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Health reporting: The missing links.

Abstract

There is a growing interest in health stories. This is evident from both the increase of health publications and online research for health information. But how accurate and reliable are these stories. Two surveys in the United States that examined the state of online health reporting exposed the extent of spin, the lack of medical evidence and the narrow frame and context of many health stories. This last point, narrowcasting, is the main focus of this article and the research questions examine why this is so and how coverage could be widened. Using press coverage of HIV (Human Immunodeficiency Virus) as a case study, the author argues that health communication theories, and in particular, Social Change Communication (SCC), can help to widen the framing of HIV journalism and health journalism by reporting the social, economic, cultural, religious and political determinants of health. These links could be applied to coverage of other communicable and non-communicable diseases.

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Introduction: The unhealthy state of health journalism

Health information remains one of the most important subjects that internet users research online. A survey in 2010 by the Pew Internet and American Life Project revealed that 61 per cent of Americans searched for health information on the internet, and that six out of ten said the information they found online affected their decision about how to treat an illness or a medical condition. More than 55 per cent said it changed how they maintained their own health or the health of another. These results were based on data from telephone interviews between August 9th and September 13th, 2010, among a sample of 3,001 adults, aged 18 and older. But how reliable and well-tested is online health information?

The editor of the *Health News Review*, Associate Professor Gary Schwitzer, runs a website that has evaluated more than 1000 health stories in the United States press. In May 2010, he presented his findings that included a damning critique of the media's approach to covering health and medicine. He argued that journalists tend to be cheerleaders rather than provide a critical analysis, and that there were too many unquestioning, awe-struck stories about breakthroughs and fluffy, feel-good pieces, rather than questioning the claims, investigating the evidence, and looking at the conflicts of interests of sources.

When it comes to health news - sober, reliable and expert reporting can be hard to find. As newsrooms cut numbers and reduce the time available to spend writing health, there is often a rush to produce pre-packaged stories, using wire services or relying on press releases as the primary — and often only — sources of research news (Mooney & Kirhenbaum 2009; Raward & Johnston 2009; Salleh 2009; Young 2009).

Increasing reliance by reporters on embargos, press releases and wire copy encourages lazy journalism and bland reporting. Davies (2008a) highlights the dangers of media groups relying on wire services, which may have a small pool of reporters producing high-speed but limited in-depth reports that then get wide coverage (Davies 2008a). As journals great and small adopt the use of publicity machines to promote their research, media outlets and wire services have every reason to rely too heavily on the easy press release to save time and effort in preparing science and health stories (Davies 2008a, 2008b; Money and Kirhenbaum 2009, Murcott 2009; Orange 2008).

Also, the engagement of public relations firms in health organisations, the selective press releases sent out by medical organisations to the media, and

the cost cutting approach of media organisations fosters what former *Guardian* reporter Nick Davies, calls ‘churnalism’ — the churning out of stories with limited, if any, actual reporting by the journalist. “... more than ever in the past, we are likely to engage in the mass production of ignorance because the corporations and the accountants who have taken us over have stripped out our staffing, increased our output and ended up chaining us to our desks so that generally we are simply no longer able to go out and make contacts or find stories or even check facts” (Davies 2008b).

The Australian Centre for Independent Journalism in Sydney analyzed more than 200 health stories in the Australian press during a one-week period in September 2009, and found that more than half the stories were driven by public relations event or media releases. Also, a 2009 survey of health stories in *The Australian*, *The Sunday Times* and *The West Australian* by health journalism students at Edith Cowan University, discovered a similar pattern – an unhealthy reliance on media releases, a practice often described as ‘health churnalism’. While these findings are disappointing, they challenge journalists in the United States and Australia to find ways to improve media coverage of health.

Attempts have been made to try and improve the standard of reporting. Mediadoctor.org is a website that evaluates health stories that report on medications and treatments in the Australian media, and grades them according to a set list of criteria: the mention of potential adverse effects, the inclusion of alternative therapies and the type of diagnostic tests. The panel includes a group of academics and clinicians from the Newcastle Institute of Public Health who have an interest in promoting better and more accurate reporting in the area of medical treatments. The main aim is to improve the accuracy of medical reporting by offering an evaluation of the quality of health stories and provide feedback for journalists and media organizations on the quality of their stories.

Schwitzer’s website - www.healthnewsreview.org - provides health writers with a checklist to evaluate health claims and sources in news and feature stories. How strong is the evidence? Is this condition exaggerated? Who’s promoting this? Do they have a conflict of interest? What’s the total cost? How often to the benefits occur? How often do the harms occur? Are there alternative options?

Is this really a new approach?

Another area of concern is how narrow health stories are framed without

little or no reference to the social and economic determinants of health. For example, a study of media coverage of obesity in television news in Australia focused attention on personal responsibility for weight loss without reference to structural issues such as economic pressures to work long hours in sedentary jobs, urban planning that fails to facilitate physical activity, poor public transport and inadequate provision of cycle paths and inadequate provision of parks and other recreational facilities. Yet, the neglect of environmental and structural solutions suggests advocacy efforts may be needed to draw attention to how these factors, cumulatively, constrain individual choices and contribute to the obesity epidemic.

This last point is the main focus of this article – to widen the frame of health stories by reporting the different determinants of health such possible social, economic, cultural, religious and political factors. The author argues that this approach broadens the scope and context of health stories, and leads to a better understanding and also discussion of effective measures to deal with communicable diseases like HIV in countries like Papua New Guinea (PNG) that is experiencing a serious epidemic (UNAIDS 2010). Admittedly, this last point could be viewed as moving towards health promotion rather than the traditional journalists’ role to report the facts. But with serious health epidemics, like HIV or diabetes, is it enough to report only ‘what’ is happening and omit ‘why’ it is occurring which provides a better understanding of the disease and ways to deal with it.

The determinants of health provide context and understanding.

As early as 1986, with the adoption of the Ottawa Charter, the social and cultural dimensions of health became increasingly more mainstream. In recent years social scientists have come to realize that socio-cultural factors influence complex health behaviors: for example, sexual behavior related to HIV infections. Beyond an individual’s own social network, there are larger structural and environment determinants that affect sexual behavior such as living conditions related to one’s employment. For example, mining camps that require men to spend long periods away from home, the cost of condoms, the lack of sexually transmissible diseases services, pressures on some sex workers to act in unsafe ways to keep customers satisfied – all these work against people adopting safer behaviors.

Kippax (2007) argues that individual behavior and ‘choice’ is always mediated and structured by social relationships, which are in turn influenced by important differences of community, social status, class and other structural differences such as gender and age. In other words, individual

behavior is always contextual, always socially embedded (Kippax 2007, p. 5).

This is not a new insight. The United Nations Educational, Scientific and Cultural Organization (UNESCO) echoed this view more than a decade ago:

This epidemic has become a major developmental challenge that goes beyond the realm of public health. The emerging complexity of the epidemic has made it an issue that touches all aspects of human life. And the perspectives are diverse: medical, human rights, ethical, legal religious, cultural and political (UNESCO 2001, p. 20).

This shift in thinking forms a key part of the Social Change Communication (SCC) theory where the focus is on seeing people and communities as agents of their own change. It is based on a belief that behaviour change is dependent on social change and is a long-term process (Deane 2002, p. 1). This social communication approach to understanding HIV, and the need to highlight the context in which the pandemic is embedded, has wide support (McKee, Bertrand & Becker-Benton, 2004, p. 41).

The implications of this SCC theory, if adopted by editors and journalists, would widen the predominant narrow framing of HIV stories from primarily a focus on health to one that covers related issues such as gender equality, domestic violence, inadequate access to treatment, poor health facilities, complex sexual networking and challenge governments on their policies towards treatment, human rights and overall strategies. Indeed, this perspective on the disease provides a new and extensive list of news and feature stories for print, online and broadcast journalists.

Not everyone agrees and questions remain about the role of journalism in health promotion and development contexts. For example, how does the media address extremely complex questions like gender power and the connections between rising health costs and ecological sustainable development? While this remains an ongoing debate, the approach in this article is to show that it is important to include a context when reporting diseases such as HIV. This allows for a better understanding of disease, and indirectly, it creates the possibility for effective prevention measures. A case study on the reporting of HIV highlights some of these points.

Case study of press coverage of HIV in PNG

HIV is a story of critical importance in many countries throughout the world.

This is clearly evident in PNG which has a serious HIV epidemic with up to 96 per cent of all HIV infections in the Pacific region. Up to 1.8 per cent of the adult population in PNG is infected with HIV and prevalence in urban areas maybe as high as 3.5 per cent (UNAIDS 2010). New infections rates have increased about 30 per cent each year since 1997. A report by the PNG National AIDS Council Secretariat (NACS) in May 2009 suggested an infection rate of over 100,000 people in PNG in a population of 5.5 million, and predicts that the country will eventually match the massive infection rates seen in several Southern African countries. The author chose PNG as a case study because he conducted an extensive longitudinal content analysis of press coverage of HIV in the country's two daily newspapers from 2000-2010. In line with the two research questions, the case study examined whether journalists in PNG had included any of the social, economic, religious, cultural and political determinants of health in their HIV stories, and if not, then examine what were the obstacles preventing this.

The focus on press coverage of HIV rather than a wider study on media coverage of the disease is due, in a large part, to more effective access to archival print data. Print copy is easier to locate and avoids the long arduous task of trawling through broadcast tapes and transcripts that were not readily available. Also, newspapers are influential because news stories that appear in print or online are frequently used by radio and television news editors to provide background, and often actual content, for their daily broadcast news services. And the press can keep issues and debates in the public forum and move items onto and up the political agenda.

It is evident from the data on press coverage of the disease in PNG from 2000-2010 that a disproportionate emphasis was placed upon reporting infection rates, international funding and regional workshops, with little in-depth analysis of the disease or educational content (Cullen 2010, p. 171). Anna Solomon, a former PNG editor, acknowledged that framing the disease in this way has narrowed debate of the topic and led to a lack of interest among readers. Solomon urged her fellow PNG journalists and editors to use imagination, initiative and sensitivity as a way to widen and improve the reporting of HIV in her country (Solomon 2002).

In time, slight changes began to emerge. A content analysis by Cullen (2007) analysed all online news items on HIV from the websites the country's two national newspapers – *Post-Courier* and *The National* during a three-month period from September to November 2007. Surprisingly, while stories on HIV were similar in content to Cullen's 2000 and 2005 study on press coverage of HIV in PNG, there was a new focus on domestic violence with both daily newspapers including 10 items each on the topic in October and

November 2007, This represented, for the first time, a small shift in the reporting of HIV in PNG and suggested journalists had began to link HIV with the wider social and cultural context of the disease.

Another content analysis by Cullen in 2010 analysed all online news items on HIV from the websites the country's two national newspapers – *The Post-Courier* and *The National* during a three-month period from January to March 2010 revealed an interesting trend in the coverage - the recognition of the social stigma surrounding people with HIV in PNG. Several articles coded Person Living With AIDS (PLWA) made it clear that the person described with the disease was not at fault. One notable article in the *Post-Courier* described the road to infection of a 29-year-old woman from Balimo who became the second wife of a 'well-built man who was a land-owner' from the region. It was only after her husband began losing weight rapidly that she discovered he had been diagnosed with HIV some time earlier; but he had not disclosed it. The article directly addressed the societal pressure both for her to remain with her husband and to hide the disease:

She went back to her family and they are supportive in the situation and want to help raise (her HIV-infected daughter) who is four years old. She said she disclosed her status to the community and to date had not suffered stigma. The community is supportive and I believe that is due to ongoing awareness of the virus, she said. (Sad tale but true in PNG, *Post-Courier*, 25 March 2010)

Stories like this help to demystify the disease and gradually lessen the paralysing fear associated with it.

The missing links

While the press in PNG is slowly beginning to link the disease with a larger social and cultural context, there are other connected stories that are unreported. For example, in the area of gender equality which reflects the complexity of the HIV situation in a developing country like PNG, and exposes how difficult it is to prevent and slow the spread of disease. For example, sexual relations lie at the heart of the HIV epidemic in PNG. Women's lack of social or economic authority is underwritten by the sexual economy and enforced largely by violence. Current attitudes to sex pose serious barriers to the effectiveness of HIV interventions. Women in general, and those involved in sex work in particular, are blamed for HIV infection in

PNG. It is true that this attitude is not limited to PNG, but also exists in even more developed countries. But the constant public scapegoating of sex workers has further entrenched the view that HIV can be attributed to filthy and immoral women. And yet, it is estimated that almost half of PNG men pay for sex at some time each year (Smith & Cohen 2000, p. 6).

For the same reasons, married women are the largest group of women at the risk of HIV infection. Since most infected women are of childbearing age, they also carry the risk of infecting their children. These issues are directly linked to HIV and yet, until recently, there was rarely a news story or feature article on the topic in PNG's two main newspapers. It is difficult to give a clear explanation for this omission other than to state that gender equality was not considered newsworthy by the editors. Yet, in-depth articles could expose the serious gender inequality in PNG and argue that if married women are to protect themselves and their children in such circumstances, they need precisely the same things as women need in general – access to education and training, removal of restrictions on employment, access to banking services and credit on their own surety. In addition, what they require are drastic shifts in laws on property rights, rights of divorced and widowed women, child custody rights and protection against physical violence. The HIV epidemic is not simply about public health – it also is about basic human rights. There is a need, therefore, to ensure that when reporting on HIV epidemic, the wider links such as poverty reduction and gender equality are part of the coverage.

Others issues include the fact that with increasing health care costs in countries hard hit by HIV, there is immense pressure to generate more income through mining, forestry and other environmentally degrading sources. Increased exploitation of natural resources will mean further degradation of water and eco systems on which people depend for survival, so poverty increases, and the whole cycle of poverty fuels HIV transmission. Also, when family members in urban areas fall sick they often return to their villages, putting additional pressure on scarce resources and fragile environments. How many journalists would think of reporting these issues or are able to link these issues. This is not due to an unwillingness to report but rather a lack of awareness about the wider links to HIV. Unfortunately, the narrow conception and understanding of HIV has led to missed opportunities for wider coverage and debate.

Shining the spotlight on how local governments are coping, or not coping, with HIV is also important. Political leadership has proved a vital component in the struggle to stem the rise of HIV infections in other parts of the world. This is clear from the decline of infections in Uganda, Thailand and the

Gambia where the political leaders of these countries spoke openly and constantly about the epidemic. This helped lessen the stigma surrounding HIV/AIDS in the local communities, and it galvanised them into action as they defined the struggle against HIV as a national cause and campaign.

Other challenges and obstacles

The media, particularly journalists, exercise a significant influence in moulding public opinions and attitudes towards the disease. Swain (2005) goes further and argues that much of society's understanding of the disease, including who it affects and its future possibilities, comes from the media (Swain, 2005, p. 258). And yet:

Coverage of HIV in many parts of the world has been erratic and often journalists frame the epidemic as an emergency rather than a lasting concern. Also, news analysis frequently fails to recognize socio-economic contexts that made it more difficult for some to avoid infection such as poverty, disempowerment, and inequalities (Swain, 2005, p. 259).

The reality in the newsroom is that coverage of the disease has to compete with many other issues. In recent years, traditional newsgathering routines and standards have failed to justify HIV as newsworthy, and journalists have faced great difficulty persuading their editors to run HIV stories (Brodie, Hamel, Kates, Altman, & Drew, 2004). Editors, on their part, fear that their papers may be seen as merely relaying public health information. Most importantly, there is also a feeling that 'HIV fatigue' has set in where readers may already be saturated with what seems to be the usual narratives of infection, suffering and death surrounding the disease in the newspapers.

Ratzan (1993) argues that despite differing views on the precise role of the media in reporting HIV, there is broad agreement on the fact that the media are an important and influential source of health and medical information, and that they shape public understandings of, and responses to, the current epidemic. "The media have enormous potential to help stop the spread of AIDS if they could inform the public continuously and accurately about the true nature and scope of HIV risks around the world" (Ratzan, 1993, p. 256). He stressed in the early 1990s that journalists should rise above the epidemic of complacency, stigma, and denial to uncover solutions for slowing HIV infection in the most devastated areas of the world. "Effective health communication is our primary and most potent weapon in preventing the spread of AIDS. Until a vaccine or cure for HIV infection is discovered, communication is all we have" (Ratzan, 1993, p. 257).

Conclusion

This research questions asked why health stories are narrow in content and context and how the framing could be enlarged. In the article, the author argues that journalists often omit links to influential determinants on health and human behavior such as social life, economical realities, cultural traditions and political inaction. Meanwhile, health communication theories such as Social Change Communication theory (SCC) extend the scope and content to include social, economic, cultural and political factors. In fact, SCC challenges the media to rethink their approach when reporting on diseases such as HIV and other communicable and non-communicable diseases.

While this article did not examine or test the application of SCC on the coverage of other diseases, it did use the reporting of HIV in PNG as a case study to show that HIV like other communicable diseases such as Tuberculosis (TB) and Sexually Transmitted Infections (STIs) is not merely a medical problem but operates like a magnifying glass that magnifies the exploitation of women; domestic violence; gender inequality, illiteracy, the lack of health facilities and the kind of rampant poverty that forces people to migrate. These connections have important implications for political and financial reporters, editorial page writers, television producers and radio journalists, especially if they want to engage in meaningful coverage of the HIV epidemic and its broad ramifications. For now, the most challenging aspect for health journalists is to realize the complexity and interconnectedness of the web of issues linked to reporting HIV and other diseases.

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