MEDIA REPRESENTATIONS AND JOURNALISTIC PRACTICES IN FRAMING EARLY CHILDHOOD MENTAL HEALTH IN BANGLADESH

By

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A thesis submitted to BRAC Institute of Educational Development in partial fulfillment of the requirements for the degree of
Master of Science in Early Childhood Development

BRAC Institute of Educational Development
BRAC University
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DECLARATION:

It is hereby declared that:

1. The thesis submitted is my own original work while completing a degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.
5. I would like to request the embargo of my thesis for 6 months from the submission date due to the sensitive nature of media examples used in the study. This embargo will apply for both the hard copy and electronic version.

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Ethics Statement

Title of Thesis Topic: Media Representations and Journalistic Practices in Framing Early Childhood Mental Health in Bangladesh

Student name: Nashia Farzana Shameem

1. Source of population:

i. Journalists

ii. Parents of children aged 2–8

iii. Mental health professionals in Bangladesh.

2. Does the study involve? (yes or no)

a. Physical risk to the subjects: **No.**

b. Social risk: **Minimal / Yes.**

c. Psychological risk to subjects: **Yes (minor).**

d. Discomfort to subjects: **Yes (minor).**

e. Invasion of privacy: **No.**

3. Will subjects be clearly informed about? (yes or no)

a) Nature and purpose of the study: **Yes.**

b) Procedures to be followed: **Yes.**

c) Physical risk: **No.**

d) Sensitive questions: **Yes.**

e) Benefits to be derived: **Yes.**

f) Right to refuse to participate or to withdraw: **Yes.**

g) Confidential handling of data: **Yes.**

h) Compensation/treatment where privacy is involved: **Not applicable.**

4. Will Signed verbal consent be required? (yes or no)

a) From study participants: **Yes.**

b) From parents or guardians: **Yes.**

c) Will precautions be taken to protect anonymity of subjects? **Yes.**

5. Check documents being submitted herewith to Committee:

a) Proposal

b) Consent Form

c) Questionnaire or interview schedule

Ethical Review Committee:

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(chair/co-chair/other) _____

Dr. Erum Mariam

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Abstract

This study examined the representation of early childhood mental health in Bangladeshi media and the journalistic methods that influenced these depictions. The mental health of early childhood, the emotional and social well-being of children aged 2 to 8 is essential for lifelong development (Shonkoff et al., 2012). A qualitative design analyzed thirty-six articles in Bangla and English published between April and October 2025, alongside seven in-depth interviews with journalists, parents, and mental health specialists. Qualitative content analysis framework facilitated categorization, interpretation, and triangulation. Media coverage was found to be primarily episodic and sensationalized, focusing on negative aspects such as abuse and trauma while neglecting preventive and developmental viewpoints. Ethical breaches included the identification of young victims, the use of distressing imagery, and the omission of expert opinions. Journalists reported facing editorial pressure, a lack of trauma-informed training, and institutional constraints as hindrances to ethical reporting. Similarly, parents and professionals expressed concerns regarding coverage, describing it as stigmatizing, inadequate, and misleading. Ultimately, the study highlights a notable gap in Bangladeshi media's approach to young children's mental health, which often dismisses rights-based and developmental insights. It suggests enhancing ethical and trauma-informed journalism and developmentally appropriate coverage of ECMH.

Keywords: early childhood mental health; media framing; journalism ethics; Bangladesh; trauma-informed reporting

Dedication

This thesis is dedicated to my husband, whose patience, affection, and unwavering support sustained me through countless late nights of writing, transcribing, and translating. I appreciate your support and faith in this endeavor as much as I have. I dedicate this to my parents, whose strength and encouragement have consistently served as my foundation, and to all those who accommodated interviews despite their demanding schedules. Your generosity facilitated my study.

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List of Acronyms:

Acronym	Full Form
APA	American Psychological Association
BRAC IED	BRAC Institute of Educational Development
COVID-19	Coronavirus Disease 2019
ECD	Early Childhood Development
ECDP	Early Childhood Development Policy
EMH	Early Mental Health
IDI	In-Depth Interview
IFJ	International Federation of Journalists
LMIC	Low- and Middle-Income Countries
NGO	Non-Governmental Organization
SDG	Sustainable Development Goal
UNICEF	United Nations International Children's Emergency Fund
UNCRC	United Nations Convention on the Rights of the Child
WHO	World Health Organization

Glossary:

Term	Definition
Early Childhood Mental Health (ECMH)	Denotes the emotional, psychological, and social well-being of children ages 2 to 8, encompassing their capacity to establish stable connections, articulate feelings, and explore their surroundings.
Early Childhood Development (ECD)	The physical, cognitive, linguistic, and socio-emotional development of children from birth to eight years.
Framing	The manner in which news media select and highlight specific elements of a story to influence audience perception or interpretation.
Representation	The depiction of individuals, issues, or events within media content, encompassing language selection, tone, imagery, and the representation of diverse perspectives.
Episodic Framing	Media coverage that concentrates on specific cases or incidents without addressing the underlying systemic or social factors.
Thematic Framing	Reporting that links individual events to broader contexts, including social, policy, or institutional factors.
Child-Sensitive Journalism	News reporting practices that emphasize children's rights, dignity, and safety in coverage of stories involving them.
Trauma-Informed Reporting	An ethical journalism approach that recognizes trauma, prevents re-traumatization, and manages sensitive content with due diligence.
Trauma-Informed Practice	A broader framework recognizing the impact of trauma on individuals and emphasizing safety, trust, and empowerment.
Agenda-Setting Theory	The theory that the media shapes public perception of issue importance by selecting the topics to be covered.

Qualitative Content Analysis	A structured method for analyzing textual data through the identification of themes, meanings, and patterns within qualitative material.
Coding Frame	A structured system of categories used during qualitative content analysis to classify and interpret data.
Triangulation	The procedure of employing multiple data sources or methodologies (such as document analysis and interviews) to corroborate research findings.
In-Depth Interview (IDI)	A qualitative data collection method involving detailed, open-ended conversations with participants.
Document Review	A systematic examination of written sources (e.g., newspapers) used to extract meaning, patterns, and themes.
Sensationalism	The use of exaggerated, dramatic, or emotionally charged language to attract attention.
Media Ethics	Standards and guidelines governing responsible, fair, and ethical journalistic practices.
Mental Health Literacy	The public's ability to understand, recognize, and respond to mental-health issues.
Early Childhood (EC)	The developmental period from birth to approximately eight years of age.
Stakeholders	Individuals or groups involved in or affected by an issue (e.g., parents, journalists, experts).
LMIC / LMICs	Low- and Middle-Income Countries as classified by the World Bank.

Chapter I: Introduction & Background

1.1 Background

Early childhood mental health, generally characterized as the emotional, social, and cognitive well-being of children from birth to eight years old, serves as the essential foundation for enduring development (Shonkoff et al., 2012; Zero to Three, 2017). During the first three years of life, children's brains undergo the most rapid development, and exposure to persistent stress, violence, or neglect during this period can interfere with neural pathways vital for learning and emotional regulation (Center on the Developing Child at Harvard University, 2023).

In Bangladesh, young children face numerous challenges such as economic hardship, corporal punishment, domestic violence, and academic pressure, all of which increase the likelihood of mental health issues (Islam et al., 2021; Rahman et al., 2024). Nevertheless, public awareness of early mental health issues remains limited and is influenced by stigma.

Mass media, especially newspapers, serve as primary agenda-setters that shape societal perceptions of development and well-being (McCombs & Shaw, 1972). When coverage is communicated responsibly and ethically, it can enhance awareness and stimulate policy engagement. When presented in a sensational or episodic manner, it has the potential to reinforce stigma and propagate misinformation. In Bangladesh, reports concerning child fatalities or abuse frequently disclose names, photographs, and school affiliations, thus contravening ethical standards established in UNICEF's Principles for Ethical Reporting on Children (2018).

Few Bangladeshi journalists are provided with trauma-informed or child-sensitive training (MRDI, 2022). Consequently, portrayals of young children's mental health often prioritize tragedy over preventative measures and emotion over contextual factors. This study therefore explored how newspapers depicted early childhood mental health and the journalistic practices that influenced those representations.

1.2 Statement of the Problem

Coverage of early childhood mental health in Bangladeshi newspapers has predominantly been characterized by event-driven and sensational reporting. Accounts of child suicide, corporal punishment, and abuse are depicted as isolated catastrophes rather than as manifestations of systemic or developmental issues (Jahan, 2023). Graphic imagery, identifying details, and emotionally resonant language are frequently employed (Ng, 2024).

Such framing constrains public perception, discourages assistance-seeking, and compromises children's dignity. For instance, in reports subsequent to the Milestone College tragedy of 2025, numerous channels disseminated victims' identities and photographs while offering minimal analysis of trauma recovery or mental health assistance. These patterns underscore underlying structural challenges such as commercial pressures, restricted editorial supervision, and a lack of ethical literacy among journalists (Lawrance et al., 2021; Leger-Goodes et al., 2022).

Addressing this deficiency necessitates an analysis of both media content and the professional circumstances that influence it. This research integrated document analysis of newspaper articles with interviews conducted with journalists, parents, and mental health professionals to provide a comprehensive understanding of representation and practice.

1.3 Purpose of the Study

This study aims to explore the representation of early childhood mental health in Bangladeshi newspapers and to assess the ethical, institutional, and professional influences that impact this coverage. It aims to comprehend how parents and mental health professionals interpret these representations and their wider ramifications for public awareness and advocacy.

The mental health of early infancy, especially between the ages of two and eight, is a crucial element of lifetime well-being; however, its representation in Bangladeshi media is few and frequently poor. The topic is typically presented in newspapers through individual instances of abuse, suicide, or tragedy, rather than within developmental or preventative frameworks. Such representations may perpetuate stigma, propagate disinformation, and evoke emotional sensationalism. This study aims to understand the core beliefs, newsroom pressures, and media narratives that influence the reporting of young children's emotional and psychological well-

being. The results aim to inform the creation of trauma-informed, child-sensitive, and ethical reporting standards that foster truthful, rights-based portrayals of young children's mental health in Bangladesh.

1.4 Research Questions

This study seeks to examine the representation of early childhood mental health in Bangladeshi media and to identify the journalistic techniques and ethical dilemmas that influence these representations. The primary research questions are:

1. How do Bangladeshi newspapers frame early childhood mental health (ages 2–8) in their reporting?
2. What journalistic practices and ethical challenges influence the coverage of early childhood mental health in Bangladesh?
3. How do parents and mental health professionals perceive contemporary newspaper portrayals of early childhood mental health?

1.5 Research Objectives

- To explore the representation of early childhood mental health (ages 2–8) in Bangla and English newspapers, both print and online, in Bangladesh.
- To understand the ethical, institutional, and professional determinants that affect journalistic choices in reporting on children's mental health.
- To interpret the perceptions of parents and mental health professionals regarding the accuracy, sensitivity, and ethical implications of contemporary media coverage.
- To identify strategies for enhancing trauma-informed, child-sensitive, and rights-based journalistic practices in Bangladesh.

1.6 Significance of the Study

Early childhood mental health (ECMH) is progressively acknowledged as a vital public health and developmental priority globally, impacting children's cognitive, emotional, and social development throughout their lives (Shonkoff et al., 2012; WHO, 2021). In Bangladesh, nonetheless, awareness and institutional engagement with ECMH continue to be limited. Media coverage, particularly in extensively disseminated newspapers, serves a pivotal function in influencing how parents, educators, and policymakers perceive the psychological well-being of children. The manner in which the media presents these issues can influence whether mental health is perceived as a developmental concern necessitating intervention or simply as isolated episodes of tragedy and failure.

This study was important because it offered the initial systematic analysis of how Bangladeshi newspapers depict early childhood mental health and the professional and ethical factors influencing that portrayal. By exploring newspaper reports from prominent Bangla and English periodicals, along with insights from journalists, parents, and mental health experts, the study provided a thorough comprehension of both media content and production practices. Such triangulated insights have been largely lacking in South Asian research concerning child mental health communication.

The findings are anticipated to make significant contributions in three primary domains.

Initially, at the policy and institutional level, they can provide guidance to relevant national institutions, the Press Council, and media training institutions in formulating comprehensive guidelines and training programs on child-sensitive and trauma-informed journalism.

Second, at the advocacy level, the study offers empirical evidence to support UNICEF's and WHO's continued initiatives to promote ethical media practices and diminish stigma associated with childhood mental health.

Third, at the community and parental level, it emphasizes the significance of informed media engagement and media literacy to enable caregivers to critically analyze how children's experiences are depicted.

By contextualizing the discussion within Bangladesh's policy commitments, such as the National Mental Health Policy (2019) and the Early Childhood Development Policy (2013) the study integrates developmental science, communication ethics, and public awareness. Ultimately, it aims to foster a media environment that upholds children's rights, enhances comprehension, and advocates for prompt, compassionate interventions regarding mental health issues among the nation's youth.

1.7 Justification of the Study

This study was carried out in response to the rising realization that early childhood mental health is an important yet underrepresented area in Bangladeshi public discourse. Although children ages 2 to 8 are developmentally susceptible and extremely sensitive to emotional and environmental stresses, their mental health experiences are seldom investigated outside of times of crisis. In Bangladesh, media coverage has mostly concentrated on dramatic situations affecting children, such as accidents, violence, and catastrophes, with less consideration given to how these experiences influence young children's emotional development, rehabilitation, and long-term well-being. This gap necessitates systematic research on how mainstream media portrays early childhood mental health.

The study continues to be justified by the influential role of newspapers in influencing public understanding, especially in Bangladesh, where print and online news remain the primary sources of information for parents, educators, and policymakers. Analyzing both Bangla and English newspapers enabled a more in-depth investigation of prevailing narratives across language and socio-cultural audiences, addressing possible disparities in framing, tone, and ethical practice.

The selection of children aged 2-8 years was intentional, as this developmental stage is characterized by fast emotional, cognitive, and social growth, during which children rely largely on caregivers and circumstances for emotional regulation. Media representations that gloss over developmental context during this period may lead to misconceptions, stigma, or inappropriate expectations of children’s behavior. Despite this, a few studies have specifically focused on this age group within media analyses of mental health, especially in the South Asian context.

Methodologically, the study is justified in the incorporation of qualitative content analysis in addition to in-depth interviews. This combined strategy enabled a nuanced examination of both newspaper articles and different perspectives of major stakeholders such as journalists, parents, and mental health professionals, allowing for triangulation of findings. The use of anonymized interviews was especially significant for highlighting ethical challenges, professional limitations, and lived experiences that are not prominent in published reports alone.

Finally, the study's timing makes sense. Recent national disasters, as well as rising public concern about child safety and well-being, have heightened media coverage of children's concerns. Nevertheless, without critical examination, this kind of reporting risks reinforcing episodic, sensational, or ethically questionable narratives. This study addresses an essential need to evaluate existing media practices and inform more responsible, developmentally based depictions of early childhood mental health in Bangladesh.

1.8 Operational Definitions

Term	Definition
Early Childhood Mental Health	The emotional, psychological, and social well-being of children aged 2–8, including the portrayal of distress or trauma in media coverage.
Media	Bangladeshi newspapers, both in Bangla and English, whether in print or online, shape public awareness through their journalism.
Framing	The process of selecting and accentuating specific narrative elements to influence interpretation (Entman, 1993).

Representation	The depiction of early childhood mental health in newspapers through tone, imagery, and the presence or absence of expert and child voices.
Journalistic Practices	Professional procedures, ethical standards, and institutional influences shaping journalists' coverage of children's mental health.
Ethical Reporting	Responsible journalism that upholds children's dignity and privacy, minimizes sensationalism, and adheres to trauma-informed and child-sensitive principles (UNICEF, 2018; Dart Center for Journalism and Trauma, 2022).

Chapter II: Literature Review

This chapter integrates global, regional, and Bangladeshi literature to establish the conceptual and empirical basis of the study. It begins by examining international research on early childhood mental health and the role of media in influencing public understanding. The review then discusses key theoretical frameworks, which include framing theory and trauma-informed journalism, prior to exploring media ethics and newsroom practices within the Bangladeshi context. Lastly, the chapter identifies major gaps in existing evidence, suggesting that there should be research on how Bangladeshi newspapers portray young children's mental health.

2.1 Early Childhood Mental Health and Media Representation

Early childhood mental health (ECMH) refers to the ability of children from birth to approximately eight years of age to establish secure relationships, communicate and manage emotions effectively, and engage with their surroundings through learning and play (Zero to Three, 2017). These abilities are founded upon intricate neurobiological and social mechanisms that commence well prior to a child's enrollment in school. Neuroscientific research indicates that early experiences particularly consistent caregiving and protection from toxic stress play a crucial role in shaping the architecture of the developing brain and have a lasting impact on emotional regulation, resilience, and social engagement throughout life (Shonkoff et al., 2012; Center on the Developing Child at Harvard University, 2023). Conversely, exposure to violence, persistent poverty, or parental distress during early childhood impairs these developmental processes and elevates the risk of developing anxiety, depression, and behavioral issues in later life (Britto et al., 2017; Yoshikawa et al., 2020).

Despite its recognized importance, ECMH continues to be among the least discussed elements of public health worldwide. The World Health Organization (2021) has consistently underscored that fostering mental health in early infancy is both a moral obligation and a financially prudent developmental investment. Nevertheless, services for young children remain scarce in the majority of low- and middle-income countries (LMICs), where efforts have predominantly focused on nutrition and reducing mortality, often at the expense of psychosocial well-being (Black et al., 2017). In Bangladesh, public discourse regarding child development continues to predominantly focus on physical growth and academic achievement, resulting in the emotional and behavioral aspects remaining largely overlooked (Islam, Rahman, & Khatun, 2021).

Cultural perceptions further contribute to this lack of visibility. Throughout South Asia, children's emotional challenges are frequently overlooked or attributed to mere disobedience or a temporary "phase," while seeking professional counseling is often stigmatized as an indication of parental inadequacy (Rahman, Noor, & Jahan, 2024). Such misconceptions hinder caregivers' willingness to seek assistance and perpetuate reticence regarding childhood distress. Within this environment, mass media, especially newspapers function as the primary intermediary between research, policy, and the general public. Media not only inform audiences about mental health issues but also delineate what constitutes a "problem," identify responsible groups, and determine which solutions are deemed legitimate (McCombs & Shaw, 1972).

The manner in which early childhood mental health is depicted consequently influences national priorities. Constructive, developmentally informed coverage can normalize help-seeking behaviors and shape policymaking (Wahl, 2003; Arendt, 2022). For example, ongoing reporting on early interventions in the United Kingdom and Australia has contributed to government-funded parental support initiatives (Lawrance, Lomax, & Williams, 2021). Conversely, stigmatizing or sensationalized portrayals contribute to moral distress, perpetuate falsehoods regarding 'poor parenting,' and distract from underlying systemic factors (Corrigan, Powell, & Michaels, 2014).

Bangladeshi newspapers have not yet adopted a developmental or rights-based approach to children's emotional well-being. Reporting on child fatalities, corporal punishment, or familial violence frequently discloses the names and photographs of victims, thereby contravening ethical standards outlined in UNICEF's Principles for Ethical Reporting on Children (2018). A study conducted by Jahan (2023) revealed that 80 percent of mental health-related articles in prominent Bangladeshi newspapers were focused on crises and were episodic in nature. Comparable patterns are observed across LMICs: in India, Kenya, and the Philippines, media channels often emphasize instances of extreme suffering while overlooking narratives related to prevention or resilience (Anderko, Roffenbender, & Goetzel, 2020).

In this context, the media function concurrently as a reflection of societal attitudes and as an influential force in their formation. When narratives consistently associate childhood with victimization, the audience is conditioned to perceive children predominantly as passive recipients of damage rather than as individuals possessing rights and agency (Rahman et al., 2024). The duty of journalists thus encompasses more than mere veracity; it includes presenting children's experiences within a framework of developmental and ethical considerations.

2.2 Framing Theory and Media Influence

Framing theory provides a conceptual framework for comprehending the process by which journalists and editors generate social significance. Goffman (1974) defined frames as cognitive structures that enable individuals to "identify, label, perceive, and locate" events in their surroundings. Entman (1993) subsequently refined this concept for communication studies, defining framing as the process of selecting and emphasizing aspects of reality in a manner that promotes specific problem definitions, causal interpretations, moral evaluations, and recommended actions.

When applied to journalism, framing dictates not only the content but also the manner in which it is reported. A frame that emphasizes tragedy or deviance invites blaming, while a frame that emphasizes structural context encourages empathy and policy reform. Researchers distinguish between episodic and thematic framing in the field of health communication (Iyengar, 1991; Arendt, 2022). Episodic frames concentrate on specific events or characters, such as "a seven-year-old commits suicide due to exam results." Thematic frameworks frame these events within broader systems, such as the education sector's pressure, the absence of mental-health counseling, or societal stigma. Thematic formulation has been demonstrated to enhance public support for mental-health services and diminish stigmatizing attitudes in comparative studies conducted in Finland, Canada, and Australia (Koivula, Sivonen, & Saresma, 2024; Corrigan et al., 2014).

Additionally, frames allocate accountability. The audience is less inclined to demand systemic interventions when media outlets attribute a child's emotional distress exclusively to their parents. In contrast, the conceptualization of mental health as a shared social responsibility promotes collective accountability (Entman, 1993). This distinction is essential in the coverage of early childhood because young children are unable to express their own perspectives; instead, adults, such as parents, instructors, and journalists speak on their behalf. Consequently, the paradigm chosen determines whether society regards early emotional distress as a private matter or a developmental priority.

Research on the framing of mental health demonstrates persistent global trends toward sensationalism and individualization. In the United States and Europe, the media frequently emphasizes uncommon violent incidents that involve individuals with mental illness, which serves to reinforce stereotypes (Wahl, 2003). Arendt (2022) discovered that structural pressures, such as deadlines, limited space, and competition for clicks—direct coverage toward emotion rather than explication, even when journalists intend to reduce stigma.

In South Asia, these dynamics are intertwined with cultural taboos that pertain to mental illness. Studies conducted in India and Pakistan suggest that news outlets frequently rely on police briefings and eyewitness accounts, rarely consulting psychologists or developmental experts (Leger-Goodes, Gagné, & Goodman, 2022). Bangladeshi journalism exhibits comparable attributes. The country's print and digital mediums frequently prioritize immediacy and audience engagement over ethical deliberation, as noted by Ng (2024) and MRDI (2022). The narratives of children's trauma are presented as spectacles, which incorporate emotive language, dramatic imagery, and moralistic commentary.

These results are consistent with the theoretical hypothesis that media are subject to economic and institutional constraints that affect the construction of frames (Shoemaker & Reese, 2014). The second-level agenda-setting function of framing, which involves determining how to think about a subject, is interconnected with the agenda-setting function of media, which involves determining what the public thinks about (McCombs & Shaw, 1972). The public agenda is indicative of this episodic pattern when early childhood mental health is only briefly addressed during crises. In Bangladesh, this contributes to a cyclical narrative, characterized by little progress toward systemic reform, followed by rapid amnesia following indignation at isolated catastrophes.

Framing theory has been extensively employed in qualitative content analysis to investigate the ways in which public discourse on children's mental health is influenced by language, attribution, and imagery (Entman, 1993; Arendt, 2022). The framework also elucidates the ways in which audience demand, editorial priorities, and ethical norms influence the decisions of journalists.

2.3 Child-Sensitive and Trauma-Informed Journalism

Child-sensitive journalism is not limited to the prevention of injury; it also aims to portray children as subjects with rights, dignity, and developing capabilities (UNICEF, 2018). It is predicated on the United Nations Convention on the Rights of the Child (1989), which mandates that the media adhere to the privacy and best interests of children. This is complemented by trauma-informed journalism, which acknowledges that psychological damage can be inflicted on both participants and reporters as a result of exposure to trauma, whether it is experienced directly or recounted through interviews (Dart Center for Journalism and Trauma, 2022).

Key principles of trauma-informed reporting include the following: contextualizing traumatic events, ensuring physical and emotional safety, establishing trust, and granting survivors agency (Ward, 2020). These practices counteract the inclination to sensationalize suffering by structuring stories through empathy and systems awareness. Maddox, Lee, and Smith (2025) have demonstrated that audiences regard trauma-informed narratives as more socially valuable and credible, even when they lack sensational detail. This evidence is based on Western contexts.

The scarcity of training on these approaches is evident in empirical investigations. In Canada, only 17 percent of journalists who reported on child maltreatment had any training in child psychology (Leger-Goodes, Gagné, & Goodman, 2022). Similar findings have been reported in research conducted in South Africa and India: reporters frequently rely on police sources, rarely consult with child-protection experts, and provide minimal follow-up coverage (Koivula et al., 2024). The outcome is a cycle of "episodic trauma framing," in which the suffering of children is used as a recurring headline rather than as a catalyst for reform.

Bangladesh is indicative of these global deficiencies. According to MRDI (2022), less than one in ten Bangladeshi journalists had received training on ethical reporting involving juveniles. Debriefings are seldom conducted in newsrooms following the coverage of distressing events, and reporters receive practically no counseling support.Existing research suggests that Bangladeshi journalists frequently rely on intuition rather than formal guidelines when determining whether to disclose identifying information about children. This practice has been widely criticized for its potential to re-traumatize affected families and erode public trust (MRDI, 2022).

Scholars contend that the integration of trauma-informed practices necessitates institutional change, which includes the establishment of ethical charters, the integration of child-rights elements into journalism curricula, and the promotion of cross-sector collaboration with psychologists and educators (Ward, 2020; Dart Center, 2022). The Mindframe program in Australia and the Samaritans Media Guidelines in the UK are among the countries that have implemented such models, and they have reported significant decreases in detrimental reporting (Lawrance et al., 2021). Journalists could achieve a balance between public interest and child protection by adopting comparable frameworks for Bangladesh.

2.4 Media Ethics and Journalistic Practices in Bangladesh

Bangladeshi journalism operates in a politically polarized and swiftly commercializing environment. The Bangladesh Press Council Code of Conduct delineates general principles, including truth, impartiality, and the prevention of injury. However, it does not include explicit provisions regarding mental health sensitivity or child protection. Consequently, the responsibility for ethical interpretation is delegated to individual editors and correspondents (Ng, 2024).

The consistent ethical lapses in reporting about minors are revealed by multiple assessments. MRDI (2010, 2022) and UNICEF Bangladesh (2018) have both documented the frequent publication of gender-biased narratives, emotionally charged imagery, and identifying details that predominantly depict girls as victims. These practices are in violation of international standards; however, they continue to be practiced as a result of a competitive news market and inadequate regulatory enforcement.

The issue is further exacerbated by structural pressures. Limited editorial mentoring, excessive responsibilities, and low salaries are encountered by journalists (Islam, Rahman, & Khatun, 2021). In an effort to compete for online traffic and readership, editors prioritize sensational headlines over developmental context. The prevalence of click-based metrics in digital platforms fosters "attention journalism," in which affective engagement surpasses accuracy (Shoemaker & Reese, 2014). Previous studies validate these trends, indicating that journalists often identify schedule constraints, insufficient trauma literacy, and audience appetite for emotive narratives as significant obstacles to ethical journalism (MRDI, 2022; Ng, 2024).

The ethics of the newsroom are further influenced by gender and hierarchy. Senior male editors frequently exercise control over the selection of stories, while novice reporters—many of whom are early-career women, cover social issues without the authority to question editorial decisions. This dynamic restricts advocacy for child-sensitive framing (Rahman et al., 2024). Additionally, Bangladeshi journalists seldom engage in collaborations with psychologists or NGOs when covering the ECMH. Professional commentary is present in less than 5 percent of child-focused news items in national dailies, as per UNICEF (2024). Mental distress is frequently associated with moral frailty or parental failure in the coverage that ensues.

These issues are systemic, as evidenced by comparative South-Asian studies. "Tragedy journalism" is similarly stimulated by press competition in India, while Nepal's media market is currently experiencing challenges with self-regulation (Koivula et al., 2024). Ethical norms are precarious when commercial and political incentives reward sensationalism, as they are dependent on individual conscience in the absence of institutional accountability.

In situations such as Bangladesh, scholars suggest three interconnected reforms:

- Policy integration: the incorporation of provisions regarding trauma ethics and child rights into national media codes.
- Mandatory newsroom training: supported by universities and donor agencies—for capacity development.
- Collaborative accountability: for the purpose of monitoring and redress, partnerships between media councils, NGOs, and child-protection bodies (Ward, 2020; MRDI, 2022).
- The media's role as an agent of awareness rather than injury could be strengthened by measures that align journalism with the objectives of Bangladesh's National Mental Health Policy 2019 and Early Childhood Development Policy 2013.

2.5 Global and National Contexts of Media's Impact on Child Mental Health

The media continues to be recognized as both a potential agent of awareness and a vehicle for stigma in the mental-health domain across global research (Corrigan et al., 2014; Wahl, 2003). The World Health Organization (2021) emphasizes that the manner in which mental health is discussed publicly has an impact on the adoption of services, public investment, and stigma levels. Corrigan et al. (2014) and Arendt (2022) have both suggested that sustained, accurate media engagement can reduce misconceptions, normalize help-seeking, and facilitate policy dialogue. However, inaccurate or decontextualized reporting perpetuates beliefs that mental-health disorders are indicative of poor parenting or frailty.

Reform initiatives and global patterns

Research indicates that there are two predominant trajectories in mental-health journalism on a global scale: one that prioritizes risk and calamity, and another that promotes normalization and advocacy. Advocacy initiatives have fostered an incremental transition to more contextual and responsible reporting in high-income countries. For instance, between 2008 and 2019, the Time to Change campaign in the United Kingdom collaborated with media organizations to encourage impartial media coverage of mental health, which led to a quantifiable decrease in stigmatizing language (Evans-Lacko et al., 2019). In the same vein, Australia's Mindframe initiative, which was developed in partnership with journalists, has emerged as a global model for the integration of trauma-informed practices into daily newsroom protocols (Pirkis et al., 2021). These programs illustrate that the media's portrayals of mental health can be significantly enhanced by the combination of journalist training, structural newsroom support, and ethical guidelines.

Accurate framing has the potential to transform public discourse from dread and avoidance to empathy and understanding, as emphasized by the Dart Center for Journalism and Trauma (2022). In the United States and Canada, trauma-informed reporting guidelines have resulted in a more comprehensive integration of survivor perspectives and expert sources in narratives concerning child welfare, domestic violence, and suicide (Leger-Goodes, Gagné, & Goodman, 2022; Maddox, Lee, & Smith, 2025). These frameworks demonstrate that institutional reinforcement is necessary for ethical improvement, rather than individual benevolence.

Bangladeshi and South Asian perspectives

Conversely, South-Asian media systems encounter ongoing structural obstacles, including the absence of robust professional associations, political influence, and resource constraints (Thomas, 2022). In India, Sri Lanka, and Nepal, the news coverage of children's mental health is primarily episodic, with a preference for emotive intensity over structural analysis (Koivula et al., 2024). Rather than confronting systemic failures in education, healthcare, or policy, these narratives frequently attribute responsibility to parents or instructors.

Bangladesh is a reflection of these broader South-Asian tendencies, but with distinct national dynamics. The country's accelerated digitalization has resulted in an increased media presence without the corresponding ethical supervision (MRDI, 2022). Emotionally charged headings are now featured in numerous prominent newspapers' online editions, which generate higher engagement metrics. As Ng (2024) has observed, this digital competition encourages "emotional sensationalism," which is the selective exacerbation of distress in order to sustain attention. Such patterns are apparent in the coverage of high-profile catastrophes involving pupils, where follow-up reporting on policy responses or counseling resources is uncommon.

This pattern is corroborated by empirical research. Jahan (2023) conducted an analysis of 100 Bangladeshi newspaper articles and discovered that only 12 percent of them contained contextual or preventive information, while 68 percent contained identifiable details about minor victims. In a separate evaluation conducted by Rahman, Noor, and Jahan (2024), it was discovered that visual imagery of weeping or injured children was depicted in 40% of stories involving abuse, even when the event was unrelated. These representations have the potential to normalize child suffering as an inescapable social condition, rather than a preventable issue.

The influence of such coverage is not limited to reputation. Teachers and policymakers frequently use media narratives as justification for disciplinary approaches rather than psychosocial interventions, while parents interviewed in qualitative studies report experiencing increased anxiety and remorse as a result of reading sensational stories (Islam et al., 2021). Consequently, the media not only reflect stigma but also actively influence institutional responses.

Neglecting ECMH in the media narrative from a developmental perspective undermines the public's understanding of childhood as a formative stage that necessitates protection and care. UNICEF (2024) cautions that the investment in preventive psychosocial services is inadequate when societies regard children as dependents or victims. Despite the National Mental Health Policy (2019) and Early Childhood Development Policy (2013), awareness of ECMH is limited to professionals in the education and NGO sectors in Bangladesh, rather than mainstream discourse. Consequently, the news media, as the primary public educator, play a critical role in either bridging or enlarging the divide between research, policy, and family practice.

Public trust and media literacy

Media literacy is also emphasized in global research as a means of reducing injury. Research conducted in Finland and Canada has demonstrated that parents and educators are more capable of interpreting and critiquing mental health portrayals when they comprehend media framing devices (Koivula et al., 2024). Nevertheless, the public's interaction with the news in Bangladesh is frequently lacking in critical thinking. Emotional narratives elicit robust responses on social media platforms; however, ethical violations, such as the absence of expert voices or identity disclosure, are not frequently identified by readers (MRDI, 2022). Even journalism that is ethically sound finds it difficult to influence informed comprehension in the absence of systemic media literacy programs.

These patterns illustrate that the enhancement of ECMH representation in Bangladesh necessitates concurrent advancements in three distinct domains: institutional accountability, public interpretation, and newsroom ethics. Cross-sector partnerships among journalists, policymakers, and educators are the most effective means of supporting media reform, as evidenced by global evidence (Pirkis et al., 2021; Dart Center, 2022).

2.6 Identified Gaps and Direction for the Present Study

Despite the global expansion of research on media and mental health, there are still significant conceptual and contextual gaps. The majority of research focuses on mental illness in adults or adolescents, neglecting the early childhood years, during which emotional regulation and resilience are initially developed (Arendt, 2022; Wahl, 2003). When children are depicted in mental-health coverage, they are frequently depicted as victims of neglect or abuse, rather than as individuals with developmental needs or rights (Leger-Goodes, Gagné, & Goodman, 2022).

Empirical evidence regarding the manner in which media portray early childhood mental health in South Asia is exceedingly scarce. However, none of the existing Bangladeshi studies comprehensively investigate how news coverage portrays the psychological well-being of young children or how journalistic practices influence such portrayals. These studies concentrate on the representations of poverty, education, or violence (Islam et al., 2021; Rahman et al., 2024). In the same vein, there is a lack of understanding regarding the influence of media ethics, institutional pressures, and professional capacity on the reporting of sensitive child-related issues.

Additionally, content analysis and journalistic practice are frequently treated as distinct domains in global research. The voices of reporters or constituents are rarely included in framing studies, and media-ethics research rarely analyzes published coverage (Shoemaker & Reese, 2014). This division has resulted in a restricted comprehension of the ways in which structural constraints and individual choices influence public discourse on infant mental health.

The necessity of conducting a focused investigation into the manner in which early childhood mental health is depicted in the Bangladeshi media landscape and the ways in which journalistic norms, ethics, and institutional challenges influence those representations is justified by these voids. By addressing this lacuna, the disciplines of early childhood development and communication will gain context-specific knowledge, which will support evidence-based advocacy for more ethical, trauma-informed, and developmentally grounded reporting practices in Bangladesh.

Chapter III: Methodology

3.1 Research Approach and Design

This study employed a qualitative research methodology to explore the depiction of early childhood mental health in Bangladeshi media and the perceptions of key stakeholders regarding these representations. A qualitative design was appropriate because the study sought to comprehend meanings, interpretations, and framing patterns rather than quantify media trends. The method allows for a thorough examination of how journalists, parents, and mental-health professionals interpret the accuracy, tone, and consequences of media coverage about young children's emotional well-being.

The study followed Schreier's (2012) Qualitative Content Analysis (QCA), which combines deductive and inductive coding. Data were gathered using two methods: (1) a document review of thirty-six newspaper articles and (2) seven semi-structured interviews with journalists, parents, and mental-health professionals. Using two complementary datasets enabled triangulation, which increased the confidence of the findings.

3.2 Research Setting

The study was set in Dhaka's media environment, where Bangla and English newspapers shape national public discourse and publish the majority of child-related news. This setting was chosen because these outlets have a significant impact on how early childhood mental health (ECMH) is presented to the general public.

Operationally, all data was collected remotely. Newspaper articles were accessed via official digital archives and e-paper platforms. Since the researcher was stationed abroad during the study period, interviews with Dhaka-based participants were conducted via Zoom. Remote procedures ensured feasibility and compliance with ethical and methodological standards.

3.3 Research Participants and Sampling Criteria

Purposive sampling was used to select participants who could provide valuable insights into how early childhood mental health is represented in the media. The study involved three categories of stakeholders:

1. **Journalists (n = 3)**

Three journalists were selected based on the following criteria:

- expertise in reporting on children, mental health, or social concerns.
- employment in Bangladeshi print or broadcast journalism.
- participation in the coverage of recent national events (e.g., Milestone tragedy, children's issues).

2. **Mental Health Professionals (n = 2)**

Two mental health professionals were chosen due to:

- their active participation in child mental health, trauma support, and psychosocial interventions.
- prior involvement with media (interviews, opinions, public education initiatives).

3. **Parents (n = 2)**

Two parents of children aged 2 to 8 were enlisted to comprehend:

- the manner in which they perceive media coverage.
- how such coverage impacts their views and concerns
- the way they expect children’s issues to be portrayed ethically.

This sample size aligns to qualitative research standards that emphasize depth rather than breadth.

Document Review

Thirty-six articles were chosen from the online archives of major Bangla and English newspapers based on keyword searches for early childhood mental health, trauma, emotional distress, and psychosocial experiences. Articles were included if they:

- focused on children between the ages of two and eight;
- addressed emotional, behavioral, and psychological experiences;
- contained recognizable framing, tone, or ethical elements;
- provided adequate narrative detail for qualitative analysis.

Articles that focused solely on physical injury, academic performance, or issues unrelated to mental health were excluded.

3.4 Data Collection Tool

Data were collected using two primary tools:

1. **Document-Analysis Matrix:**

This matrix listed article parameters such as publication date, newspaper language, framing type, tone, sources cited, representation of children, psychological terminology, and ethical practice indicators. It facilitated a systematic comparison of all thirty-six articles.

2. **Semi-Structured Interview Guidelines:**

Three interview guides were created: one for journalists, one for mental health professionals, and one for parents. Before their use, academic experts reviewed all the guidelines. Questions probed participants' perceptions of early childhood mental health coverage, ethical concerns, framing patterns, and perceived ramifications for parents and the general public.

3.5 Data Collection Method and Procedure

Data collection occurred in two phases.

Document Review:

Thirty-six articles published between April and October 2025 were gathered from newspaper e-paper archives. The articles comprised hard news, feature stories, trauma reports, and human-interest stories regarding young children. Each article was screened in accordance with the research proposal's predefined coding guide, which outlined the categories for framing, tone, ethical factors, and child representation.

In-depth Interviews:

Seven in-depth, semi-structured interviews were carried out remotely via Zoom. Prior to participating, participants were emailed an information sheet that included a written consent. Interviews were conducted in Bangla or English, depending on participant desire, and lasted about 30-45 minutes. All interviews were audio-recorded with consent and then transcribed verbatim. During transcription, all identifying information was removed to protect anonymity and confidentiality.

3.6 Data Management and Analysis

Content analysis was utilized as the main approach for managing and analyzing data. The process comprised several sequential steps to guarantee that data from the newspaper articles and interviews was systematically reviewed, organized, and interpreted.

i) Data Transcription and Organization

The audio recordings from the seven in-depth interviews were transcribed verbatim. Transcripts were verified for accuracy and combined into a single electronic folder, along with the document-analysis matrix used to examine the thirty-six newspaper articles. Each article was assigned an anonymous code (e.g., EN-1-015, BN-7-001) to ensure organized data management and facilitate comparison among sources.

ii) Reading and Familiarisation

The researcher reviewed the interview transcripts and newspaper articles several times to gain a sense of the overall subject matter. This step assisted in identifying reoccurring themes, representational patterns, emotional cues, and moral issues expressed in media texts, as well as participant concerns and interpretations.

iii) Coding and Category Development

Analysis followed Schreier's (2012) Qualitative Content Analysis.

- The deductive analysis of newspaper articles was guided by a coding frame developed from literature on framing, mental health, and media ethics. When new ideas emerged, sub-codes were added inductively (for example, emerging emotional descriptors, new ethical lapses, and framing nuances).
- Inductive coding was used during the interviews. Text segments were coded based on participant statements, which were then grouped into descriptive categories and eventually refined into broader themes.

iv) Identifying Themes and Cross-Dataset Comparison

Themes were created by combining codes from the articles and interviews. The two datasets were compared to look for consistency and contradictions between journalists, parents, mental-health professionals, and the narratives in newspaper articles. This internal triangulation increased the credibility of the findings by demonstrating where stakeholder perspectives aligned with or differed from media portrayals.

v) Synthesizing and Presenting Findings

Themes were evaluated, polished, and arranged into four key theme areas to be presented in Chapter IV. These themes captured both the main patterns of ECMH depictions in newspapers and the interpretations, concerns, and recommendations provided by interviewees.

3.7 Validity and Reliability

Various strategies were utilized to improve the validity and reliability of the study. The triangulation of document analysis and interviews enhanced the validity of the findings by juxtaposing media portrayals with stakeholder opinions. The application of a uniform coding scheme enhanced the reliability of the analysis, while reflexive memoing enabled the researcher to maintain awareness of personal biases during the entire process. Consultation with academic supervisors yielded further feedback on the coding process, ensuring that codes were rooted in data rather than preconceived notions.

3.8 Ethical Considerations

This research complied with the ethical standards of the BRAC Institute of Educational Development. All methods were executed in compliance with institutional standards for research involving human participants.

Due to the researcher's location abroad during the data collection phase, all interviews were performed online using Zoom. Participants were informed through emails, which provided a document that included the study's purpose, the voluntary nature of participation, data usage, and assurances of anonymity. Verbal and written consent were acquired prior to each interview. Participants had the right to refuse to answer any question or to withdraw at any time.

To maintain anonymity, all identifiable information was omitted. Each participant was given a pseudonym represented by an ID number that aligned with their category, for instance, IDI 1 (Journalist), IDI 4 (Mental Health Professional), and IDI 6 (Mother). The report omits any names, workplaces, or personal identification.

Interview recordings and transcripts were preserved in password-secured folders available solely to the researcher. Newspaper sources were publicly accessible materials; nevertheless, caution was exercised to examine them without exacerbating sensitive content, notably articles concerning child victims.

During the research process, the investigator sustained reflexive awareness of her position as the lone researcher, acknowledging the potential impact of her interpretations during coding and

description. A transparent record of analytic choices was maintained to ensure the honesty and reliability of the qualitative process.

3.8 Limitations of the Study

The research focused exclusively on Bangla and English newspapers, encompassing both print and online versions. Television, radio, and social media, which are also important forms of media, were not included. This restriction was intentional, facilitating analytical clarity and richness within a manageable framework. Newspapers continue to be an essential agenda-setting entity in Bangladesh, and analyzing their framing practices provides a robust foundation for comprehending public discourse on early childhood mental health.

The study's timeline, encompassing roughly thirty-six articles published over a six-month duration, represented an additional limitation. This strategy ensured feasibility but may have neglected long-term or seasonal variations in the portrayal of children's mental health in the Bangladeshi media. Subsequent study may extend the time frame to encompass emerging trends and policy changes.

All of the interviews were conducted remotely through Zoom, which restricted the detection of non-verbal cues and occasionally hindered the flow of conversation due to internet connectivity issues. Despite the occasional difficulties in establishing rapport online, the researcher utilized probing and reflective questioning approaches to ensure the depth and reliability of responses.

A further limitation pertains to the subjective nature of qualitative interpretation. The solitary researcher may have allowed personal biases to affect the coding and theme development process. Nonetheless, these risks were mitigated through reflexivity, frequent interaction with the academic supervisor, and transparent coding procedures that maintained analytical consistency.

This study included the perspectives of journalists, parents, and mental health professionals but excluded other pertinent stakeholders such as educators, policymakers, and children. Their perspectives may provide additional clarity on the impact of media portrayals on perceptions and stigma related to early childhood mental health. These exclusions stemmed from basic scope limitations rather than a lack of relevance and indicate opportunities for future research development.

Despite these challenges, the study provides substantial and dependable insights into how Bangladeshi newspapers portray early childhood mental health issues and the relationship of these portrayals with journalistic practices, professional ethics, and public awareness.

CHAPTER IV: FINDINGS AND DISCUSSION

4.1 Findings

This chapter's findings are based on a document review of thirty-six Bangla and English newspaper articles, as well as in-depth interviews (IDIs) with seven participants, which include journalists, parents, and mental health professionals. The data were analyzed thematically using the procedures outlined in the methodology. In accordance with the study's ethical requirements, no demographic or professional identifiers are disclosed in this chapter. Instead, participants' contributions are presented as carefully anonymized excerpts that reflect the diversity of viewpoints gathered.

The chapter is organized into four major themes that correspond to the research questions. Each theme contains sub-themes that appeared consistently throughout the interviews and document review. The results/findings are presented first, followed by the discussion, which interprets the findings in light of existing literature and broader contextual factors.

➔ THEME 1: Episodic, Crisis-Centred Reporting Overshadows Young Children's Ongoing Mental Health Needs

In virtually all thirty-six articles, early childhood mental health came up almost exclusively in the context of sudden crises, fires, drownings, falls, road accidents, and protests, rather than as an aspect of a developmental or preventive narrative. The coverage focused on the incident's timeline and casualties, with little emphasis on how children aged 2 to 8 emotionally experienced, processed, or recovered from the events. This episode-driven pattern portrayed young children as passive victims of isolated disasters, rather than persons with changing emotional and psychological needs..

Sub-theme 1.1: Crises and Shock Events Dominate Child-Related Reporting

A significant majority of the sample (BN-2-001, BN-14-001, BN-18-001, and EN-17-001) structured children's experiences around unexpected, high-impact incidents. BN-2-001 (21 July 2025) recounted the Milestone jet accident with detailed, sensory narration, *"চারদিকে চিৎকার ও*

আগুনের আলো..." ("There were screams and fire all around"), with images of injured students. BN-14-001 (20 September 2025) reported the drowning of two children by providing their names, family information, and place of residence, whereas EN-17-001 (11 September 2025) recorded a rooftop fall nearly exclusively through police testimony.

These narratives focused on immediacy rather than interpretation. Journalists characterized this as the standard newsroom logic: *"We cover the event first. What happened? Who died? Who was injured? There is pressure to publish quickly" (IDI 1 – Journalist, September 19, 2025).*

A journalist attributed the trend to digital competition, stating, *"If it is shocking, it attracts clicks…that's how the internet works now"* (IDI: 6 - Journalist, September 24, 2025).

As a result, early childhood mental health emerged only incidentally, when tragedy struck, rather than as a topic deserving of continuous coverage.

Sub-theme 1.2: Emotional Responses Are Highlighted but Not Interpreted Developmentally

Although publications commonly described children's fear, tears, silence, or terror, these reactions were viewed as temporary disruptions rather than evidence of trauma or dysregulation. EN-5-001 (22 July 2025) acknowledged the *"silence and grief"* at Milestone but did not investigate how young children internalize terrifying occurrences. EN-18-001 depicted children *"running wildly"* and *"crying uncontrollably"* after a school fire but made no mention of how acute stress presents differently in early childhood. BN-10-001 (8 October 2025) reported that children in a crumbling building were *"সারাক্ষণ আতঙ্কে থাকে" ("constantly anxious")*, but the report did not relate chronic fear to developmental effects such as interrupted sleep, separation anxiety, or behavioral regression.

Parents found representations of children to be overpowering and uninformative, stating that "Every story about kids feels tragic… but nothing explains what the children were actually feeling" *(IDI 6 – Parent, 4 Oct 2025).* Another parent added, *"I got worried… but the news didn't explain how the children were doing."* (IDI: 5- Parent, October 7, 2025). Professionals emphasized why these gaps matter: *"Children show emotion through their expressions and body*

language… journalists need to understand these cues before asking questions" (IDI 3 – Psychologist, 23 Sept 2025).

Thus, emotions were observable, but their developmental significance remained unknown.

Sub-theme 1.3: Lack of Follow-Up Reporting Obscures Children's Recovery Needs

Almost none of the articles revisited children who were affected after the initial incident. Reporting ended at the scene, outside hospital gates, at funerals, or during protests, without examining how children survived in the days or weeks thereafter. BN-15-001 documented parents' shock immediately following a deadly accident but did not return to investigate the emotional status of surviving siblings or classmates. EN-18-001 did not reference *"frightened"* or *"disturbed"* children again.

Mental health practitioners compared those findings to the reality of trauma care. A psychologist who gave assistance following Milestone stated, *"We provided counseling every day… This is because failing to follow up can prolong the trauma."* (IDI: 3 - Psychologist, September 23, 2025). Another pointed out the propensity of newsrooms to move on quickly: *"There is a rush to cover similar kinds of incidents… not how the children are managing later."* (IDI: 3 - Psychologist, September 23, 2025).

The lack of follow-up coverage perpetuates the notion that children's misery ends with the news cycle, masking the long-term nature of rehabilitation in childhood.

THEME 2: Children's Emotions and Behaviour Are Filtered Through Adult Labels Rather Than Developmental Understanding

Young children's emotional and behavioral reactions were commonly documented in the reviewed articles, but they were seldom interpreted using developmental or mental-health frameworks. Behaviors such as crying, freezing, running, screaming, or refusing to comply have been reported in numerous reports, but they were framed as disruptive, problematic, or odd rather than as age-appropriate responses to fear, sensory overload, or instability. This adult-centered framework simplified the emotional intricacies of children aged 2 to 8, obscuring their underlying mental health needs as evidenced by their behavior.

Sub-theme 2.1: Behavioural Labels Misrepresent Developmentally Normal Distress

Newspaper stories frequently used evaluative phrases like *"uncontrollable," "hyperactive," "agitated," "unruly,"* or *"problematic"* to characterize children's behavior in crisis situations. For example, EN-18-001 (26 August 2025) described pupils in a school fire as *"running wildly," "screaming everywhere,"* and *"uncontrollable."* BN-18-001 classified children seeing a traffic collision as *"উত্তেজিত" (agitated)* and exhibiting *"আচরণে সমস্যা" ("problematic behavior"),* ignoring the fact that quick exposure to violence or disorder frequently induces dysregulation in early development.

Routine school-based problems were presented in a similar format. EN-8-001 (27 May 2025) and BN-10-001 (8 October 2025) reported that pupils were *"struggling to settle"* or *"refusing to cooperate"* but did not look into contextual factors including overstimulation, unfamiliar locations, fear, separation from caregivers, or changes in routine.

Participants saw this misframing as damaging. A journalist remarked on how adult beliefs skew interpretation: *"We think giving in will calm a tantrum, but specialists told us that is not how emotions work."* (IDI: 1 - Journalist, September 19, 2025). A psychologist stated, *"They focus on food habits or lifestyle…not on what is happening inside emotionally."* (IDI: 3 - Psychologist, September 23, 2025).

News coverage normalized disciplinary framings by portraying distress as misbehavior, rather than recognizing emotional cues as real signs of need.

Sub-theme 2.2: Emotional Reactions Are Reported but Not Interpreted From a Child's Perspective

Many publications used emotional descriptions like *"scared," "shocked," "crying," "silent,"* or *"terrified,"* yet these emotions were only surface-level. EN-18-001 reported children as *"terrified and crying uncontrollably"* during the fire but then turned to adult testimonials without addressing why young children exhibit acute stress differently from older children or adults. BN-15-001 depicted children near a construction disaster as *"standing frozen and speechless,"* but

did not investigate how freeze reactions in early infancy impact sleep, play, or classroom engagement in the following days.

Parents were continually frustrated by the lack of depth. One parent said, *"No article explained the children's feelings properly… "It wasn't from a child's perspective."* (IDI: 6- Parent, October 4, 2025). Another parent described feeling emotionally triggered yet not gaining understanding: *"Of course I got worried… but the news didn't explain how the children were doing."* (IDI: 5- Parent, October 7, 2025).

A psychologist talked about the importance of developmental interpretation: *"Children often don't say how they feel… Journalists need to understand expressions and body language before asking questions."* (IDI: 3 - Psychologist, September 23, 2025).

Thus, emotional cues were present, but their developmental significance was absent, limiting public understanding of early childhood emotional processes.

Sub-theme 2.3: Environmental Stressors Are Mentioned but Not Linked to Mental Health

Several reports mentioned environmental problems such as noise instability, hazardous structures, chaotic crowds, or violent altercations, but these were viewed as descriptive backdrops rather than elements influencing children's emotional well-being. In BN-3-001 (24 July 2025), a child *"could not sleep after the disturbance,"* alluding to a violent conflict between adults at home. However, the report did not investigate why fear, noise, or disturbed routines may significantly impair sleep, emotional stability, or behavior in early childhood.

Other publications mentioned unsafe school infrastructure, overcrowded classrooms, or upsetting hospital surroundings, but none looked at how these conditions lead to chronic anxiety, irritability, clinginess, regression, or sensory overload in young children.

Professionals identified this deficiency. A psychologist explained, *"Noise, stress, instability, all of these affect brain development… but newspapers rarely explain this."* (IDI: 3 - Psychologist, September 23, 2025). A journalist recognized the visual reasoning for such omissions: *"If we don't show children's faces, it doesn't have appeal."* (IDI: 2 - Journalist, September 20, 2025).

As a result, environmental stressors appear in the news but are devoid of developmental meaning, reducing the audience's capacity to connect context to children's mental health outcomes.

THEME 3: Caregivers, Support Networks, and Structural Determinants Are Marginalised in Media Representations of Young Children's Wellbeing

Although newspapers regularly featured children in times of crisis, they paid little attention to the adults, relationships, and structural surroundings that influence children's emotional rehabilitation. Parents, teachers, and community members appeared visually or through brief quotes, but their roles in supporting young children or understanding their emotional needs were rarely explored. This limited focus reinforced the notion that children's suffering is individual and event-driven rather than anchored in caregiving systems and everyday contexts, a view that violates fundamental concepts of early childhood mental health.

Sub-theme 3.1: Parents Are Depicted as Grieving Witnesses Rather Than Active Interpreters of Children's Needs

In articles such as BN-15-001 and EN-18-001, parents were frequently depicted sobbing outside hospitals, looking for their children, or reacting to horrific scenes. Their emotional shock was portrayed, but their thoughts on their children's well-being, coping, and needs were mostly lacking. This image turned parents into mere observers of tragedy, rather than essential participants in their children's emotional regulation, sense of safety, and healing processes.

Parents reported feeling underrepresented in these depictions. One parent stated they avoided Milestone-related news exclusively because of distressing imagery: *"I tried to avoid it… the kids were half-burnt, and people were taking pictures. I could not watch those videos."* (IDI: 6-Parent, October 4, 2025). Another parent described the reporting as worry-inducing but unhelpful: *"Of course I got worried… but the news didn't explain how the children were doing."* (IDI: 5- Parent, October 7, 2025).

By ignoring parents' perspectives and caregiving efforts, the articles lost opportunities to show how adults help young children heal emotionally after stressful occurrences.

Sub-theme 3.2: Home, School, and Community Contexts Are Minimised, Limiting Understanding of Children's Support Systems

Despite frequent mentions of unsafe buildings, overcrowded classrooms, neighborhood violence, and inadequate play spaces, articles seldom examined how families, schools, and communities dealt with these issues. Reports that mentioned chronic risks or frequent disruptions did not go into detail on how caregivers dealt with children's worries, how instructors helped disturbed students, or how communities came together in the aftermath of shared traumatic occurrences.

This omission was viewed by mental health specialists as a substantial distortion. One psychologist stated, *"Caregiver mental health affects the child's mental health… but this is missing in the newspapers."* (IDI: 4 - Psychologist, October 2, 2025). Another said, *"It should not only be the child… there should be context about parents, teachers, and the whole environment."* (IDI: 3 - Psychologist, September 23, 2025).

Journalists also admitted that event-driven needs often overwhelm more profound contexts: *"Even when we cover children's issues, the mental health part becomes limited."* (IDI: 2 - Journalist, September 20, 2025).

As a result, children's emotional experiences seemed detached from the social and contextual frameworks that underpin early childhood mental health.

Sub-theme 3.3: Structural and Policy Factors Are Weakly Linked to Children's Emotional Wellbeing

While some articles addressed broader problems, such as a lack of safe spaces, relocation during crises, or rising gadget use, these were not meaningfully linked to the psychological well-being of young children. For example, even though one journalist pointed out that limited outdoor areas push children towards early gadget use, related articles did not explore how restricted play or screen dependency affects emotional regulation, attention, or parent–child interaction for children aged 2–8.

Similarly, articles about humanitarian crises, dangerous infrastructure, or economic hardship framed them as societal issues rather than drivers of children's mental health.

Experts emphasized that this disparity prevents the public from perceiving early childhood well-being as the result of both individual experiences and societal factors. A psychologist noted, *"News should also focus on how children learn honesty, how they manage anger… However, I do not observe many publications that address these topics."* (IDI: 3 - Psychologist, September 23, 2025).

Media narratives promoted a restricted perspective of mental health by failing to connect systemic elements to young children's emotional lives, focusing on single incidents rather than circumstances that impact long-term well-being.

THEME 4: Fragmented Use of Professional Expertise and Persistent Ethical Contradictions Limit Accurate Portrayals of Early Childhood Mental Health

The dataset inconsistently reported professional expertise and ethical requirements on young children. When psychologists, counselors, or specialists were referenced, their contributions were often symbolic, consisting of brief comments at the end of stories, detached from the narrative, and inadequate to communicate developmental or mental health implications. At the same time, journalists acknowledged difficulties between the ethical guidelines learned in training and the commercial, visual, and political demands that exist in Bangladeshi newsrooms. These constraints restricted the media's ability to provide nuanced, child-friendly interpretations of children's emotional experiences.

Sub-theme 4.1: Expert Voices Are Included Sparingly and Without Developmental Explanation

Only a few items included input from mental-health professionals, and even then, the expert comments were brief, generic, or detached from the rest of the study. EN-18-001 briefly quoted a doctor who stated that children were *"disturbed"* after seeing a fire, but the article did not explain how such disturbance develops in children aged 2 to 8 or what kind of help may be required. BN-7-001 noted students' *"emotional stress"* but did not explain what stress looks like developmentally or how it should be managed.

Participants confirmed the gap. A journalist explained why expert viewpoints are usually superficial: *"Statistics are difficult to locate… so they focus on the emotional angle, not the developmental needs."* (IDI: 2 - Journalist, September 20, 2025). A psychologist additionally noted that crucial information is routinely absent: *"Caregiver mental health affects the child, but such information is missing from the newspapers."* (IDI: 4 - Psychologist, October 2, 2025).

Expert views were seldom integrated into the narrative, and thus readers struggled to comprehend trauma, fear, or dysregulation in early childhood. Instead, they functioned as brief stamps of authority within otherwise incident-driven coverage.

Sub-theme 4.2: Journalists Navigate Contradictions Between Ethical Guidelines and Newsroom Expectations

Journalists have reported large disparities between child safety standards taught in professional training and the reality of journalistic practice. While training taught not to display children's faces without consent and to be respectful while interviewing minors, the demands of fast-paced, visually focused media encouraged the reverse.

A journalist noted a paradox*: "We are often told not to show faces…but in practice we are encouraged to show children for positive coverage."* (IDI:2 - Journalist, September 20, 2025). Another journalist clarified that omitting images of distressed children risks weakening the perceived *"impact"* of a report.

The implications of these behaviors concerned mental health practitioners. One psychologist recalled encountering distressing images from the Milestone tragedy on social media: *"I opened Facebook and saw reels of burned children running… people are showing these for views."* (IDI:3 - Psychologist, September 23, 2025). Such coverage has the potential to retraumatize families and normalize the public exhibition of children's pain.

These ethical conflicts undermine the viability of trauma-informed journalism and lead to depictions that sensationalize rather than contextualize children's emotional experiences.

Sub-theme 4.3: Structural, Organisational, and Political Pressures Restrict Contextual and Child-Sensitive Reporting

Participants spoke of newsroom environments where structural constraints, time pressure, corporate influence, and political sensitivity shaped what could be reported. Psychologists observed that several high-profile reports were solely based on desk research from prominent organizations but were extensively propagated due to institutional networks. As one expert explained, *"They overlooked honest sharing… newspapers strive to please those in power."* (IDI: 3 - Psychologist, September 23, 2025).

Journalists admitted that political and business pressures affect their story choices, restricting their ability to investigate systemic concerns impacting children's well-being. Reporting on government failings, poor services, or policy gaps may result in backlash or job insecurity. As a result, individual instances are less risky to report than tales that investigate the systemic factors of early childhood mental health.

Time and space restrictions further limit the options for developmental or expert-driven explanations. Even when journalists desire to add mental health insights, they are frequently cut or eliminated during editing to ensure a quick turnaround.

These constraints reinforce episodic coverage while limiting the opportunity for nuanced, developmentally informed depictions of children's emotional and psychological needs.

Sub-theme 4.4: Fragmented Engagement With Professionals Limits Public Understanding of ECMH

Expert perspectives are rarely incorporated into the narrative framework of publications; thus, the public receives fragmented and inadequate information concerning early childhood mental health. Parents repeatedly raised this gap: *"No article described the situation from a kid's point of view properly."* (IDI: 6 - Parent, October 4, 2025). They wanted advice on how children could react to unpleasant experiences, but articles seldom gave practical, developmentally grounded answers.

Psychologists emphasized that professional insights may assist families in understanding their children's emotions and behaviors, although such advice was rarely featured in articles. One expert noted, *"Children can't always name their feelings… journalists need to understand expressions before asking questions."* (IDI: 3 - Psychologist, September 23, 2025).

These insights are episodic, so they don't affect how stories are told or how kids' experiences are understood. Instead, the public is left with emotionally charged but superficial representations of distress, limiting general understanding of early childhood mental health and the support children require.

4.2 Discussion

This part discusses the data reported previously and explores how they relate to the research topics that guided this study. This discussion illustrates why the patterns observed in the findings are important developmentally, morally, and institutionally for the depiction of early childhood mental health (ECMH) in Bangladeshi media. The discussion is structured around the same four themes highlighted in the findings to preserve analytical consistency and demonstrate how each topic leads to a deeper understanding of ECMH in the media environment.

Theme 1: Episodic, Crisis-Centred Reporting Overshadows Young Children's Ongoing Mental Health Needs

The data demonstrate that newspapers mostly utilize episodic, event-focused framing when reporting on young children, emphasizing accidents, injuries, and dramatic episodes while ignoring developmental or preventative viewpoints. This pattern is strongly consistent with global research showing that episodic framing reduces complex mental health issues to isolated events rather than systemic concerns (Iyengar, 1991; Arendt, 2022). In Bangladesh, competition and a lack of trauma-informed training exacerbate these tendencies (MRDI, 2022; Ng, 2024). As a result, young children are only mentioned in the press when catastrophe strikes, confirming social beliefs that ECMH is only significant during times of crisis.

This pattern has a substantial impact on early childhood development. According to neuroscientific and developmental frameworks, relational and environmental continuity

influence young children's emotional regulation, sense of security, and stress reactions (Shonkoff et al., 2012; Zero to Three, 2017). When news coverage presents distress as a one-day occurrence and does not include follow-up on children's recovery, it minimizes the long-term nature of trauma in early childhood. This invisibility adds to a public discourse in which long-term psychological rehabilitation, counseling, and support systems are not regarded as critical components of post-crisis treatment.

Furthermore, the crisis-oriented nature of reporting inhibits media from constructively shaping agendas. Rather than raising awareness of mental health issues, episodic framing focuses emphasis on dramatic incidents. The lack of thematic, developmental framing discourages the public from considering systemic concerns affecting children's well-being, such as a lack of school counselors, insufficient caring guidance, or legislative failures. As a result, Theme 1 identifies a structural constraint in media practice that limits the visibility and legitimacy of ECMH as a national problem.

THEME 2: Children’s Emotions and Behaviour Are Filtered Through Adult Labels Rather Than Developmental Understanding

The findings show that children's emotional and behavioral manifestations are regularly understood in adult-centric language that portrays suffering as misbehavior, resistance, or disturbance. This is consistent with South Asian research, which shows that children's emotions are frequently perceived as disciplinary concerns rather than developmentally appropriate behaviors (Rahman et al., 2024). Newspapers perpetuate misunderstandings about emotional dysregulation by using adjectives like "uncontrollable," "hyperactive," or "problematic," rather than a response to anxiety, instability, or sensory overload.

According to the ECMH, this is a significant misstatement. Early childhood is a stage when children rely largely on caregiver co-regulation and environmental consistency to cope with stress. Without contextual explanation, viewers are left with reductive interpretations that pathologize developmentally appropriate responses. This framing has the potential to influence caregivers, schools, and policymakers to respond with discipline rather than emotional support, as evidenced by both global and Bangladeshi research on stigma and misinterpretations of children's conduct (Corrigan et al., 2014; Islam et al., 2021).

Furthermore, the absence of developmental interpretation indicates the weak integration of journalism and child-development expertise. Journalists in the study admitted to not understanding how to detect nonverbal emotional signals in children, corroborating previous findings that journalists frequently lack psychological literacy (Leger-Goodes et al., 2022). Without proper interpretation, journalists unintentionally replicate narratives that legitimize misunderstanding rather than educate the public about children's inner realities. Theme 2 emphasizes an important representational gap: emotional visibility without emotional significance.

THEME 3: Caregivers, Support Networks, and Structural Determinants Are Marginalised in Media Representations of Young Children's Wellbeing

The findings show that, while parents, teachers, and communities feature in articles, they are generally background figures or sorrowful onlookers, rather than active participants in children's lives. This absence contradicts both developmental research, which emphasizes the importance of caring systems, and global child-rights frameworks, which view families as co-creators of children's well-being (UNICEF, 2018). Newspapers foster an individualized view of children's misery by excluding caregiver opinions, detaching emotional results from relational and structural settings.

This lack of coverage has two significant ramifications. Firstly, the public receives insufficient guidance on how caregivers should assist children after stressful situations. Parents in the study openly stated that newspaper coverage heightened fear instead of helping them understand their children's needs. This conclusion is consistent with international research demonstrating that media can increase caregiver anxiety when news is uncontextualized or sensational (Maddox et al., 2025).

Second, the lack of structural factors, unsafe infrastructure, poverty, service scarcity, or policy failures limits the media's capacity to portray ECMH as a systematic concern. Thematic framing, which links individual stories to larger factors, is critical for moving public discourse toward preventative and rights-based solutions. The minimal structural involvement revealed in this study is consistent with previous research indicating that South Asian media underreport structural determinants of child well-being (Koivula et al., 2024). Therefore, Theme 3

underscores a representational gap that isolates children's emotional lives from the contexts and institutions that nurture them.

THEME 4: Fragmented Use of Professional Expertise and Persistent Ethical Contradictions Limit Accurate Portrayals of Early Childhood Mental Health

The findings indicate that professional expertise appears in newspaper coverage inconsistently and often superficially. Experts appear at the margins of reports, usually in the form of brief statements that have little bearing on the story. This fragmented usage reflects worldwide evidence that mental health reporting frequently depends on symbolic expert participation rather than integrative consultation (Wahl, 2003; Leger-Goodes et al., 2022). As a result, opportunities to address misunderstandings, explain development, and provide caregiving guidance remain underutilized.

At the same time, journalists pointed out serious ethical contradictions: while training stresses child protection, the newsroom needs to promote images, speed, and emotional impact. These pressures have been well documented in Bangladeshi media studies (MRDI, 2022), and they influence how children are depicted, frequently at the price of dignity and psychological safety. The findings support worldwide concerns that trauma exposure is sensationalized when ethical standards are eclipsed by commercial imperatives (Dart Center, 2022).

The combined impact is a media environment in which structural and ethical restrictions prevent the developmentally informed reporting required for accurate ECMH depiction. Theme 4 connects representational patterns to institutional realities, demonstrating that coverage gaps are not merely the consequence of human choices but also reflect greater structural limits.

CHAPTER V: CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

This study looked at how Bangladeshi media depicted early childhood mental health (ECMH) and how journalists, parents, and mental health professionals interpreted those depictions. Using qualitative content analysis of thirty-six articles and seven stakeholder interviews, the study discovered four interwoven themes that suggest a fragmented, crisis-driven, and ethically contradictory media narrative about young children's emotional well-being.

The data indicate that ECMH is mostly portrayed through abrupt, startling, and highly visible incidents, such as fires, crashes, drownings, and institutional failures, rather than within developmental, relational, or preventive frameworks. This emphasis on episodic events corresponds to worldwide trends in which crisis narratives dominate media coverage. Consequently, the public predominantly encounters ECMH during periods of significant vulnerability, obscuring the routine experiences, stressors, and supports that contribute to the emotional development of young children.

A second significant outcome is the lack of developmental interpretation. Although emotional adjectives (such as "scared," "silent," and "crying uncontrollably") were common, they lacked context. Withdrawal, agitation, clinging, and hyperactivity were frequently presented as issues or disobedience, rather than as age-appropriate reactions to fear, instability, or unfamiliar situations. This perpetuates misconceptions about children's emotional expressiveness and leaves caregivers with no clear direction for recognizing or supporting their children's pain. The disparity implies underlying structural limits in mental health literacy in newsrooms.

The study also discovered that parents and experts are frequently ignored in media narratives. Parents are primarily depicted as terrified or heartbroken bystanders, whereas expert voices, particularly psychologists, counselors, and developmental specialists, are either absent or just briefly mentioned. As a result, the public receives little expert guidance on coping mechanisms, developmental warning signals, and long-term rehabilitation processes. This impairs the public's capacity to correctly assess children's reactions and promotes an oversimplified picture of ECMH.

Finally, the study identifies numerous ethical contradictions, such as the revelation of identifiable information, the use of graphic imagery, and emotionally charged terminology. These techniques risk retraumatizing children and families while also perpetuating stigma. Interviews demonstrated that these lapses are caused less by individual irresponsibility than by institutional pressures, tight deadlines, digital competition, and inadequate editorial oversight, combined with inconsistent adherence to child-friendly norms.

Overall, the study suggests that Bangladeshi newspapers' coverage of early children's mental health is episodic, reactive, and not properly guided by developmental science or ethical standards. Addressing these difficulties necessitates stronger newsroom structures, greater integration of professional skills, and a shift towards trauma-informed, child-sensitive, and developmentally grounded journalism. The guidelines below include techniques for improving accuracy, sensitivity, and public understanding.

5.2 Recommendations

The findings suggest substantial gaps in how Bangladeshi publications cover early childhood mental health. Addressing these deficiencies involves coordinated changes in journalistic practice, professional training, and institutional support. The following recommendations stem directly from the four themes.

1. Strengthen Child-Sensitive Editorial Protocols

The frequent use of identifying data, violent imagery, and event-driven framing highlights the importance of clear editorial standards when reporting about young children. Newsrooms should implement child-protection protocols that describe anonymization techniques, limit sensitive pictures, and outline appropriate vocabulary for portraying children's feelings and behaviors. Making these standards required, rather than optional, would eliminate ethical discrepancies, especially during fast-paced breaking news events.

2. Integrate Developmental Knowledge Into Everyday Reporting

The absence of age-appropriate interpretation in the articles indicates a lack of developmental literacy. Journalists would benefit from concise, practical information developed collaboratively

by media organizations and child-development specialists on how children ages 2 to 8 normally respond to fear, uncertainty, disturbance, and loss. Newsroom practices should incorporate these resources to enable emotional descriptions that surpass superficial labeling and foster precise, developmentally appropriate reporting.

3. Facilitate Structured Access to Mental-Health and ECD Experts

Expert opinions were sparse and frequently shallow. Establishing a recognized directory of psychologists, counselors, and early childhood specialists would allow for timely consultation when reporting. A coordinated rapid-response method during high-profile child-related incidents could ensure expert interpretation is integrated early and consistently, boosting accuracy and lowering reliance on second-hand accounts.

4. Expand and Deepen Parental Perspectives in Coverage

Despite their major role in supporting children following traumatic or disruptive occurrences, parents appeared to be mostly distressed onlookers. Journalists should be given instruction on how to acquire significant parental insights in an ethical manner, with an emphasis on children's reactions, coping patterns, and assistance needs. This would increase the portrayal of caregiving circumstances and be consistent with developmental understandings of ECMH as relational rather than individual.

5. Institutionalise Trauma-Informed Reporting Practices

Given the predominance of sensationalized and emotionally charged stories, trauma-informed techniques are critical. Training programs should focus on contextualizing experiences, eliminating excessive visual distress, and using language that does not amplify fear or stigma. Integrating trauma-informed principles into induction training and refresher seminars would promote more uniform ethical practice across newsrooms.

6. Promote More Balanced and Preventive Media Narratives on ECMH

The prevalence of crisis-driven stories reduces public comprehension of ECMH as a continuous development process. Media outlets should broaden their coverage to include everyday emotional development, responsive caring, school-based support systems, and examples of

successful community activities. Such reporting can help eliminate stigma, increase mental health literacy, and alter public perceptions away from episodic harm.

Together, these ideas emphasize the importance of structural newsroom change, cross-sector collaboration, and ongoing professional development. Strengthening these areas would allow for more accurate, ethical, and developmentally appropriate reporting on young children's mental health in Bangladesh.

CHAPTER VI: References

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APPENDIX A: DATA COLLECTION TOOLS

A.1 Document Review Checklist (Media Content Analysis Tool)

Purpose:

To conduct a systematic analysis of Bangla and English newspaper articles published from May to October 2025 that address child mental health, psychosocial distress, abuse, trauma, suicide, school incidents, or occurrences impacting children aged 2 to 8.

Variables for Document Review Coding Sheet:

1. **Article ID**
2. **Newspaper Name**
3. **Language (Bangla/English)**
4. **Publication Date**
5. **Title / Headline**
6. **Topic Category**
    - Abuse
    - Accident
    - Suicide
    - Mental health
    - School incident
    - Crime
    - Other
7. **Tone / Emotional Language**
    - Tragic / Heartbreaking
    - Emotional
    - Neutral
    - Sensational / Graphic
    - Blaming
8. **Primary Frame**
    - Episodic
    - Thematic

9. **Secondary Frame**
    - Responsibility frame
    - Human-interest frame
    - Conflict frame
    - Economic frame
    - Morality frame
10. **Representation of the Child**
    - Victim
    - Passive
    - Blamed
    - Omitted
    - Empowered / Rights-based
11. **Mention of Mental Health**
    - Yes / No
    - Direct / Indirect
12. **Expert Voice Included**
    - Psychologist
    - Teacher
    - Doctor
    - Law enforcement
    - None
13. **Parent Voice Included (Y/N)**
14. **Ethical Breaches Noted**
    - Identity disclosed
    - Photo of child
    - Graphic details
    - School name revealed
    - Location revealed
15. **Support Resources Mentioned**
    - Mental health helplines
    - Counseling

- NGO services
- None

16. Overall Interpretation Notes

A.2 IDI Guideline: Journalists

Opening/ Warm-up Questions

1. Could you tell me about your professional background and current role in journalism?
2. Have you previously reported on children or mental health issues before?

Questions

1. How do you assess if a story about children aged 2–8 is newsworthy?

   Probe: What factors influence these choices?

2. When writing about children's mental health or related issues, which aspects do you typically emphasize on (e.g., statistical information, emotional experiences, prevention)?

   Probe: Could you give an example?

3. Are there any expectations or policies in your newsroom that dictate how issues affecting children should be covered?

   Probe: How beneficial are they in practice?

4. What kinds of challenges or constraints do you confront when reporting on sensitive topics involving children?

   Probe: How do deadlines, editorial decisions, and audience expectations influence this?

5. How does media coverage influence people's perceptions of children's mental health (aged 2 to 8)?

   Probe: Do you believe it promotes understanding or are there gaps?

Closing

1. What would be your one suggestion for improving newspaper coverage of children's mental health?

A.3 IDI Guideline: Parents of Children Aged 2–8

Opening/ Warm-up Questions

1. Could you tell me a little about your family and how old your child/children are?
2. Do you typically read newspapers or online news? Which ones do you read most frequently?

Questions

1. Have you recently noticed any news reports regarding the mental health of children aged 2–8, trauma, or challenging experiences?

   Probe: Which ones lingered in your mind?

2. What types of sentiments or thoughts do you typically experience when reading such stories?
3. Do you believe these news reports help parents to understand their children's mental health, or do they cause concern or misunderstanding?
4. Has a newspaper story, such as the Milestone College case ever impacted the way you think about or care for your children/child?

   Probe: In what ways are they helpful? In what ways is it helpful?

5. In your perspective, do these stories reflect the voices of parents or children? Why, or why not?

Closing

1. What would you prefer newspapers to do differently when reporting on children's mental health?

A.4 IDI Guideline: Mental Health Professionals

Opening/ Warm-up Questions

1. Could you briefly discuss your professional role and experience dealing with children's mental health?

2. Have you ever been approached by the media for comment on child mental health stories? If so, what was it like?

Questions

1. In your opinion, how well do Bangladeshi newspapers portray children's mental health (ages 2–8)?
2. What critical components or situations do you believe are sometimes absent from this coverage?
3. How do you think newspapers handle sensitive information like children's names, images, and personal stories?
4. Why do you believe expert viewpoints are generally not included in newspaper reports on child mental health?

   Probe: What could be done to remedy this?

5. In your view, how does newspaper reporting on children's mental health (ages 2–8) affect public knowledge, stigma, and the way families or schools respond?

Closing

1. In your opinion, what standards or ethical guidelines should journalists follow while reporting on children's mental health (ages 2-8)?

A.5 Consent Form Template

Study Title:

Media Representations and Journalistic Practices in Framing Early Childhood Mental Health in Bangladesh

Purpose of the Study

You are invited to take part in a research project that studies how Bangladeshi newspapers depict early children's mental health (ages 2-8) and how journalists, parents, and mental health experts interpret these representations.

Procedures

If you consent to participate, you will be scheduled for a one-on-one interview that takes around 40–60 minutes. With your permission, the interview will be audio recorded to ensure accuracy.

Voluntary Participation

Your participation is entirely voluntary. You may skip any question or withdraw from the interview at any time, without any repercussions.

Risks and Benefits

There are no anticipated risks beyond just slight discomfort while addressing sensitive topics. You can stop at any time if you feel uncomfortable. While there are no immediate personal benefits, your feedback will help us better understand how the media portrays children's mental health (aged 2-8).

Confidentiality

All information shared will be kept strictly confidential. Your name and other identifying information will not be included in the thesis or any subsequent publications. Pseudonyms will be used instead. Audio recordings will be securely stored and erased upon transcription.

Consent Statement

I have read and understood the information above. I have had the opportunity to ask questions, and I agree to participate voluntarily in this interview.

Participant's Name: _____

Signature/Initials: _____ Date: _____

Researcher's Name: Nashia Farzana Shameem

Signature: _____ Date: _____

A.6 Sample Transcription Format

Sample Extract From Transcription

Participant: IDI 1, Journalist
Date: 14 September 2025
Duration: 48 minutes

1Q: Could you tell me about your professional background and experience reporting on children?
A: "I have been involved in journalism for many years… I have worked on reports focusing on children's physical and mental health, development, and nutrition…"

2Q: What factors influence how you frame stories involving young children?
A: "Most of the time the editor wants a very emotional headline… There is pressure to select footage and wording carefully, especially during sensitive incidents…"

3Q: What challenges do you face when covering incidents involving children?
A: "Deadline pressure, competition between media outlets, and the expectation to show emotional visuals make it difficult to follow ethical practices…"

4Q: How do you think children's mental health should be reported?
A: "Expert opinions should be included more often… Children's identities should be protected… Coverage should be more ethical and development-focused."