the same old script. We want more diversity and more to show from day to day.”

(Youth participant, FGD, 5 September 2025)

Similarly, one male participant observed,

Mental illness is important, but it's not shown as often as other sicknesses on TV.”

(Male participant, FGD, 19 September 2025)

Another female participant noted,

“I would like to see reporters better equipped in mental health. Some stories are badly presented.”

Finally, a male participant from the community remarked,

Not everyone in the village has time or interest to watch. Mental health information needs more outreach.” These kinds of findings, as well as FGD commentary, suggest that despite its positives, TV still has significant barriers in helping successfully promote mental health awareness in Rwanda. These kinds of findings are supported by survey data, which show that despite RTV's programming having positive effects, there is still a problem.”

(Male participant, FGD, 22 August 2025)

Content analysis of Menya Wirinde and Waramutse Rwanda programs (March–September 2025) from the aspect of establishing challenges in television usage in promotion of mental health education shows that while both programs address mental health, there are still significant limitations. Menya Wirinde stressed emotional health with expert speech and personal anecdotes but often used complex language that limited accessibility. Waramutse Rwanda addressed social issues like stigma and substance use but lacked variation in content, leading to less participation.



Both shows offered little discussion of help-seeking and suicide prevention. Together, the survey results, FGD quotes, and content analysis suggest that despite great strides at Rwanda Television in mental health, great challenges such as a lack of specialized media training, limited access to services, and poor outreach continue to hinder the full impact of televised mental health education in Rwanda. Benbow (2007) emphasize that effective communication requires simplifying complex concepts for diverse audiences. Annan and Archibong (2023) similarly argue that campaigns must balance accuracy with clarity to ensure inclusivity. Broersma (2019) highlights that audience engagement depends on diversity and relevance of content. UNODC (2022) stresses that substance abuse campaigns must be varied and context-specific to sustain interest. Limited content diversity reduces audience trust and participation, underscoring the need for innovative formats and broader thematic coverage. WHO (2021) identifies suicide prevention and help-seeking as global priorities, but stigma often silences these topics in African contexts. Mosler et al. (2023) show that structured communication methods can encourage openness and improve pathways to care. RTV’s limited coverage reflects a sensitive cultural barrier, highlighting the need for deliberate strategies to normalize crisis conversations. Ndetei et al. (2019) argue that stigma and lack of trained professionals are major barriers to care in Africa. WHO (2021) stresses that awareness campaigns must be paired with service accessibility and professional capacity building. RTV’s challenges are not isolated but mirror systemic barriers in African mental health systems, where communication alone cannot overcome structural deficits.

4.8 Regression Analysis

To explore the associations among the variables of interest in this study - namely mental-health TV content, extent of mental-health awareness, and influence of TV content on viewers' perceptions - a bivariate correlation analysis was performed using Pearson correlation coefficients. The results are summarized in Table 9;

Table 9
Pearson Correlation for TV Mental Health Content, Awareness, and Viewers’ Perceptions

	TV Program Content	Extent of Awareness	Influence on Viewers’ Perceptions
TV Program Content	1	.214	.392*
Sig. (2-tailed)		.181	.018
Extent of Awareness	.214	1	.461**
Sig. (2-tailed)	.181		.004
Influence on Viewers’ Perceptions	.392*	.461**	1
Sig. (2-tailed)	.018	.004	

*Correlation significant at 0.05 level (2-tailed).

** Correlation significant at 0.01 level (2-tailed)

The bivariate analysis showed that the influence of TV mental-health content on viewers' perceptions was significantly related to a) TV program content: $r = 0.392, p < .018$; b) Extent of awareness created: $r = 0.461, p < .004$. This indicates that higher quality and greater variety of mental-health content broadcast on television relate to positive viewer perceptions. Similarly, greater efforts at awareness raising, expert opinions, and campaign messages are significantly associated with improved attitudes and reduced stigma. On the other hand, the correlation between coverage of content and awareness created $r = 0.214$, though positive, was not significant. These suggest that variations in depth of coverage do not necessarily result in increased public awareness.

A multiple linear regression analysis was then performed to determine the combined effect of the predictors. Results appear in table 10.

Table 10
Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.682a	.465	.429	.354

a Predictors: (Constant), TV program content, extent of awareness

The model explains 46.5% of the variation in viewers' perceptions of mental health content on television, indicating a substantial contribution in that nearly half of viewers' perceptions are influenced by content quality, awareness efforts, and messaging practices employed by RTV.

Table 11*ANOVA^a Summary*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.112	2	2.056	16.428	.000b
	Residual	4.726	38	.124		
	Total	8.838	40			

a Dependent Variable: Influence on viewers' perceptions

b Predictors: TV program content, extent of awareness

The ANOVA shows that the model is statistically significant ($p < .001$), indicating that mental-health TV content and awareness efforts jointly predict viewer perceptions. The regression coefficients are presented on Table 12.

Table 12*Regression Coefficients^a*

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.911	0.481		6.048	.000
TV Program Content	0.268	0.102	0.341	2.627	.012
Extent of Awareness	0.331	0.088	0.462	3.750	.001

a Dependent Variable: Influence on viewers' perceptions

The regression analysis revealed that both predictors-TV program content and the extent of awareness-significantly influenced viewers' perceptions of mental-health programming. An improvement in quality, diversity, and accuracy of mental-health content was associated with an increase of 0.268 in positive viewer perceptions, supporting earlier findings by RMC (2021) and RBC (2021), which emphasize the importance of broad mental-health representation in enhancing public understanding. These results also affirm insights by Signorielli (1989) and Oostdyk (2005), who noted that televised narratives play a crucial role in shaping audience attitudes toward mental illness.

Similarly, the depth of awareness-raising activities such as expert interviews, campaigns, and stigma-reduction messages was found to produce an even stronger outcome, at 0.331 positive perceptions. This is consistent with arguments by Meadows and Foxwell (2011) that active and informative media content can stir behavioral change, and by Omoera and Aihevba (2012) that the media provide a means for mobilizing a community and reducing stigma. With a higher beta value for awareness than for pure content, $\beta = .462$ versus $\beta = .341$, it appears that depth and expert-informed messaging are much more impactful in shaping viewers' perceptions. This agrees with the Fojo Media Programme (2021), which maintains that effective mental health communication emanates from contextualized, credible, and professionally guided reporting.

V. CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

The study established that RTV is indeed playing an influential and significant role in shaping the country's public knowledge, awareness, and engagement with mental health issues. Indeed, RTV airs detailed topics relevant to emotional turmoil, depression, drug abuse, trauma-related disorders, and stigma reduction. This levels up to a wide variety of topics, which evidences the dedication and interest of this broadcaster in normalizing conversations about mental health, fostering open dialogue within Rwandan society. The consistent reporting has made RTV usher in mental health into the mainstream of public debate, as a means of supporting national advocacy toward better public understanding of various psychological conditions.

However, the study also underlines some important challenges that limit the full impact of television as a tool for mental health education. Whereas viewers generally found the content informative, relevant, and worth discussing, gaps remain in depth, clarity, and accessibility of mental health messaging. Limited numbers of trained health journalists restrict the accuracy and sensitivity of reporting, particularly when complex clinical information needs to be simplified for wide audiences. Although some participants reported gaining knowledge and advice about help-seeking, such benefits were not universally distributed, with service accessibility remaining a barrier to acting on information provided. In addition, the relatively low rate of program recommendation suggests the need for increased quality, diversity, and frequency of content. In summary, although RTV makes a significant contribution to mental health promotion in Rwanda, further strengthening of professional capacity, broadening the coverage, and enhancing audience engagement approaches will be necessary if RTV is to realize its full potential as part of national mental

health education and stigma reduction.

5.2 Recommendations

The following recommendations, based on the findings, are proposed to better position Rwanda Television to promote mental health education and awareness throughout the country: First, RTV management should put greater emphasis on mental health programming due to its great influence on public knowledge and stigma reduction. Though the current coverage includes issues of depression, emotional distress, drug abuse, and trauma, the study has shown the need for deeper attention to sensitive but often underreported topics like suicide prevention and anti-stigma campaigns. This would be done by deepening and developing both breadth and depth of mental health topics to enhance public understanding and foster open, sustained conversations about mental health in Rwanda.

RTV should also further engage the audience by adopting more interactive formats such as live panel discussions, call-in segments, and Q&A sessions with mental health professionals. This provides real-time support, allows for viewer participation, and creates safe spaces for questions that facilitate help-seeking behavior. Increasing its presence through digital platforms, such as YouTube, social media platforms, and short-format clips on mental health, will extend the station's reach, especially among the younger audiences who access more content online. RTV needs to stay in close consultation with psychologists, healthcare institutions, NGOs, and the Ministry of Health in producing credible, up-to-date, and responsible mental health content.

Finally, specialized training in mental health reporting for RTV journalists and producers can enhance the sensitivity, accuracy, and ethical standards of the content produced. The RMC is encouraged to play an enhanced role by developing national guidelines for responsible communication around mental health, encouraging ethical storytelling, and monitoring media representation of issues related to mental health. RMC should further encourage collaboration between media houses and the Ministry of Health in supporting single, evidence-based national campaigns. For studies in the future, researchers are called upon to unpack how emerging digital platforms like social media, podcasts, and online videos feature in shaping mental health awareness, as well as how televised mental health programming yields impacts related to behavior change, stigma reduction, and access to services in Rwanda over time.

Declaration of Interest

The authors declare that they do not have any known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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