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# REPRESENTATION OF PUBLIC HEALTH IN THE PRINT MEDIA : A SURVEY AND ANALYSIS

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# REPRESENTATION OF PUBLIC HEALTH IN THE PRINT MEDIA : A SURVEY AND ANALYSIS

Swati Bhattacharjee\*

## Abstract

*The study aims to analyse the pattern in which mainstream media projects health issues, with a focus on the pulse polio eradication programme, and to understand the implications for media advocacy. A content analysis of news reports, features, editorials, letters and other items on health issues published in seven mainstream newspapers over three months (2003-2004) finds that media gives low priority to issues of public health, lower level health institutions, occupational and environmental health. While English newspapers give more importance to findings of medical research than Bengali papers, Bengali papers emphasize problems with the health care system more than English newspapers. The number of items on health remains fairly constant in all newspapers over the months. When any one health issue (bird flu, problems in hospital admission) gets greater coverage, other issues are marginalised. Media advocacy on health therefore needs a more balanced and well-deliberated approach. Pulse polio eradication gets fairly good coverage, though reports are clustered around national immunisation days. Analysis of sources shows a heavy dominance of government spokespersons, and virtual absence of public health experts, rural health workers, panchayat members, etc. A focus group discussion with government officers and NGO activists reveals that they feel that the press is "inaccurate" and "irresponsible." They accuse journalists of "politicising" a public health initiative for highlighting polio boycotts. Journalists dismiss charges of irresponsibility and politicisation, and hold boycotts to be genuine forms of protest. Public health experts agree with agencies that media is not well-informed on public health issues, but agree with journalists in holding that well-packaged, good-quality information is not made available to the press. They attribute problems in media portrayal of health more to information gap than to attitudinal problems of journalists. The study highlights the need for consistent, well-researched media advocacy, driven more by the idea of enrichment and sensitisation of journalists than the target of putting a certain number of reports in the papers on a particular health issue.*

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## Introduction: Are you sure you are well?

“Bhalo Achhi.” I am well. Several times a day, to old friends and to new acquaintances, I smile and say these two words. A commonplace reply to a routine question, but at its centre lurks an amorphous idea – that of being well. What does it mean? My mother believed a pleasantly rounded figure to be an evidence of health and well-being. I am horrified at the idea of an extra ounce of fat. Apart from that little problem of fitting into my jeans, isn't excess weight a sure invitation to diabetes, heart disease, arthritis and a dozen other diseases? My grandmother, who gave birth to nine children, had probably welcomed menopause with a sigh of relief. I might plan a course of hormone replacement therapy, mindful of what a dip in estrogen levels could do to my heart. For generations, the 'cure' for a child too restless at study time had been a box in the ears. Today, parents take their child to a psychiatrist to check whether she is suffering from 'attention deficit disorder.'

How do our perceptions of health and illness change? Certainly, medical research has taken long strides in recent years, overturning many ideas. But how many of us thumb medical journals? Nor do our doctors spend their precious consultation time discussing latest research data with us. For our ideas of what is healthy, what is risky, we turn most often to the television, radio, newspapers and magazines. Mass media is a constant backdrop to our lives, and from it we absorb ideas about health. These messages determine our delights and fears around our bodies. They shape our ideas of caution, prevention and cure.

Media largely determines what are the biggest health threats, and also the tone of our response to these. This happens not only at the individual level, but at the community level. We seem to be more perturbed about safe sex (because of media emphasis on HIV-AIDS) than about safe food, even though adulteration of food items, both raw and prepared, has remained a constant threat to public health. A lump in the breast may make a woman rush to the doctor, but a sore in the mouth is ignored. Could it be because media talks more about breast cancer than oral cancer? In the legislative assembly, members storm at the ruling party for the absence of CT scans and MRIs in the districts. The high rate of maternal deaths is scarcely mentioned. Is this because high-tech health care is a staple of the media, while safe motherhood is almost completely ignored?

Inaccurate or inappropriate portrayal of health problems by media has worried health activists, policy makers and sociologists for a long time. They feel a need to run a reality check against the picture of health concerns as projected by media. The researchers' 'reality' is derived from 'scientific' evidence, such as epidemiological records of diseases and death. Researchers and activists primarily

tend to take up media research to reveal the contrasts between the 'real' picture of health and the media-projected picture of health issues. A summary from many research studies would throw up the following contrasts in media portrayal of health :

<b>Under-reported</b>	<b>Hyped</b>
Chronic illnesses	Life-threatening diseases
Environmental influences	Expensive technology
Occupational health	Lifestyle issues
Preventive medicine	Medical "miracles"

Over the last two decades, researchers have complained that television almost never portrays illness as chronic<sup>1</sup>, sells health hype and ignores 'truly important risks<sup>2</sup>,' under-reports environmental influences on health and occupational health, and ignores the mentally ill. Reporters seize on the exceptional rather than the typical; they focus on glamorous, life-threatening diseases, rather than the commonest ones and on events rather than issues<sup>3</sup>. Press reporters tend to focus on expensive medical technology and ignore preventive medicine<sup>4</sup>.

Media commentators on health are concerned with the degree to which media portrayals of health matters are accurate in relation to other measures of reality, such as epidemiological statistics. A seminal study was done by S. Lichtenstein and others in 1978 in Oregon, US<sup>5</sup>. The researchers studied the belief among citizens concerning the frequency of "lethal events," and compared these with mortality statistics. This is what they found:

#### Causes of mortality

<b>Fact</b>	<b>Belief</b>
Stroke causes 85% more deaths than all accidents	77% thought accidents cause more deaths
Asthma kills 20 times more people than tornadoes	Tornadoes are more frequent killers
Death by motor accident 1.4 times more likely than diabetes	Death by motor accident 100 times more likely

Researchers concluded that "undramatic, quiet killers" like asthma, tuberculosis, diabetes, stomach cancer, stroke and heart disease are underestimated by the public, and media is the chief source of these false notions. The researchers also conclude that the media has important effects on our judgments, not only

because of what it does not report, but because of what it does report to a disproportionate extent. These biases should be recognised and corrected. Improved public education is needed before we can expect the citizenry to make reasonable public policy decisions about risks.

Subsequent media research for over two decades does not deviate much from this early study. A study of British newspapers in 1992 (Entwistle and Hancock)<sup>6</sup> found that diseases resulting in death were more likely to be reported than non-fatal diseases. Monitoring of television dramas also threw up a similar picture. A study of TV serial drama on British Television (1985-1997)<sup>7</sup> showed that the representation of violent deaths was three times more likely than non-violent deaths, that cause of death has a high proportion of obscure cause, such as "mystery" virus, and that the psychological environment is akin to living in a war zone.

Researchers have found that dramatic cardio-pulmonary resuscitation events are a staple scene in programmes. In the US, the survivals are disproportionately high, while it was reasonably accurate in Britain (25%). But in both countries, the focus on young people and traumatic causes in CPR scenes were unrealistically high, as the procedure in reality is most commonly experienced by elderly patients, and usually after a period of illness.<sup>8</sup>

Noted researcher Nancy Signorielli concludes after a study of US television: 'The overall picture of health on television minimizes or ignores the societal, political or economic factors of disease ... The television world's view of health is medical: illness is treated with drugs or machines, which seemingly are available to everyone with little thought as to cost and availability.'<sup>9</sup>

We thus observe two major concerns on media portrayal of health. First, media projects a wrong view of priorities among health issues, and thus misguides people's opinion of health risks at an individual level, and misinforms public policy at a larger level. Apart from a lop-sided projection of priorities, media can also influence health policies by an appeal to emotions in cases of health care rationing. In one case where authorities denied treatment to a case of child cancer on the ground that the expenses were high and chances of survival low, media juxtaposed the emotional appeal and human interest of the person at risk against the harshness of the decision made by the health officials, thus stigmatising them as faceless, unfeeling bureaucrats.

A very similar situation happened in Kolkata in 2003. Over several months, media highlighted the suffering of patients denied admission in medical colleges. The negative publicity led the administration to issue instructions that all patients were to be admitted. This led to an overflow of patients, producing an

unmanageable situation. There was also a decision to increase the number of beds in observation wards. All this happened not as well-deliberated policy revisions, but as reflex action to media portrayal of policy-makers and doctors as indifferent and inhuman.

Second, media tends to project an excessively medicalised view of health. After an extensive study of British broadcast media, Anna Karpf (1988) observes that medical definitions and perceptions squeeze out more contentious, oppositional viewpoints which look at the politics of health, particularly from the point of view of public health. By excluding these alternative viewpoints on origins of illness, the media plays a significant part in narrowing public debate on health.

Karpf has observed the following trends in the BBC over the decades<sup>10</sup>:

1920s : Disease prevention, fitness. Educating public for healthier habits

1950s : Preventive medicine gives way to curative. Depiction of medical technology and the wonders of science. Hospital-based drama, documentaries

1970-80s : Consumerist orientation, right of people to choose between medical options. But no serious challenge to medical dominance

1990s : Resurgence of interest in prevention in the form of "fitness" and "look after yourself" programmes. But highly individualised, no significant attention to social factors causing ill health.

Karpf is particularly concerned with a continuing media emphasis on the benefits of costly curative procedures like heart transplants, at the cost of low-technology alternatives that might bring greater benefits to a larger number of people. Another study on BBC television programmes of 1980s showed that "hospital-based, technological and expert-dependent issues," rather than "primary care and community health" were predominant. Doctors were the most frequently interviewed professional group in health-care matters. Hospital-based doctors dominate, while general practitioners and nurses are ignored.

Similarly, when it comes to drugs, pharmacy professionals are rarely consulted by journalists. Entwistle and Sheldon<sup>11</sup> found that media rarely present a balanced picture of harm and benefit contained in a single substance. The message underlying news about the benefits of medicines is that there are quick chemical solutions to complex life problems. The side effects of new treatments are downplayed while chances of cure are hyped. Media hype elevated Prozac and Viagra to the star status. On the other hand, once a side-effect becomes news, media coverage becomes almost entirely negative.

In India, while there has been concern about how media shows a certain health issue (most often a disease like HIV AIDS) or a health programme (polio eradication), I have not come across any study which tries to give an overview of media coverage of health. This is what I aimed to do in my IDSK fellowship project. An overview is unavoidable even if one is interested only in a specific disease (e.g, AIDS) or an aspect of treatment (e.g, drugs) or a programme (e.g, Reproductive and Child Health), because the very first question one tends to ask is, "How much importance does media give to this issue?" This question becomes meaningless unless one can see that particular issue in the context of, and in comparison to, other health issues. The context, in fact, might determine the answer. For example, I often hear the AIDS activists complaining that newspapers are not writing enough on AIDS. My research, on the contrary, shows that HIV-AIDS tops the list of all diseases in terms of number of reports. We have to give a serious thought to whether we really want newspapers to write more on HIV-AIDS for, since the total number of reports on diseases tends to remain constant, more of AIDS can only mean even fewer mentions of other health issues.

"How much" or "how often," are only the entry point questions. The real questions, of course, are "what is media writing on such and such issues?" and "why does media write on such-and-such health issue in such-and-such way?" These questions call for textual analysis. Since such analysis demands a more detailed and rigorous treatment, I have taken only one topic, "polio eradication," for textual analysis. I have supported the textual analysis with a group discussion and several interviews.

### Coverage in Newspapers

After due deliberations, I took in my study four English newspapers, two Kolkata-based (*The Telegraph* and *The Statesman*) and Kolkata editions of two national newspapers (*Times of India* and *Hindustan Times*). These four are the major English newspapers in the state, both in terms of circulation and influence. I took three Bengali newspapers, *Ananda Bazar Patrika* (the highest circulated paper in the state, moderately critical of the ruling Left Front), *Bartaman* (the second-most circulated, very critical of Left Front) and *Ajkal* (fourth in circulation among Bengali papers, very pro-Left Front). I studied these papers over three months—December 2003 and January and February, 2004.

But what was to be counted as "health," and what was to be left out? I decided to weed out advice on diet and fitness, especially when offered by non-medical experts. Medical education was not included. And after much soul searching, I decided to leave out environmental pollution (arsenic, air pollution) unless the news item could show a direct link between the pollution and a health condition.

At the first stage, simple counting brought out certain factors about press coverage. The total number of items on health ( I use the word "item" to cover reports, editorials, post-editorials, features, letters, photos and cartoons) remain fairly constant over the months. This is despite the large differences in the volume of coverage of any particular issue. This data thus indicates that editors tend to keep the total space devoted to health at a constant, cutting down on certain issues if any particular issue demands more than usual attention.

<i>Subject</i>	<i>December</i>	<i>January</i>	<i>February</i>
Diseases :	154	185	189
Medical research :	90	99	86
Hospital problems :	136	93	105
Health Policy :	38	37	30
State of health care :	66	42	17
Medical Negligence :	40	23	17
Advice	21	18	26
New initiative :	19	17	38
Reproductive technology :	0	15	22
Drugs :	37	13	19
Alt. med, paramed :	6	10	4
Blood, Blood Bank :	19	7	4
Education, campaign :	16	7	16
Praise for hospitals :	10	6	6
New technology, therapy :	9	6	0
Medical tourism :	0	5	3
Health risks :	9	5	5
Vaccines :	3	4	5
Appeal	1	4	0
Health Fairs :	0	3	9
Community initiative	0	3	0
Population Control	1	3	0
Praise for doctors	8	2	2
<b>Total :</b>	<b>683</b>	<b>607</b>	<b>602</b>

However, the number of items in December is somewhat larger (about 80 more) than the other two months. The difference is mainly because of the items on hospital problems (about 40 more), medical negligence (about 20 more) and



drugs (about 15 more). The explanation of this is not far to seek. Two important events happened in December, 2003. One was the High Court judgment on Murshidabad deaths (Dec 17) which castigated the state government for the condition of health services. The second was the suspension order of the SSKM doctors for medical negligence in the case of the budding cricketer, Rajnis Patel, who died on June 2. The media had, in fact, taken up an activist role, keeping up a consistent attack on the government because of the miserable condition of services in hospitals throughout the later part of 2003. The deaths of a child, Sabina, and a college student, Susmita Biswas, in November after being denied admission in medical colleges further intensified the media critique. December saw the tail-end of this media activism, which explains the higher number of reports on hospital problems and medical negligence. The proposal of death sentence for spurious drug manufacturers and dealers was passed by the Union Cabinet in December, which generated a larger than usual number of items on drugs.

DISEASES : Coverage in the Kolkata press shows that press portrayal of diseases has little semblance to epidemiological patterns. Previous researchers<sup>12</sup> had shown that press tends to underestimate quiet-killer diseases and emphasise sudden, lethal conditions like heart attacks or accidental injuries. The media portrayals of disease prevalence, they held, have no similarity with actual disease prevalence. By projecting false priorities, media may mislead people.

<i>Disease</i>	<i>December</i>	<i>January</i>	<i>February</i>
HIV-AIDS	74	30	17
Bird Flu	1	37	90
Polio	6	25	13
SARS	6	19	0
Cancer	4	13	5
Heart disease	4	7	13
Kala-azar	1	9	2
Malaria	8	4	2
Obesity	4	4	3
Tuberculosis	2	4	0
Mental health	13	0	14
Thalassemia	1	5	1
Diabetes	4	1	1
Others <sup>13</sup>	26	27	28
<b>Total</b>	<b>154</b>	<b>185</b>	<b>189</b>

According to *Health on the March*, 2001, the dominant diseases in the region are: Malaria (affecting 1,45,043), Acute diarrhoea (1,75,7678), Pulmonary TB (1,04,967) Pneumonia (91,730), other respiratory infections (1,04,5771), Japanese Encephalitis (91,730), Leprosy (46,620) and Enteric fever (41,637). Maternal and infant mortality, anaemia and malnutrition are other important public health concerns. Though the press tends to report on problems in child delivery in hospitals, there is practically no report on safe delivery at the community level. February, however, had four reports on problems around medical termination of pregnancy.

Tuberculosis finds only 2 mentions in December, 4 mentions in January and none in February though it affected 1,04,967 in 2001, while HIV-AIDS, which has 3964 new infections a year, has received 121 items in press over three months. Threat perception by press is clearly not guided by prevalence. Similarly, newspapers report on Kala-azar outbreak in 12 districts, quoting officials of STM to say it affects 3-4 thousand people every month. Yet Kala-azar has only 12 items in three months (most of these reporting outbreaks in Chatrakhali, Canning, where six died). Bird Flu got 128, though we did not have a single case in India.

Press is completely silent on occupational diseases. This is very likely not a freak result. In 1988, Anna Karpf had expressed concern that media underreports environmental influences on health and occupational health<sup>14</sup>. In my sample, the only mention of silicosis in January (Times of India, Jan 6) was in the context of Leh, where dust storms are creating silicosis-like symptoms. Environmental diseases do find some mention (asthma due to air pollution, arsenic poisoning, flurosis) but the numbers range between one to three items, and are in no way comparable to coverage of lifestyle diseases like cancer, heart problems or diabetes.

However, my study disagrees with previous media research in one significant way. This is in the context of mental health. Greg Philo, in his book *Media and Mental Distress*<sup>15</sup>, had examined media images of the mentally ill to show that conditions like schizophrenia are routinely stigmatised by media. Mentally ill people are often shown as violent, which has profound importance for health policy, especially programmes for community rehabilitation.

In my review of items on mental health, however, I find the press to be, on the whole, quite sensitive to the needs of the mentally ill. It might be of interest to note some of the topics on mental illness (total 27 items), which vary a great deal. These are Hikikomori in young men in Japan, project to lessen mental stress of children, use of anti-depressants in children, outdoor facilities for the mentally ill, dementia on the rise, bullying may lead to behavioural problem, autistic boy locked in cage, relatives unwilling to take back mentally ill patient,

need for counselling in schools, grief therapy, mental illness often goes undiagnosed, lack of funds to treat the mentally ill, children in Kashmir victims of mental illness because of violence, more hospitals to have facilities for mentally ill, "mystery" mental illness in 11 students of Kanksa, Durgapur. In my sample, the press speaks against the stigma around mental illness and emphasises the state's responsibility to provide treatment and rehabilitation.

**PATTERN OF PORTRAYAL OF DISEASES :** It is important to note that the number of items on diseases is also fairly constant over three months. This is despite the fact that the number of items given to any particular disease can vary greatly. For example, the number of items on bird flu trebled from January (37) to February (90). Yet the total number of items on diseases on these months remains constant. This is possible because editors have drastically cut out items on other diseases, so that bird flu items constitute nearly half of all items on diseases in February. Similarly, the number of items on HIV-AIDS in December (74) is much more than those of January and February put together (47). Yet the total number of items on diseases in December is actually less. This is because reports on all other diseases are cut down, so that HIV-AIDS occupies nearly half of all items on diseases (December 1 was World AIDS Day).

This point has important implications for media advocacy. Health agencies campaigning on any issue usually go by the policy "the more the better." Thus we see efforts to rope in celebrities to campaign for HIV-AIDS. However, if one takes a holistic view, this may not be a sound policy, as issues which are already marginalised by media, most notably issues of public health, may further disappear from the pages of newspapers. Media advocacy on health therefore needs a more balanced and well-deliberated approach.

**PROBLEMS WITH HOSPITALS :** This topic is clearly a priority with the press, as it registered the second highest number of items. The nature of problems is too varied to be categorised—they range from strikes by doctors to malfunctioning generators. A more meaningful analysis, I thought, would be segregation by level or nature of hospitals.

<i>Hospital</i>	<i>December</i>	<i>January</i>	<i>February</i>
Medical College	65	28	54
District/SG	15	11	9
SD	21	11	11
RH	2	2	0
BPHC	2	1	0
PHC	2	2	1

Private	7	7	0
N.Homes	7	3	9
Generally (all hospitals)	11	16	7
Corporation	0	6	1
Police	0	0	9
Others	4	6	4
<b>Total</b>	<b>136</b>	<b>93</b>	<b>105</b>

It is evident that concern with medical colleges far outnumbers all other levels of hospitals. Media emphasis on tertiary health care probably both reflects and reinforces the trend in public discourse on health.

MEDICAL RESEARCH: Cancer (45 items) and heart diseases (23 items) clearly dominate media reporting on medical research. This could be for several reasons. It is possible that media persons judge these two health problems to be of most interest to readers, hence pick on them. It is also possible that research institutes publicise these researches the most, by issuing press release and holding conference. The other possibility is that, even within the fraternity of medical research, research on cancer and heart diseases enjoys greater 'prestige' than other researches, hence their greater visibility in the press is only natural. Which of these possibilities is true can only be known by further research on this particular aspect.

It is also amply evident that the English press far outnumbers the Bengali press in the report of medical research.

The Telegraph :	138
Hindustan Times :	64
Times of India :	43
Statesman :	11
Bartaman :	16
Ajkal :	2
Ananda Bazar Patrika :	1
<b>Total</b>	<b>275</b>

*The Telegraph* has a health supplement every week (*Knowhow Health*) while *HT* has a health page every week. Both of these have fixed columns for reporting the latest medical research. *Times of India* is more mercurial as it has no fixed space. Among Bengali papers, *Bartaman* alone has a weekly page on science, *Bijnan*

*Bichitra*, which offers space to medical research. *Ajkal* and *Ananda Bazar Patrika* carry health research only as news items, and that too, sparingly. A significant factor in reporting on medical research is its source. Far more items on foreign research are published in Indian newspapers than research in India. Why this should happen is a question that calls for a separate media research project.

STATE OF HEALTH CARE: Bengali papers clearly express much more concern on the state of health care in the state. When one considers the fact that there are fewer pages in Bengali papers – often no more than half the number of pages in English papers – the significance of greater coverage in Bengali papers further underscores their greater concern on the state of health care.

<i>Language</i>	<i>December</i>	<i>January</i>	<i>February</i>
<b>Bengali</b>	<b>46</b>	<b>19</b>	<b>4</b>
<b>English</b>	<b>20</b>	<b>8</b>	<b>5</b>

The reason for this is perhaps not too difficult to guess. The readers of the Bengali papers are clearly more dependent on state-sponsored health care, while the readers of English papers, who are more affluent, can buy private health care and are less interested in the problems with state health care. This category is thus a clear indication how newspapers select a topic according to the perceived interest of their readership, rather than the intrinsic importance of the topic.

DRUGS : The press is plainly preoccupied with spurious drugs, and the high price of drugs.

**Illegal drug trials : 9** (all on Letrozole. Eight of these are in Hindustan Times, which run a campaign on this)

Spurious/contaminated drug :	13
Quinacrine Sterilisation :	8
Drug risk :	5
Drug price :	7
Viagra :	4
Anti-obesity :	2
Anti-wrinkle :	1
Memory pill/tonic :	3
Cannabis :	1
Life saving drugs :	2
Others :	14
<b>Total :</b>	<b>69</b>

Illegal drug trials and quinacrine sterilisation, the two other topics which have received attention, were more the result of activism (the former on the part of *Hindustan Times*, the second on the part of a group of health activists). It is to be noted that the number of items on 'lifestyle drugs' (viagra, anti-wrinkle, anti-obesity, memory pill) exceeds the number of items on "lifesaving drugs."

HEALTH EDUCATION: Sex education, tobacco abuse and HIV-AIDS awareness drive dominate, constituting 22 items out of a total of 39. Other topics include blood donation, body donation, polio, female foeticide, breast feeding, junk food, etc.

### **Coverage of Polio Eradication Campaign**

After the drive to eradicate small pox, the drive to eradicate polio is probably the biggest public health initiative. It is certainly the most globally coordinated health programme of our times. A qualitative analysis of polio eradication could offer important insights into media coverage of public health.

A qualitative analysis of the items on polio highlights the following:

Polio ranks third among all items on diseases.

Majority of the polio items (27 out of 44) are on boycotts of the polio eradication programme.

Reports on polio are clustered around the National Immunisation Days.

A comparative analysis of polio coverage with HIV-AIDS coverage shows the following. Over three months, coverage of HIV-AIDS included three editorials, 17 post-editorial articles, 7 features and 4 letters. Polio coverage, on the other hand, contained no editorials, 2 post-edits, 1 letter and 1 cartoon. Clearly, the pro-active role which newspapers take in projecting the threat of AIDS is not carried on to polio eradication.

I also did an analysis of all the 'sources' quoted in the items on polio. The analysis shows a large predominance of government officials (chief minister, health minister, district magistrate, Sub-divisional Officer, *Sabhadhipati*, Chief Medical Officer of Health, Associate Chief Medical Officer of Health, Municipality health director), some political leaders and NGOs. There is no mention of public health experts, rural health workers, parents of children, women members of panchayat.

A group discussion on the quality of media coverage was held with key people in government and NGO sectors.

**Dr Jyotirmoy Chaki, Assistant Director, Health Services, EPI**

S.K. Das, Director, Information and Cultural Affairs  
Dilip Ghosh, Special Secretary, Panchayat and Rural Development  
Dr Dipankar Mukherjee, Regional Coordinator, National Polio Surveillance  
Project, WHO

Angshuman Bandopadhyay, Consultant, Social Mobilisation, Rotary  
International

Mohd. Shah Alam, General Secretary, Amanat Foundation  
Representatives, Gana Unnayan Parishad

Unicef was invited, but did not send representatives.

Representatives of both sectors expressed dissatisfaction on media portrayal of polio. They feel that reports are often inaccurate, showing polio drops to be harmful. Data on extent of coverage is often left incomplete, hence may be misleading. They feel that journalists are too lazy to find out facts, and are ignorant about scientific data. Most of all, they criticised the way media has "hyped" polio boycott, covering it no differently than a vote boycott. They felt this was irresponsible, as it could drive away people from participation. They felt this was "politicisation" of a public health issue. Officers of department of Health and Family Welfare and department of Information and Cultural Affairs feel that enough data on polio is provided. Journalists do not access such data.

Interview with journalists reveal the other side of the picture. Rajat Ray, former News Editor, *Ananda Bazar Patrika*, admitted that journalists could be lazy, but felt that there is often a real problem in accessing data for journalists. The fact that schools and society teach us nothing about public health reflects on the quality of journalism. Ray felt that boycotts are an important form of public resistance, and media cannot ignore them. Hence coverage of boycotts is not irresponsible. Ishan Joshi, Chief of Bureau, *The Statesman*, Calcutta, felt that it was utter nonsense to say that press either plays up or plays down polio boycotts. Media could be said to "play up" only if there were no other items on polio. Both Ray and Joshi felt that there is no ground of assuming that reports on polio boycott would encourage others to boycott.

Anirban Chattopadhyay, Editor, Editorial Pages, *Ananda Bazar Patrika*, felt that media, including the Bengali press, is today heavily influenced by the western media, creating an "urban, westernised, elite" place where public health issues like polio may look remote, more a statistic than a human problem. Both Ray and Chattopadhyay reject the idea that a public health issue is apolitical. As Chattopadhyay says, "In West Bengal, nothing is outside partisan politics. People are thinking in a political way, but press will depoliticise it when reporting — this cannot be expected."

The last leg of this qualitative study was interview of public health experts. I talked to Dr Madhumita Dobe, Professor, Health Education and Health Promotion, and Dr Ranadeb Biswas, Preventive and Social Medicine, All India Institute of Hygiene and Public Health. The public health experts point out mainly the hiatus in information flow between health agencies and the press. They agree with agencies that media is not well-informed on public health issues, but agree with journalists in holding that well-packaged, good-quality information is not made available to the press. Both Dobe and Biswas say that public health academics have a duty to play in facilitating information flow to the press, but this duty is being ignored. Dobe agrees with agencies that press is being irresponsible in highlighting boycotts, because these ultimately victimise the children. Both of them question the source of news. Dobe raises questions on the "experts" quoted by press, while Biswas questions the veracity of information being given out by health agencies. Biswas agrees with the focus group that press should play a positive role, encouraging people to seek information and take part in health programmes. Dobe says that press has very little awareness on what is public health, and tends to ignore health issues which affect large parts of the population. Public Health experts thus tend to explain the problems in reporting on polio more in terms of information gap than in terms of attitudinal problems of journalists.

## **Conclusion**

Drawing upon the above data and opinion, one can make the following observations:

Public health is not well represented in press. Content analysis shows it has minimal presence in quantitative terms. Focus group and interviews of experts show that there are major concerns on the quality of the reports on a public health issue like polio eradication.

Media is accused of habitually ignoring public health issues. Yet when the polio campaign was underway, polio eradication came to occupy the third place among diseases in terms of number of items. This shows that at least one of the reasons for low visibility of public health is that there is no consistent media advocacy on these issues.

Media sensitisation efforts are taken mostly by the government, or NGOs working closely with the government. In other words, bureaucrats are put in charge of media advocacy. This has an important implication. Public health experts, researchers in medical science or medical practitioners, whose views could be most profitable both in terms of scientific and technical insight and in terms of independent observation of government programmes, are edged out of



media interaction programmes. From my list of people quoted in polio reports, it can be observed that there are no public health experts, no paediatricians, neonatologists or pharmacologists speaking to the press on the subject of safety of the polio vaccine.

In fact, there is only one press item, an op-ed article by freelancer Rupa Chinai in *The Statesman* of December 4, which deals with the opinion of public health experts (of the School of Health Sciences, Pune). Here, Dr N.S. Deodhar claims that the polio eradication campaign is "useless, costly and counter-productive." He doubts whether OPV can eradicate polio.

It is possible that the bureaucrats deliberately keep public health experts out of media interactions, because the latter may send out discordant signals. Or it is possible, as the public health experts of AIIH&PH say, that academics do not take the initiative of media sensitisation? It must also be acknowledged that journalists do not take the necessary initiative to go beyond the spokespersons and seek out divergent views. Grassroots level health workers, doctors practising in villages or blocks, women member of panchayats, even mothers of babies, go practically unrepresented in the press reports on polio eradication.

The upshot of bureaucratic monopoly on media advocacy is that while reporting on a health drive, the journalist finds two sides to the story - the administration and the people. As the news editor of *Ananda Bazar Patrika* points out, the gap between the government and people is a legacy of the colonial years, and the mindset of the press is to give voice to the complaints of the people against the government. This results in "politicising" a public health issue by the press, which the health promotion agencies find objectionable.

Clearly, then, the press treats a public health issue as any other issue (as a participant in the focus group pointed out, press reports polio boycotts just like vote boycotts) precisely because the form in which the "story" on polio eradication unfolds is in no way different from any other story.

It is therefore apparent that if public health issues are to find adequate coverage in the media, a very different approach has to be taken towards media sensitisation. Media advocacy has to be consistent, undogmatic, driven more by the idea of enriching human resource than the target of putting a certain number of reports in the papers on the 'flavour of the month' health issue. Changing the orientation of the press is not an easy task. As previous media studies on health reveal, press everywhere tends to highlight lifestyle diseases, or sudden, lethal ailments. Long, chronic conditions are ignored. Increasing westernisation of our media space will only aggravate this trend.

On the brighter side, the newspaper space today is increasingly moving away from domination by politics, crime and sports, and is growing more varied. Also, basic health and quality of treatment in state hospitals have emerged as issues to reckon with even in the sphere of politics, and newspapers are willing to provide space to these. However, it will take much thought, research and innovation on the part of the academic, the bureaucrat, the health activist, as well as the journalist, to translate public health issues into "stories" in the pages of the newspaper. I hope that this research project will contribute in the framing of a media advocacy model on public health.

### Notes

- 1 Nancy Signorielli, "Television and Health: Images and Impact," in *Mass Communication and Public Health: Complexities and Conflicts*. Edited by Charles Atkin and Lawrence Wallack. Sage, London, 1990, p. 98.
- 2 Nancy Signorielli, *Mass Media Images and Impact on Health: A Sourcebook*. Greenwood Press, Connecticut, 1993, Preface, page xi.
- 3 Anne Karpf, *Doctoring the Media: The Reporting on Health and Medicine*. Routledge, London, 1988, p. 27.
- 4 Levin : 1979, cited in *Mass Media Images and Impact on Health*, p. 20.
- 5 S. Lichtenstein, et al. (1972) cited in *Media and Health*, p. 45.
- 6 V. Entwistle and M.M. Hancock-Beaulieu (1992), cited in *Media and Health*, p. 47.
- 7 T. Crayford et al (1997), cited in *Media and Health*, p. 47.
- 8 As above.
- 9 N. Signorielli et al (1997) cited in *Media and Health*, p. 49.
- 10 Anna Karpf (1988), cited in *Media and Health*, p. 61.
- 11 V. Entwistle and T. Sheldon (1999), cited in *Media and Health*, p. 148.
- 12 Lichtenstein (1979), Entwistle and Hancock (1992).
- 13 Under "Others" I have included diseases which have received inconsistent and little coverage. Some of these are: diphtheria, asthma, gastric disease, thyroid problems, multiple sclerosis, acute respiratory distress, leprosy, parkinsons, enteric disease, stress, stroke, skin infection, anthrax, common cold, migraine, artery disease, dengue, eating disorders, dental problems,etc.
- 14 Karpf, *Doctoring the Media: The Reporting on Health and Medicine*, p. 27.
- 15 Greg Philo, *Media and Mental Distress*, Glasgow Media Group, Longman, UK, 1997.