Magna Scientia Advanced Research and Reviews
eISSN: 2582-9394
Cross Ref DOI: 10.30574/msarr
Journal homepage: https://msarr.magnascientiapub.com/

(REVIEW ARTICLE)

MEDIA AND MULTICULTURALISM – GENDER NORMS AND MENTAL HEALTH OF BOYS AND MEN IN KENYA

Victoria Githenya *

School of Psychology, Daystar University, Nairobi, Kenya.
* Corresponding Author

ORCID Details
Victoria Githenya: https://orcid.org/0009-0005-2329-1132

Magna Scientia Advanced Research and Review, 2026, 18(01), 083–088

Publication history: Received on 27 August 2026; revised on 10 September 2026; accepted on 12 September 2026

Article DOI: https://doi.org/10.30574/msarr.2026.18.1.0187

ABSTRACT

There is an increase in mental health crisis, especially among men and boys. In the African culture, men are expected to be strong and not to portray emotions. The stigma surrounding mental illness that men face usually hinders them from seeking help, adhering to treatment, and disclosing their mental health problems. Mental health stigma and adhering to strict masculine norms can lead to poor health seeking behavior, substance abuse, depression and anxiety, interpersonal relationship difficulties, violence, and increasing psychological distress. This article reviews the structural determinants of men's mental health and the role of the media. The article ends with a positionality statement from the author regarding this topic of men's mental health.

Keywords: African Culture, Gender norms, Media and multiculturalism, Mental health

1 INTRODUCTION

A report published in 2022 showed that men are more affected by mental health issues than women, with men at 56.9% and women at 43.1% (KUTV News, 2023). However, while men seem to be more affected, many do not seek help because of societal expectations and stigma. Additionally, the highest numbers affected are the youth less than 35 years. KUTV News (2023) goes on to talk about ways of improving men's health seeking behavior like offering mentorship, creating men's forums, and normalizing seeking help. The increasing mental health crisis highlights the need for this review to help understand men's mental health challenges and ways of promoting their wellbeing.

1.1 African Culture and Men's Mental Health

The African culture tends to portray men as people who do not cry, which leads to men restricting their emotions and being unable to or finding it difficult to express their feelings due to fear (Ezeugwu & Ojedokun, 2020). Masculine norms in African culture portray men as risk-takers, strong, emotionally intelligent, and the men are not expected to be emotional or irrational when they face life's challenges. Mental health struggles tend to be seen as weakness, and weakness is seen as a sign of cowardice. Additionally, there are many Africans who do not seek professional help but prefer to seek assistance from religious leaders.

There is an expectation for men to show physical strength, which can lead to violence and aggression as a way of solving problems (Graaff & Heinecken, 2017). Such gender norms are usually socially constructed, and boys seem to learn to resolve conflict by intimidating others and fighting to protect their reputation. The exposure to violence that many men face, coupled with other factors like emotional suppression and the pressure to be providers, make men susceptible to developing mental health problems.

1.2 Mental Health Stigma among Men

According to McKenzie et al. (2022), the suicide rates among men are twice higher than of women, yet men tend to report lower depression rates. This discrepancy can be due to the stigma surrounding mental illness that men face which hinders them from seeking help, adhering to treatment, and disclosing their mental health problems. Mental health struggles seem to go against gender ideals that portray men as self-reliant and strong, and mental illnesses seem to be viewed as a sign of weakness. There is also stereotyping of mental illnesses according to gender, with disorders like substance use disorders being stereotyped as masculine problems and eliciting more stigma than "feminine" disorders like eating disorders.

Mental health stigma and adhering to strict masculine norms can lead to poor health seeking behavior, substance abuse, depression and anxiety, interpersonal relationship difficulties, violence, increasing psychological distress, and a risk of developing other diseases like cardiovascular diseases (Chatmon, 2020). An example of a culture that adheres to strict gender roles in Kenya are the Maasai. The Maasai have largely preserved their traditions and culture and have a reputation of being warriors (Ker & Downey Africa, n.d.). In the past, Maasai boys would demonstrate warrior status by killing lions but nowadays show off their athleticism and warrior skills as a demonstration of their abilities. In such a community with strict gender roles and warrior status for men, it is highly likely that a man seeking help for mental health problems would be stigmatized and seen as weak.

1.3 Mental Health and Spirituality

Some people view mental health problems as having a spiritual root and therefore prefer to seek help from religious leaders instead of mental health professionals. In Ghana for example, Kpobi and Swartz (2019) state that there are beliefs that mental illness is due to curses or witchcraft, which leads to construing mental illness as due to spiritual causes with the aim being either to harm or punish people for doing wrong things. Such beliefs lead to people seeking treatment from religious, alternative, and indigenous healers. While the spiritual explanations offer people a sense of control and comfort, they either prevent or delay people, including men, from seeking help from mental health practitioners.

1.4 Structural Determinants of Mental Health among Men

There are structural factors that influence mental health such as lack of education, poor infrastructure and poverty. Studies show that there is a statistically significant relationship between common mental health problems and poverty indicators like low education levels, lack of or low income, unemployment, and housing difficulties (Patel & Kleinman, 2003). In the African society, men are expected to be providers. Therefore, a man experiencing poverty and inability to provide for their family might feel inadequate and start experiencing mental health challenges.

Fileva (2020) states that when a man is seen as an unsuccessful person, he may be viewed by other people or even think of himself as not good enough, a loser, or as good for nothing. The situation is made worse by the fact that men rarely talk publicly about such things, which can be due to fear of exposing their vulnerability. Such feelings of worthlessness and inadequacy can predispose men facing economic challenges to mental health problems such as depression.

Poverty also affects access to professional services due to inability to pay for healthcare services. In Africa, poverty is a huge concern. According to Outreach International (2023), Africa has the highest poverty rates in the world and houses 23 out of 28 poorest countries in the world. The high poverty levels are due to factors like economic instability, unemployment, and poor policies. When a man is living in poverty, it is highly likely he would first prioritize survival and meeting basic needs before thinking of paying for mental health services. Poverty affects not only men but also society at large and worsens to cycle of mental health problems.

It is also important to consider rural men versus urban men and how such inequalities affect mental health and access to mental health services. People in rural areas face barriers such as shortage of resources, lack of transport, long travel distances, physical inaccessibility, lack of healthcare facilities, and a shortage of health professionals (Metiso & Mboweni, 2025). Therefore, men living in rural areas are usually disadvantaged when compared to their counterparts in urban areas. Additionally, men living in rural areas, in poverty, and those of ethnic minority may be "othered" and considered as lower class, which can exacerbate psychological distress. Therefore, when discussing the issue of mental health among men and boys, it is important to consider such structural factors and their impact on health.

1.5 Role of the Media

The media is a powerful influencer of gender norms. The media in Kenya seems to reinforce traditional gender stereotypes and men are usually portrayed as being in authority (Kiarie, 2025). Cultural norms still shape the way the media portrays gender roles, though some media are pushing for higher equitable representation. There are people on social media networks that seem to promote toxic masculinity. Toxic masculinity reinforces rigid gender rules and male aggression and dominance (Parent et al., 2019). Such strict adherence to masculine norms increases the risk of hostile and maladaptive behavior. The media also tends to encourage emotional suppression and some men face ridicule when they show vulnerability. All these increase the risk of mental health problems like depression.

The media has a tendency to sensationalize stories that are related to violence, suicide, aggression, and relationship breakdowns. Unsafe media reporting of things like suicide is a risk factor for more suicides (Foriest et al., 2024). Suicide behavior tends to vary by gender, and men have higher suicide rates because they usually use more lethal means. Unsafe reporting of male suicide by media may normalize using self-harm as a way of coping with life stressors such as relationship or financial failures. The media also tends to personalize failure without considering larger systemic issues like social-economic inequalities.

While media can be a source of harm when it comes to mental health of men, it can also play a protective role and be used to counter the harmful gender narratives. Social media can help combat mental health related stigma and increase awareness (Ongeri et al., 2021). The convenience and anonymity of social media has led to more people using it to seek advice and share experiences. Men can support each other on social media networks and promote health seeking behaviors. Media, especially social media, can help to normalize vulnerability among the men and reduce emotional suppression.

1.6 Cultural Formulation Interview (CFI)

When dealing with a male client, it is important for the therapist to understand the client's culture and how their development and ethnic background affects how they view mental health and masculinity. From a developmental perspective, many boys are taught to be tough. There is a proverb, "boys do not cry" or "men do not shed tears" in African culture that shows how the society expects men to be risk takers and not show their emotions (Ezeugwu & Ojedokun, 2020). Such views of masculinity make it difficult for men to seek help and to express their emotions. A therapist dealing with a man needs to be patient and understand how the man's culture shapes how they express themselves. It is also important to use culturally and gender relevant assessment techniques.

Different cultures interpret distress in different ways. In the Luo community for example, the sick tend to be discriminated and there is low acceptance rates for interventions because of their social-cultural views of disease and how they conceptualize illness that seems to go against biomedical knowledge (Ojwang, 2018). A Luo man facing mental health challenges may thus experience stigma and be seen as weak, and may opt to visit alternative healers before seeking professional help. This also means they might come when their symptoms are quite severe. The mental health professional therefore needs to understand that different cultures view distress in different ways, and approach the client with a non-judgmental attitude. The therapist should work on reducing stigma and have open conversation with the client about harmful cultural beliefs.

Culture can affect the relationship between the therapist and the client. For example, a man from one culture may have difficulties seeking help from a female mental health professional. In the Kikuyu culture, traditionally there was a hierarchy between men and women, whereby men were seen as superior, clever, well-respected, and as people who do not just talk for the sake of talking (Wanjiru, 2015). It is therefore important for the therapist to be aware and to adapt to cultural expectations in order to be able to establish a therapeutic relationship. Another example of something that can affect the therapist-client relationship is a male client from rural background in therapy with a therapist in urban area. Such a client might feel like the therapist does not understand him due to different worldviews.

1.7 Structural Competence

Structural inequalities affect men's mental health and their access to mental healthcare. For example, there is a causal bidirectional relationship between poverty and mental health and people with low income are more likely to experience anxiety and depression than people with high income (Martínez Valera et al., 2025). Men living in poverty are likely to feel inadequate especially considering the cultural expectations of them to be providers. Structural competence means that the mental health practitioner ought to understand that there are broader social and economic factors that affect the mental health of men and boys. There is a need to take practical steps, such as offering rural mental health outreach and advocating for policies that reduce the inequalities.

1.8 Clinical Implications

A cultural misunderstanding between the therapist and the client can lead to a misdiagnosis. For example, a man who is unable to provide for his family and who views himself as unsuccessful can start experiencing feelings of inadequacy or feeling not good enough (Fileva, 2020). If a therapist does not understand the impact of financial stress on a man's mental health, they might end up missing some diagnoses such as depression. To mitigate this, it is important for the therapist to use cultural formulation interview (CFI) and understand a man's culture and socially constructed gender roles and what it means for the man if he fails to achieve such roles to avoid either missing a diagnosis or risk of giving the wrong diagnosis.

When a man goes for therapy and starts perceiving that the therapist is either judging or misunderstanding him, the therapeutic alliance can easily rupture. For example, some cultures believe that mental illness has spiritual causes such as a curse or witchcraft (Kpobi & Swartz, 2019). If the client tells the therapist he believes he has been bewitched and perceives the therapist is judging him, the therapeutic relationship can easily rupture. To mitigate this, the therapist needs to build an environment full of trust and unconditional positive regard. It is important to have an attitude of cultural humility and understand the client's worldview from their viewpoint and then work on a way forward together.

Many men experience the pressure to conform to societal masculine norms. The media can especially put a lot of pressure on a man and has been a key factor in promoting toxic masculinity. Toxic masculinity pushes for strict gender rules, dominance, and aggression (Parent et al., 2019). Such can lead to a man using maladaptive coping strategies like substance use and violence, which leads to safety risks. To mitigate such, the therapist should explore with the client adaptive ways of coping with life's stressors such as seeking family support, do a risk assessment, and come up with safety plans if they perceive that the client is at risk.

Stigma can be a great hindrance for men seeking help. Mental health related stigma leads to poor health seeking behavior and increased psychological distress (Chatmon, 2020). A man might fear that if he goes for psychotherapy, other people will know of it and that his story might even become a subject of discussion on social media. The fear of stigma can also make a man hide his struggles from his family and fear seeking help. To mitigate this, the therapist needs to inform the client about the confidential nature of therapeutic relationship and the limits to confidentiality. Assuring confidentiality helps to create a safe space where the client can open up without fearing that others will know what he says. The therapist should also normalize seeking help and explore the problems the client presents with within the client's family and cultural context.

When it comes to the media, the therapist needs to understand that media can play both harmful and positive roles. Unsafe reporting can normalize self-harm as a way of coping with life challenges (Foriest et al., 2024). To mitigate this, the therapist should do a digital risk assessment and understand the client's online engagements. On the positive side, the therapist can use the media as a way of promoting mental health not only among men but for everyone. Online communities where men are assured of anonymity can help men open up and share their struggles. The therapist can also offer online therapy sessions for men who fear being stigmatized if they are seen seeking help from a therapist.

2 POSITIONALITY STATEMENT

2.1 Men are the Pillars of the Society

I believe men are the pillars of the society. From a Christian perspective, God created the man first and then created the woman to be his helpmeet. Men were created by God to be the leaders of the society. Therefore, we need healthy men because when they are healthy, then they are able to lead their families, the society, and the nation in the right way. We cannot afford to ignore the mental health of boys and men. It is time to challenge traditions that have created a crisis in mental health, especially among men. Men's health seeking behavior is usually different from that of women, and they tend to delay in seeking help, usually out of fear of appearing vulnerable.

There is need for mental health policies addressing how we can improve the mental wellbeing of the society and of men in this case. We need better road networks, hospitals in rural areas, and more mental health professionals in rural areas and among the marginalized communities. There is need for more insurance companies to cater for therapy services so that clients do not have to pay out of pocket. I have come across a situation where a client stopped therapy with their previous therapist because the cost of therapy was too high.

We need to normalize seeking help and as psychologists be at the forefront and tell people that seeking help is not a weakness. We can make use of the media, and especially social media, to push forward positive messages that encourage people to take care of their mental health and seek help when struggling. Harmful messages like "boys do not cry" need to be challenged so that we raise boys who become men who are not ashamed of sharing their emotions.

Social media campaigns and developing online psychoeducation modules can help in dispelling myths and reducing stigma associated with mental health problems among men. Online psychoeducation modules could be especially useful as they offer anonymity and this aspect would encourage more people to sign up for such programs. However, such campaigns need men to be at the forefront, and therefore there is need for more men to arise and serve as good examples to boys and other men. There is need for good male mentors to lead other men and normalize talking about mental health matters.

When we look at the number of male psychologists, they seem to be much fewer than female psychologists. In my psychology class for example, the number of men are significantly lower than that of women. This is of great concern to me because I wonder why we do not have many men joining the psychology profession. Society expectations usually influence a person's career choice, and I think there is a misconception that the profession of psychology is best suited for women.

There is need for male psychologists to speak up and encourage other men to join the profession. Some men prefer to have a male psychologist and probably they perceive that a man would understand them better than a woman. However, with the current situation that we have in the country, where female psychologists seem to significantly outnumber male psychologists, it seems a man would find it difficult to access male psychologists if that is what they prefer. Female psychologists also need to speak up and help men to understand that psychology is not a woman's profession. We all need each other, men and women, and there should be enough psychologists from both genders for clients to choose from.

There are many structural inequalities in Kenya that hinder people of lower social-economic status from accessing mental health services. This shows the need for community outreach and mental health camps in rural areas and other areas where men and other people find it difficult to access mental health services. Going to such places would help those people see the importance of mental health and probably would start seeking out those services for themselves. Community mental health talks and challenging gender stereotypes that make men restrict their emotions or not seek help would also be helpful. Additionally, psychologists need to offer probono services once in a while for needy men and other clients who are not able to afford their services.

Psychologists also need to invest in becoming culturally competent in the area of offering psychotherapy to men. Men tend to think differently from women. Additionally, cultural, social, economic, and other factors affect men's worldviews and their health seeking behaviors. Also, individual men are different and therefore we should be careful not to generalize men into one category. When a man comes for psychotherapy, like with other clients, it is important for the therapist to do a cultural formulation interview (CFI).

A CFI would help the therapist understand how the man interprets distress, their view of masculinity and seeking help, how the man's culture would affect the therapeutic relationship and especially when the therapist is a woman, among other things. Doing a CFI and discussing the cultural differences with the client is a way of building trust and helps to form a strong therapeutic alliance. When the client sees that the therapist is making an effort to understand them and their cultural perspective, he feels like the therapist cares about them and it would help to strengthen the therapeutic relationship. Gender is a cultural issue, and therefore as therapists we need to be competent when dealing with clients of different genders.

3 CONCLUSION

Culture has a strong effect on boys' and men's mental health and their health-seeking behavior. The African culture specifically tends to portray men as strong, which leads to them restricting their emotions and avoiding seeking help, with factors like stigma, poverty, and toxic masculinity reinforced by the media hindering them from seeking help. This article reinforces the importance of therapists doing a CFI in order to understand the client's culture and avoid misunderstandings and misdiagnosis in therapeutic practice. Additionally, therapists ought to be structurally competent as this would help them understand the broader social and economic factors that affect men's mental health. The article advocates challenging cultural beliefs that perpetuate men's mental health crisis and recommends mental health policies that specifically address the mental health of boys and men.

REFERENCES

[1] Chatmon, B. N. (2020). Males and mental health stigma. *American Journal of Men's Health*, *14*(4), 1557988320949322. https://doi.org/10.1177/1557988320949322

[2] Ezeugwu, C. R., & Ojedokun, O. (2020). Masculine norms and mental health of African men: What can psychology do? *Heliyon*, *6*(12), e05650. https://doi.org/10.1016/j.heliyon.2020.e05650

[3] Fileva, I. (2020, May 12). Why so many men feel inadequate. *Psychology Today*. https://www.psychologytoday.com/us/blog/the-philosophers-diaries/202005/why-so-many-men-feel-inadequate

[4] Foriest, J. C., Mittal, S., Kim, E., Carmichael, A., Lennon, N., Sumner, S. A., & De Choudhury, M. (2024). News media framing of suicide circumstances and gender: Mixed methods analysis. *JMIR Mental Health*, *11*, e49879. https://doi.org/10.2196/49879

[5] Graaff, K., & Heinecken, L. (2017). Masculinities and gender-based violence in South Africa: A study of a masculinities-focused intervention programme. *Development Southern Africa*, *34*(5), 622–634. https://doi.org/10.1080/0376835X.2017.1334537

[6] Ker & Downey Africa. (n.d.). The magnificent Maasai of East Africa. *Ker & Downey Africa*. Retrieved https://ker-downeyafrica.com/maasai-tribe-east-africa/

[7] Kiarie, A. (2025). Influence of cultural norms on gender representation in media in Kenya. *Journal of Communication*, *6*(1), 55–65. https://doi.org/10.47941/jcomm.2871

[8] Kpobi, L., & Swartz, L. (2019). Indigenous and faith healing for mental health in Ghana: An examination of the literature on reported beliefs, practices and use of alternative mental health care in Ghana. *African Journal of Primary Health Care & Family Medicine*, *11*(1). https://doi.org/10.4102/phcfm.v11i1.1941

[9] KUTV News (Director). (2023, November 16). Gender norms and mental health of boys and men [Broadcast]. In *Gender norms and mental health of boys and men with Dr. Gabriel Waari*. KUTV News Kenya. https://www.youtube.com/watch?v=x4pOUnkA2TQ

[10] Martínez Valera, P., Gallegos Ruiz Cornejo, A. L., Valencia, J., Bouroncle Velásquez, M. R., Esenarro Vargas, D., Vega-Mori, L., & Sánchez Medina, A. (2025). Poverty associated with anxiety, personality and depression disorders in adults at the "Sarita Colonia" Community Mental Health Center in Callao 2017–2022. *Cogent Social Sciences*, *11*(1), 2449597. https://doi.org/10.1080/23311886.2025.2449597

[11] McKenzie, S. K., Oliffe, J. L., Black, A., & Collings, S. (2022). Men's experiences of mental illness stigma across the lifespan: A scoping review. *American Journal of Men's Health*, *16*(1), 15579883221074789. https://doi.org/10.1177/15579883221074789

[12] Metiso, N. F., & Mboweni, S. H. (2025). Barriers and enablers of health services utilisation in rural communities of Nkomazi sub-district in Mpumalanga province, South Africa: A quantitative community survey. *Health Services Insights*, *18*, 11786329251356931. https://doi.org/10.1177/11786329251356931

[13] Ojwang, B. O. (2018). Linguistic conceptualizations of disease among the Luo of Kenya. *Qualitative Health Research*, *28*(3), 433–445. https://doi.org/10.1177/1049732317747875

[14] Ongeri, L., Mbugua, G., Njenga, F., Nguithi, A., Anundo, J., Mugane, M., Kimari, Z., Cushny Kaigwa, L. W., & Atwoli, L. (2021). Harnessing social media in mental health practice in Kenya: A community case study report. *Pan African Medical Journal*, *39*. https://doi.org/10.11604/pamj.2021.39.58.27643

[15] Outreach International. (2023, September). Poverty in Africa: Real-life consequences & sustainable solutions. *Outreach International*. https://outreach-international.org/blog/poverty-in-africa/

[16] Parent, M. C., Gobble, T. D., & Rochlen, A. (2019). Social media behavior, toxic masculinity, and depression. *Psychology of Men & Masculinities*, *20*(3), 277–287. https://doi.org/10.1037/men0000156

[17] Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *World Health Organization*, *81*(8).

[18] Wanjiru, E. (2015). Social construction of gender in Gikuyu community as portrayed in narratives, songs and proverbs. *International Journal of Arts and Commerce*, *4*(6).