CHAPTER I

FRAME OF REFERENCE
Introduction

Mass media provide information among people at large so that there is an acceptance of any idea to create interest. Mass media displays information about health and make people aware so as to prevent the spread of various diseases. There is a greater demand and need for accurate, relevant, rapid and impartial public health information by people, and a growing reliance on mass media as the main source of information. The public health community usually looks to the media for support, attention and endorsement and are considered as a primary source of health and science information, even for health professionals. On the other hand, they are also seen as an important tool to disseminate health information to the population. The news media are quite important in furnishing the public with health information.

In line with the agenda-setting theory, Bryant and Thompson (2002) are of the view that “news coverage of health matters takes on considerable significance, in that it has the potential to shape the impressions of average citizens and powerful policy makers alike”. Sociology and other social sciences have contributed to our understanding of news especially in focusing on the process through which journalism constructs reality. This work has not endeared sociologists to journalists. Journalists take offensive when scholars say that journalists manufacture the news. Such talk propels journalists into fierce defence of their work on the familiar ground that they just report the world as they see it, the facts, nothing but facts.
Yet there is occasional bias, sensationalism, or inaccuracy, but a responsible journalist seeks to be fair and never fakes the news. As sociologist Gaye Tuchman writes, “To say that news report is a story is not to say that it is a fiction. Rather it alerts us that news like all public documents, is a constructed reality possessing its own internal validity.

News is shaped by the interaction within and among journalism work force, media organizations, and society.

Michael Schudson’s “The sociology of News production” focuses the concept of making news, a term that refers not to fabrications and falsehoods- as in making up news- but instead emphasizes that news is the out come of work accomplished in a social environment. News organizations thus become bureaucratic organizations, and news become the outcome of a routine, bureaucratic process.

Schudson summarizes three research traditions that contrast with the beliefs of text book of journalism. The first, political economy, examines the relationship between the funding of media organizations and the constraints that as a result affect the production of news content. A second thread brings a sociological emphasis to study how working arrangements within news organizations occupational beliefs shapes expectations for accomplishing news. A third Thread considers Cultural approaches, where news emerges from the relationship between occurrences and a culture's symbolic system. Schudson adds that although comparative and historical approaches have not been
Jan van Cuilenburg, and Denis McQuail has studied the communications and media policy paradigms. In the US and Western Europe three paradigmatic phases of communications and media policy may be distinguished: the paradigm of emerging communications industry policy (until the Second World War); the paradigm of public service media policy (1945-1980/90); and the current phase (from 1980/90 onwards) in which a new policy paradigm is searched for. In Phase I, communications and media policy primarily referred to the emerging technologies of telegraph, telephony and wireless. Communications policy in that era was mainly pursued for reasons of state interest and financial corporate benefits. After the Second World War, media policy was dominated by sociopolitical rather than economic or national strategic concerns. In this paradigmatic phase, lasting until 1980/90, the ideal of public service broadcasting was at its height, notably in Western Europe. From 1980 onwards, however, technological, economic and social trends fundamentally changed the context of media policy. In many countries, governments opted for policies of breaking monopolies in media and communications and privatizing as much as possible. The old normative media policies have been challenged and policy-makers are searching for a new communications policy paradigm. In this new paradigm, there seems to be a shift in the balance of component
political, social and economic values that shape the definition of the public interest that media and communications supposedly serve.

Medical journalism is defined broadly as professional journalists reporting of health and medical stories and health related topics in the mass media. The focus here is mainly on scientific issues and how these can be best covered. Common health related topics include new methods for diagnosis and treatment; health risks related to diet, sedentary lifestyle, and genetic factors; access to health care; and issues related to the organization and funding of health care. Generally, medical journalism, as defined here, targets the public at large rather than specific professional groups within the clinical professions or health administration.

As noted earlier, however, even these groups follow media reports closely. According to two independent surveys in the United States, 60 percent of members of a medical faculty and nearly 90 percent of a sample of university and private physicians said that they sometimes get professional news through the mass media.

The main purpose of newspapers is to spread information. They print ‘news’, which usually consists of reports of events. They also include ‘features’, which are articles on a particular topic, and ‘editorials’, which express opinions about various subjects. Health topics can fit into any of these categories. Health news might be a report of the launching of an immunization campaign, or a speech about health made by a well-known official. A health feature might be an article by a doctor about a certain disease or health practice. A
Health editorial might urge people to take part in a clean water programme. Newspapers reach many people, very quickly. The press can play a very important part in increasing people's knowledge about health. According to Brown and Walsh-Childers (1994), news coverage "tends to ascribe the power to control individual's health to medical experts using high-technology".

Health news has been credited with benefiting society in measurable ways. Coverage of health studies has benefited consumers because "the communication of individual studies has led to greater public awareness of diet and health, helping to increase public receptivity to lifestyle changes" (Wellman, Ziegler, & Lyle, 1999, p. 803). Shuchman and Wilkes (1997) underline four features of health reporting that are problematic: sensationalism, biases and conflicts of interests, lack of follow-up, and stories that are not covered. The four areas named by the researchers will be useful to further examine the characteristics of health news that challenge the journalist's pursuit of ethical coverage.

**Review of Literature**

**Sensationalism**

Shuchman and Wilkes (1997) claim that journalists often "pursue medical news as if they were reporting on a hostage crisis" (p. 976). Touting cures of sounding the alarm are two ways in which journalists may overemphasize a medical finding or warning. One example of touting a cure was the case in which a preliminary
A study published by the New England Journal of Medicine showed positive findings in regard to taking aspirin to prevent heart disease (Moliter, 1993). The study was limited in scope and both the editor and the authors of the study said the public should not start taking aspirin to prevent heart disease. However, the top five national newspapers at the time were not so cautious. “By omitting information, sensationalizing the results, and making incorrect generalization, journalists may have been responsible for promoting unhealthy behaviours” (p.209). Sounding the alarm can also be dangerous, because it can create panic in a large number of people or at least widespread fear that may involve using up valuable resources, such as the media’s portrays of the anthrax attacks and the subsequent increase in demand for antibiotics (Mebane, Temin, and Parvanta 2003). However, no one would argue that information about health epidemics is unimportant, but the press must beware of dissemination misinformation as much as possible for “mass mediated experiences, events and issues are particularly salient for audiences lacking direct, personal experience with a problem (Altheide &Michalowski, 1999, p.479). Sensational headlines often mislead readers. Example of sensationalism is an experiment in 1993 that took place at a George Washington University laboratory. “The researchers had ‘twined’ a non-viable human embryo to create additional embryos, but journalist wrote about the experiment as if it were a cloning technology for the mass production of human beings” (para.2.)
Biases and Conflicts of Interest

Biases and conflicts of interest are regarded as yet another challenge for health journalists. “To avoid inaccurate stories, reporters need to examine the credibility and biases of scientific sources” (Shuchman and Wilkes, 1997, p.977). Abramson (2003), concerned especially with journalist providing a context related to health findings, says, “when financial ties exist between researchers, and the medical industry, the results of a study are 3.6 times more likely to be pro-industry (p.54). For journalists, on the other hand, established ideas may be “old news”, and of far less interest than fresh of dramatic, though possibly tentative, research. Seeking to entertain as well as to inform, they are attracted to non-routine events, especially those that are not of immediate concern to many readers.(para.4)

Lack of follow up

The general public tends to be more passionate about findings from single health studies than scientific researchers (Angell & Kassirer, 1994). “To scientist, research becomes reliable and therefore newsworthy, through replication and endorsement by professional colleagues. Researchers who executed a content analysis concerning how newspapers covered lead risks for children affected, lead does not appear to generate much detailed newspaper attention” (Brittle & Zint, 2003, p.21) and that a main reason for this is the lack of timeliness of the lead threat. Therefore, lead is usually covered only in conjunction
with other news events. In addition, certain ethnic groups are sometimes left out of news, even though some health issues affect members of ethnic populations in ways that are disproportionate to the mainstream population (Marks, Reed, Colby, & Ibrahim, 2004).

Stories not covered

Schuman and Wilkes (1997) say that important stories are not covered in the news because often the story is not considered noteworthy enough because journalists devote unequal interest to various medical studies. In addition, the reporters lack of scientific understanding may be the reason scientists do not readily present certain issues, or corporate pressures may be levied on researchers because of the competitive nature of research. All of these situations present a challenge to reporters, because they may be up against nondisclosure, such as alleged cover-up by Merck of problems associated with Vioxx, which is said to be exacerbate heart conditions (Stephenson, 2006).

Principles for Health Reporting

Four principles from communitarianism are especially important for health reporting. They include mutuality, meaningful interpretation, empowerment and justice.

The media have the power to direct our attention towards certain issues. This is the agenda setting theory. In the words of Cohen (1963), the media “may not be successful in telling their
readers what to think, but are stunningly successful in telling their readers what to think about". Freimuth et al.(1984) have shown that many people rely on the news media for their health related information.

Policy makers also obtain considerable amount of information from the media. As Bryant and Thompson (2002) have suggested that news coverage of health matters takes on considerable significance, that has the potential to shape the impression of average citizens and powerful policy makers alike.

In the words of Brown and Walsh-Childers (1994), news coverage of health “tends to ascribe the power to control individuals’ health to medical experts using high technology equipment”. Studies have also shown that the news media tend to increase their coverage of health concerns as they affect the society’s mainstream and /or the greatest number of people in their audience.

According to many scholars, it is not only the medical establishment, but increasingly massmedia that provide health information to the citizens. (Kreps, 1990; Brown and Walsh-Childers, 1994; Brodie et al, 1999; Gibney and Kearney, 1997; Johnson 1998; Sede 2002; Wang and Gantz 2007). However, there are different reasons for the rise of health news in the media.

Tanner writes that health issues attract readers and “Feed the appetite of media consumers (Tanner, 2004). Furthermore any health related topic sells the advertising time well (Seale 2002; Zgnoc, 204). Health topics attract advertisers, and as McManns argues, advertising
revenues are the foundation of the contemporary market-driven Journalism (McManns, 1994).

Studies that focus on health related topics in the media have so far concentrate on four major areas:

a) the extent to which specific health issues had been covered in the media

b) media portrayals of public health crises

c) the framing of health news stories related to public policy and

d) the portrayals of health behaviours in the media (Wilkins and Ball Rokeach, 2006)

Health Journalism studies explore news coverage of a specified health related topic in magazines (e.g., Andsager and Powers, 1999; Martinez et al, 2000; Potter et al, 2000) newspapers (e.g., Brittle and Zint 2003; Jamieson et al, 2003; Traquina, 2004) or both (e.g., Shoebndge and Steed, 1999).

Health coverage in the print media consists of a range of facts that include the technical, personal, medical, economic, social, governmental and scientific. These facts shift in relevance, prominence, and dominance as a result of societal change or specific crises. Yet, the structure of print media does not change. It is a set of beliefs that are crafted in language and verbalized through sources. The framing of these beliefs, that is, the facts or images that are stressed or omitted may interact differentially on society depending on a variety of factors; ethnicity being one of them.
Medical journalism is characterized by two extreme forms: on the one end are the high brow medical journalists which cater to the specialized sections of medicos and on the other end are articles and reports carried by the mass circulated magazines, newspapers, pamphlets, mailings, billboards, radio, television and the internet (Scott Eggener, 1998).

A Swedish study in 1992 found that specialized reporters constitute only one third of 1,240 news reporters studied at daily newspapers, tabloids, regional/local newspapers, national and local radio stations, and television news desks although the percentage varies considerably among the different types of media. Even when the media do employ special health reporters, they are not always allowed to focus exclusively on their field. Of almost 2,000 journalist assignments studied on one day in Sweden, only one in seven was carried out by a reporter specialized in the field in question.

Many medical news stories are told by reporters without any particular training in, or knowledge of health issues. They are not specialized medical or science journalist. For example, in the United States, only about 10 percent of the 1,650 daily newspapers employed science writers in the mid-1980s. Although general reporters may be able to draw on their experiences from other fields to investigate health/medical topics, thus giving their stories a different slant, many find it difficult to evaluate potential news items and to ask critical questions.
Nevertheless, a great many breaking general news stories may have a scientific or technical component that a general reporter may be forced to handle. Even general reporters need at least a basic understanding of the pitfalls of medical reporting.

Based on an analysis of the 1999 Health Styles data, a paper by Mohan J. Dutta-Bergman demonstrates that active communication channels such as interpersonal communication, print readership, and Internet communication serve as primary health information sources for health-conscious, health-information oriented individuals with strong health beliefs, and commitment to healthy activities. This article explores consumer health information seeking in the realm of the primary sources of health information used by consumers (Mohan J. Dutta-Bergman2004).

The recent growth in consumer autonomy in health care accompanied by the surge in the use of new media for health information gathering has led to an increasing scholarly interest in understanding the consumer health information search construct (Mohan J. Dutta-Bergman2004).

News papers in India have a limited number of columns or pages on health/medical issues (Ravi kumar Dhar, Sheetal thapar and Geetu Sharma).

Newspapers have covered many important topics such as breast cancer and HIV and have brought increased awareness to these issues (Klaidman, 1991; Yanovitsky & Blitz, 2000). Yet, sensational health stories or stories that fail to highlight a source’s ties to the industry
fall short of presenting a thorough and accurate account of the information (Abramson 2003); Shuchman & Wilkes, 1997).

While audiences place a great deal of importance on the health stories they read (Hampl 2004), misleading or incomplete information can be more dangerous than it is beneficial (Voss, 2002).

Health communication has largely adopted the biomedical model of health and failed to integrate the concerns of personal and social, as well as societal well-being (Zook, 1993). Thus constructions of health definitions and recommendations for illness have largely neglected the subjective and that which has been experienced by the lay person. These omissions are replicated in the production of health messages. The failure to understand how health and illness are interpreted by the public reinforces the cycle of omission. Thus media serves as a fascinating vehicle in which to study message production and interpretation as it relates to the creation of health and illness “meanings” for the individuals and society.

A symbolic interactionist approach to meaning states that humans act toward people and things based upon the meanings that they have given to those people or things. This conceptualization maintains meaning as central to human behavior. Hence this theoretical connection between people, meaning, and behavior allows the media to exist as the public arena where meaning is created and maintained. Any attempt to understand the media’s influence in the construction of health and illness must incorporate the symbolic interaction and social construction perspectives. However, these
broadly defined approaches benefit from a more condensed conceptualization that will distill information and provide understanding of how health communication interacts with media production, content, and absorption.

The fields of psychology, sociology, and communication have used the terms frame, framework, and frame analysis as models for categorizing discourse and content. One of the most elaborate conceptualizations of frame that originates from the sociological perspective is **Goffman's (1974)** "Frame Analysis". In it he qualified a frame as a social situation that was predictably organized by a governing structure. However, Goffman (1974) who often considered the use of story lines and symbols to denote frames was most concerned with subjective interpretations and an individual's orientation inside and outside of frame.

A more specific and generalizable conceptualization of framing stems from **Entman's (1993)** theory of framing as a communication paradigm. He refers to the way in which different texts use words, symbols, and roles to promote a particular problem, definition, causal interpretation, or treatment recommendation.

**Perry, David 2003** presents a theoretical framework for the study of the health impact of media research. Mass communication research almost certainly has varied practical effects on human health. For example, applications of knowledge may boost the effectiveness of advertising for products that hinder and also for those that enhance human well-being. In addition, research may help
legitimize university skills courses, which also might magnify the impact of messages. This paper argues that dialectically joining the empirical and critical traditions in media study can help clarify such issues. In this light, it presents a theoretical framework for the study of the health impact of media research. It relies in part upon philosopher John Dewey's idea of a means-ends continuum, in which all ends represent means to other ends. Thus, research is seen not merely as an end but as an activity with sometimes-unrecognized consequences for human health, as well. Ultimately, the forms that media education takes represent a key to addressing health-related concerns.

Articles in *Lancet* or *BMJ* press releases, and reporting of articles in *Times* or *Sun* newspapers were studied by Christopher Bartlett, Jonathan Sterne, Matthias Egger (2002) to assess the characteristics of medical research that is press released by general medical journals and reported in newspapers in their paper “What is newsworthy? Longitudinal study of the reporting of medical research in two British newspapers”. They assessed all original research articles published in *Lancet* and *BMJ* during 1999 and 2000. They report that of 1193 original research articles, 517 (43%) were highlighted in a press release and 81 (7%) were reported in one or both newspapers. All articles covered in newspapers had been press released. The probability of inclusion in press releases was similar for observational studies and randomised controlled trials, but trials were less likely to be covered in the newspapers (odds ratio 0.15 (95%
Good news and bad news were equally likely to be press released, but bad news was more likely to be reported in newspapers (1.74 (1.07 to 2.83)). Studies of women's health, reproduction, and cancer were more likely to be press released and covered in newspapers. Studies from industrialised countries other than Britain were less likely to be reported in newspapers (0.51 (0.31 to 0.82)), and no studies from developing countries were covered.

They concluded that Characteristics of articles were more strongly associated with selection for reporting in newspapers than with selection for inclusion in press releases, although each stage influenced the reporting process. Newspapers underreported randomised trials, emphasised bad news from observational studies, and ignored research from developing countries.

**Manganello, Jennifer. and Blake Nancy (2009)**, paper reports on studies using quantitative content analysis methods to examine health messages in the mass media from 1985 to 2005 (n=426). They examined article attributes including theories used, topics, media type, and intercoder reliability measures. Their findings show that studies of health-related messages have increased in the last 20 years, and that studies in communication journals are more likely to provide reliability data, while journals with lower impact factors are more likely to publish studies emphasizing theory. They recommend that all publications, regardless of discipline or impact factor, request the inclusion of intercoder reliability data and suggest that authors address theoretical concepts and encourage authors to include
content analysis*, media type and health topic as keywords to facilitate locating articles when conducting literature searches.

More specifically they found that during the period January – June 2009 Health News Coverage in the U.S. Media. The trends were as below:

Health news coverage is growing. It represented 4.9% of all coverage studied in the first six months of the year—a 36% increase over the earlier time period of 2007 and the first half of 2008 when it was 3.6% of all coverage studied.

Health news kept its spot as the eighth-biggest subject. Heath received less than half of the coverage devoted to the economy; nearly one-and-a-half times the coverage of domestic terrorism and more than three times the coverage of race and gender issues, science and technology, environment or education.

Health policy/the U.S. health care system received the most attention of any health-related topic (40.2% of newshole), followed by coverage of public health issues like the swine flu (35.7%) and coverage of specific diseases or conditions (24.1%). This is a big shift in the focus of health reporting from our earlier study; in 2007 and the first half of 2008, health policy/the health care system was the least-covered aspect of health in the news, while in the current period it is the most prominent health topic in the news. The vast majority of health policy coverage had to do with the debate over how to reform health care. It was the biggest single health news story during the first six months of 2009, at 37.5% of the overall health news hole. Most of
that coverage came in June when President Obama’s health care bill began making its way through Congress. That month, the health care debate story was the fourth biggest story in the nation. The second-biggest health news story was the swine flu outbreak, which garnered 30.2% of all health coverage. The swine flu story peaked in April when it was the fourth biggest story in the nation. At the height of the coverage, however, during the week of April 27–May 3, swine flu was the number one story in the nation, attracting 31.1% of the total national newshole. The following week (May 4–10), the story was the nation’s second-biggest story, with 9.2% of national newshole.

The single disease to garner the most media attention in the first half of this year was cancer, accounting for 5.9% of all health coverage. The number two condition was mental health, at 2.5%, followed by diabetes/obesity (1.9%). The media sectors differed in the attention paid to health news and also in which health news areas they followed most closely. The three commercial evening newscasts primarily covered specific diseases and health conditions, while the PBS NewsHour focused on health policy issues. Network morning TV and news Web sites, meanwhile, spent more time on the latest public health outbreaks while newspapers and news radio were more evenly divided in their coverage Manganello, (Jennifer, and Blake Nancy, 2009; Makerere University College of Health Sciences (2010), released a Report on Uganda Media Coverage of Health Research Issues and Published on 30 November, 2010. The study titled; 'From Paper to Mike: An analysis of Health Systems Reporting In Uganda’s
Print and Radio Media’, revealed that health systems researchers’ voices and their findings were missing in the articles. The study was conducted in the months of March-June 2010 by a multidisciplinary team, from the media and academia led by Makerere University.

“There seems to be limited interaction between researchers and the media. I am aware that so much research is done but very little is reported in the media and this suggests for a closer working relationship between the media and health researchers,” said Dr. Anne Katahoire, the principal investigator of the research study.

The team analyzed over 100 newspaper articles from four local newspapers and 72 radio programmes covering the four regions of Uganda. In-depth interviews with health researchers, reporters, editors, and radio health program presenters and producers were also done. Through these they explored the coverage of health issues in the media paying attention to the extent to which, journalists used research based evidence and the processes through which research gets or does not get into published articles in the newspapers and health programmes on radio. The study, like no other done in this area, paid particular attention to the reporters behind the stories in terms of their background training and orientation. All the newspapers reviewed had health magazines pull outs and the radio stations aired health related programs at least 2-3 times a week, a fact that showed a healthy coverage of health. The researchers adopted the WHO health systems definition, as “consisting of all the people and actions whose primary purpose is to promote, restore or maintain
This included formal health services including the professional delivery of personal medical attention, actions by traditional healers, all use of medication—prescribed by a provider or not. It also had home care of the sick; traditional public health activities like health promotion and disease prevention, and other health enhancing interventions like road and environmental safety improvement. The articles identified in each of the newspapers were classified under these categories.

The study found that the majority of health system articles were on disease prevention and health promotion while the articles on the formal health services were more of critics of what was happening in the formal health services in the country but the majority was not informed by health systems research. Of all the published articles reviewed, almost none were based on health systems research in Uganda, for those that referred to some research reports; the research was most likely not conducted in Uganda.

Newspaper articles were however, largely driven by community questions and were reporters and editors featured a particular health topic; they were driven by what they had either experienced in their own interaction with health system or that of someone they knew. Indeed, the newspaper articles covered a larger spectrum of health issues relative to radio.

The study was premised on the assumption that the media, an important stakeholder in health systems research could potentially influence policy and public attitudes through its role of sensitization.
and publicity. “Reporting should stimulate interest among the readers and debate on important findings that may affect policy development, change in health practices and the behaviour of people that impacts on their health,” commented Prof Sewankambo. Nelson Sewankambo the Principal, Makerere University College of Health Sciences commented that “Researchers do not trust many journalists for fear that they (journalists) will misrepresent the research findings. That this is partly because journalists do not take adequate time to study and understand carefully the messages being conveyed by the study findings. Also sometimes journalists just wish to sensationalize the findings.” (Makerere University College of Health Sciences: Uganda Media Coverage of Health 2010).

Newspapers are an important tool for the dissemination of health information. Through the inclusion or omission of facts and images, news stories and advertisements frame a health issue by promoting a particular definition, interpretation, and/or recommendation (Entman, 1993).

A Paper prepared for the International Communication Association titled “A Frame for Health: A Comparison of English and Spanish News Stories and Ads (2006) “revealed interesting findings. This study investigated the frames found in the health news stories within three major newspapers in the South Eastern United States (one English paper and two Spanish papers). Risk, medical management, faith, economic and social frames identified in a comparative content analysis revealed a significant difference in the
medical management, social and economic frames found in English and Spanish health news stories. No significant differences were found for the frames in advertisements.

Hispanics of United States are the nation's largest minority group with 38.8 million people in 2002. However, few studies have evaluated the function of health communication in Latino media. **Vargas & dePyssler (1999)** found that Latino newspapers in the United States are not being used as effective tools to empower the Latino community with regard to health. They found that the newspaper services for Latinos often fell short by focusing on the clinical nature of issues and neglecting the social and political implications of policies related to healthcare.

In an effort to expand the investigation by Vargas and dePyssler, Pew Hispanic Research Center/The Henry J. Kaiser Family Foundation, conducted a study in 2002. The present study investigated Latino newspaper coverage of health by comparing English and Spanish language news stories and advertisements of health frames. Advertisements have not been included previously. The data gathered to date about Latino health news is particularly important given that over a third of Latino adults report not having health insurance and 20% percent report that they or someone in their household delayed seeking medical care in the last year (Pew HispanicCenter/Kasier Family Foundation, 2002). Latinos are the group most likely to be uninsured when compared to blacks and whites (35% of Latinos). Latinos also report significant barriers to
healthcare. Language, delaying treatment due to cost, and experiencing discrimination due to race and ethnicity are among the difficulties encountered (Pew Hispanic Research Center/The Henry J. Kaiser Family Foundation, 2002). These factors combined suggest that Latinos would benefit from health communication at the mass media level.

A study was conducted on the health related messages, that appear in print media (Newspaper and Magazine) and electronic media (Television and Radio) – (Achalgupta and A.K. Sinha 2010). The radio and television channels, news papers and magazines used for the analysis were randomly chosen.

From the detailed content analysis of various comunication media, it can be concluded that all the different types of media provide information regarding health matters, but the political subject is the most preferred area of news in all types of media. Similar opinion has been stated by Weber (1990) and Oso and Odulnam (2008). “The health beat is not particularly high news yielding beat like politics or the economy.” The news related to crime and accidents is at second place. The news related to social life and culture is third place. It included various kinds of social activities in the area of Art and Culture, education, science, health, municipal corporation, Banking, economy and local administration.

News related to health in our life is being widely covered. Very important and useful information regarding health had been given in them. It had also been found that various issues related with some
subjects were given more space and they were frequently discussed while others were totally absent.

Sometimes, the search or discovery of drugs for curing diseases and the consequences of diseases are also mentioned in newspapers and magazines. The orthodox and Western Biomedicine is given more coverage in comparison to alternative system of medicine like ayurveda and homeopathy.

A critical analysis of the first page reporting priorities of the four leading newspapers – The Hindustan times, The Indian Express, The Times of India and Hindu revealed a number of interesting shifts in the paradigms of news reporting and values. The study has witnessed a growing treat for first reporting and investigating reporting, treating news as a commercialized commodity for mass consumptors, filled with crime, legal disputes, politics etc., with economic social and development news taking a back seat (C.S.H.N.Murthy, Challa Ramakrishna, Srinivas R. Melkote, 2010).

**News Coverage of Public Health Risk Issues**

Public concerns over public health issues have risen considerably as epidemics (such as SARS, West Nile virus, and avian flu) and personal health problems (such as cancer and diabetes) have emerged as major public health concerns in the last century. These issues have attracted a great deal of attention both from the mass media and from the general public (Ho, Brossard, & Scheufele, 2007).
Nowadays, reports about health issues by correspondents specializing in health and medicine are often included in most media outlets. These media reports can play a significant role in the construction of public health issues (Entwistle & Watt, 1999).

Media coverage of public health issues often constitute the most important source of information for lay audiences (Atkin, Smith, McFeters, & Ferguson, 2008).

**Benefits of Health Reporting**

Health news has been credited with benefiting society in measurable ways. Yanovitsky and Blitz (2000) found that media coverage of breast cancer was especially important for women who do not have regular contact with or access to physicians. In addition, coverage of health studies has benefited consumers because “the communication of individual studies has led to greater public awareness of diet and health, helping to increase public receptivity to lifestyle changes” (Wellman, Scarbrough, Ziegler, & Lyle, 1999). Another study that surveyed over 42,000 respondents between 1996 and 2002 found that those who follow health news stories (4 out of 10 Americans) were able to correctly answer knowledge questions about the stories (Brodie et al., 2003). The authors assert, “the challenge for journalists, however, is to appeal to a large and diverse audience and explain the complex information that is often part of health news.”
Juanne Clarke (2008) has studied Heart disease and gender in Mass print media and observed that Heart disease is a major cause of death, disease and disability in the developed world for both men and women. Nevertheless, the evidence suggests that women are under-diagnosed both because they fail to visit the doctor with relevant symptoms and because doctors tend to dismiss the seriousness of women's symptoms of heart disease. This study examines the way that popular mass print media present the possible links between gender and heart disease. The findings suggest that the ‘usual candidates’ for heart disease are considered to be high achieving and active men for whom the ‘heart attack’ is sometimes seen as a ‘badge of honour’ and a symbol of their success. In contrast, women are less often seen as likely to succumb, but they are portrayed as if they are and ought to be worried about their husbands. Women's own bodies are described as so problematic as to be perhaps useless to diagnose, because they are so difficult to understand and treat.

Media portrayals of women with cancer emphasize women's emotionality in the face of life-threatening disease (Clive Seale 2002). For some sociological commentators, this weakens women in an exercise of patriarchal control by medicine and the media. The present study, of news reports of people with cancer in the media of several Anglophone countries, compares portrayals of men and women. Media representations of the emotions of people with cancer are found to emphasize women's skills in the emotional labor of self-transformation, something which is particularly prevalent in reports of
breast cancer activism. In men, cancer is more commonly portrayed as a test of pre-existing character. Both sexes, in these representations, are offered paths to the common goal of a self-willed victory over cancer and the limitations of the body. This media-orchestrated fantasy about human powers resonates with broader analyses of heroic projects of self-identity in late modernity, in which women's advertised expertise in the management of emotions plays an important part. The imagined superpowers of people with cancer also involve a denial of disappointment that parallels the supposed efficacy of prayer and religious observance in traditional societies.

Carita Bangs, Eva Johansson, Ulla Danielsson, Arja Lehti, Anne Hammarström of Umeå University, Umeå, Sweden have studied the gender portraits of Depression is Swedish newspapers. In their article, they reported an examination of personal accounts of illness as presented in three Swedish newspapers, focusing on the gendered representation of laypersons' experiences of depression. A database search identified all articles mentioning depression during the year 2002. Twenty six articles focusing on personal experiences of depression were then subjected to a qualitative content analysis. They identified four themes: displaying a successful facade, experiencing a cracking facade, losing and regaining control, and explaining the illness. They found both similarities and differences with regard to gendered experiences. The mediated accounts of depression both upheld and challenged traditional gender stereotypes. The women's stories were more detailed, relational, emotionally oriented, and
embodied. The portrayal of men was less emotional and expressive, and described a more dramatic onset of depression, reflecting hegemonic patterns of masculinity (Carita Bengs, Eva Johansson, etal 2002).

Health reporting is a major growth area for the media, probably because it is in demand by the public and it is profitable. However, media coverage of medical news is generally of poor quality, particularly stories about new treatments (Moynihan R, Bero L, Ross Degnan D, Henry D, Lee K, et al. (2000); Smith D, Wilson A, Henry D, 2005).

North American analyses of the quality of health reporting have had similar results, (Cassels A, Hughes MA, Cole C, Mintzes B, Lexchin J, et al., 2003). The print media are clearly superior to the online news services (Smith D, Wilson A, Henry D, 2005).

healthnewsreview.org reviewed more than 400 stories from almost 60 major news organizations. The majority of stories fail to adequately discuss costs, data on benefits and harms, and comparisons with existing alternatives.

News coverage of health issues is seriously out of proportion with actual risks to health and fails to reflect mortality risks shown in health data, according to a study of health-related coverage in the media published today by the King's Fund.

The study concluded that the news agendas of the print and broadcast media were skewed heavily towards dramatic stories such as 'crises' in the NHS and major health 'scares', rather than issues
that statistically have a greater impact on health, such as smoking, obesity, mental health and alcohol misuse. King’s Fund health policy director and report co-author Anna Coote said: "Proven health risks rarely receive any media coverage while stories about the NHS in crisis and unusual hazards such as the severe acute respiratory syndrome (SARS) virus, which pose relatively little danger, can occupy the headlines for weeks on end.

Shuchman M, Wilkes MS in a report observed that The public is poorly served by the coverage of medical science in the general press. Scientists and physicians blame the press, claiming that journalists are careless in their reporting, subject to competitive pressures, and ignorant of the scientific process. Journalists accuse the medical community of limiting access to information and erecting barriers to the public dissemination of medical research. In many areas of health news reporting, the underlying problem is an interactive dynamic that involves scientists and journalists. Both parties share the responsibility for accurate communication to the public. This report suggests ways to improve health news reporting, focusing on four problem areas: sensationalism, biases and conflicts of interest, lack of follow-up, and stories that are not covered. Medical scientists and health news reporting: a case of miscommunication

Bubela and Caulfield explicitly address the question of the fidelity of news reports to the scientific reports on which they are based. They find that disagreement between scientific findings and media reporting is rare. It might well be, however, that both
journalists and scientists offer an exaggerated vision of the prospects of genetic medicine. The methods used by Bubela and Caulfield would not define such congruent exaggeration as inaccuracy. (Bubela TM, Caulfield TA, 2004).

Using different methods and a different sample, Mountcastle-Shah and associates (2003) found a similar level of inaccuracy and noted that exaggeration by the media occurred in only a minority of news reports.

Press coverage could be faulted for being unbalanced. In fact, an overly optimistic slant has been detected in most studies (Conrad P, Weinberg D. 1980; Sheedy KM. 2000; Condit CM. 2001; Ten Eyck TA, Williment M. 2003).

This lack of balance includes a tendency to quote from scientists more than from other sources; and a failure to include topics such as potential risks or specific ethical considerations, (Craig D. 2000). There is evidence of differences among specific newspapers and across specific topics, as Bubela and Caulfield's data suggest. Differences have also been found between different types of stories, coverage by different media and coverage published at different times: generally, "hard" news reports are more accurate than feature stories, (Henderson LH, Kitzinger J, 1999); print media are more accurate than television, (Condit CM, Ofulue N, Sheedy K, 1968); and later coverage is more accurate than earlier coverage, (Sheedy KM 2000; Ten Eyck TA, Williment M, 2000).
Anna Larsson, Andrew D Oxman, et al, (2003) in their study identified nine barriers to improving the informative value of medical journalism: lack of time, space and knowledge; competition for space and audience; difficulties with terminology; problems finding and using sources; problems with editors and commercialism. Lack of time, space and knowledge were the most common obstacles. They reviewed the literature and organized focus groups, a survey of medical journalists in 37 countries, and semi-structured telephone interviews. The importance of different obstacles varied with the type of media and experience. In their study, many health reporters felt that it is difficult to find independent experts willing to assist journalists, and also think that editors need more education in critical appraisal of medical news. Almost all of the respondents agreed that the informative value of their reporting is important. Nearly everyone wanted access to short, reliable and up-to-date background information on various topics available on the Internet. A majority (79%) was interested in participating in a trial to evaluate strategies to overcome identified constraints.

Medical journalists agree that the validity of medical reporting in the mass media is important. A majority acknowledge many constraints. Mutual efforts of health-care professionals and journalists employing a variety of strategies will be needed to address these constraints.

Diminished resources in newspaper and broadcast newsrooms are weakening the ability of journalists to report on the spread of
disease as well as the dire consequences of poorly funded public health systems and corporate malfeasance, (Bob Giles2010).

**Statement of the Problem**

The review of the literature and the general reflections point that Medical journalism is an emerging specialization in print media as well as other Mass Media and is a powerful medium to opinion moulding, popular acceptance and for policy making.

The review of literature also suggest that there are challenges, pitfalls, lack of expertise, in reporting on health and medical issues and thus calls for frequent monitoring on the content and coverage of medical journalism and the professional characteristics of medical journalists.

Thanks to urge for information, knowledge, and a rise in literacy levels, standard of living has led to greater readership of daily newspapers in local vernacular languages. This resulted in publication of several newspapers in regional languages.

Telugu is one such regional language, which is spoken by, approximately eight crore people. Thus Telugu newspapers particularly medical journalism in Telugu papers has a potential of influencing these members.

Therefore, in view of the reflections made above, it is necessary to examine the nature and trends of medical journalism in print media in Telugu and the expertise of the contributors.
Hence in the present study a humble and modest attempt is made to examine the content and coverage of medical journalism in Telugu newspapers and the professional characteristics of the contributors.

**Aims and Objectives**

The present study aims at understanding the nature and trends of medical journalism in Telugu newspapers. In view of this the following broad objectives are framed to determine the scope of the study and to facilitate a scientific study.

**The Study Objectives are**

1. To briefly sketch the nature, content and challenges of medical journalism;
2. To profile the socio-demographic professional characteristics of the journalists in Telugu print media;
3. To examine the contents of health and medical journalism in Telugu newspapers during a select period;
4. To identify the nature, and level of health and medical reporting coverage in Telugu Newspapers;
5. To study the editorial content on Health and medical issues of the Telugu newspapers;
6. To examine readers response to medical journalism in Telugu Newspapers on Health and Medical issues; and
7. To ascertain the content and coverage of advertisement and special features in Telugu newspapers.

**Method of study**

The present study is based on both sample survey and content analysis methods.

**Universe of the study**

The universe of the study is newspapers (Daily) in Telugu language, which have largest circulation in the state. There are as many as eight such newspapers in Andhra Pradesh.

**Sampling Methods and Sample**

The first three newspapers which have larger circulation in the state was considered for the study and these papers will be analyzed for duration of one calendar year. The period of study thus, was the year 2010. Three Telugu dailies namely, Eenadu, Andhra Jyothi and Sakshi were selected for this purpose. For the purpose of profiling the medical journalists, the office as well as the field staff concerned of the selected papers is considered. A total of 200 questionnaires were mailed to both office and field based journalists of different Telugu daily news papers stationed at different places in Andhra Pradesh.

**Tools of Data collection**

The study is based on both empirical and secondary data. The empirical part refers to profiling the medical journalists (both field and
office of the selected newspapers). For the purpose of data collection in this regard, mailed questionnaires will be employed.

The questionnaire covers such broad areas as socio-demographic and professional characteristics of the journalists, both field and office.

The secondary data relates to medical journalistic reports, editorials, advertisements and letters to the editors.

**Analysis**

Appropriate statistical tools and procedures will be adopted for the purpose of analysis of primary as well as secondary data. In addition, the secondary data is analyzed by adopting content analysis method to pursue some of the objectives.

**Content analysis**

The purpose of the content analysis is to study systematically health related messages indifferent communication media. The communication media can be divided into electronic and print media. The electronic media such as television and radio, and print media such as newspaper and magazine were used in this study. The communication media are dominant feature of our day to day life and available both in domestic and public environments. They intend to engage people, to convey some kind of information, and to produce reactions in their audiences which justify their continuing production. Sometimes the main message is clear to the audience but it is also
likely that some other meaning is produced in audience mind unconsciously. The purpose of these messages is to engage an audience and influence his/her way of thinking about certain subject.

Content analysis method is used for qualitative and quantitative analysis of health related topics covered in several communication media. Stacks and Hocking (1992) defined content analysis as “a research method or a measurement technique that involves the systematic study of the content of communication messages”.

Holst (1969) gave some steps in carrying out content analysis research such as selecting and defining content categories; defining the unit of analysis; deciding on a system of enumeration; and carrying out analysis.

Hartmann and Husband (1974) opined “despite its limitations, content analysis enables us to say “something about what is being called ‘event as news’ — that is, the version of the world daily laid before the public as a kind of suggested agenda for their thought, discussion and action”.

A health content analysis is a useful tool to know how media delivers health messages and the way in which population receives this health information in terms of the amount of space related to health issues and formats of this space as articles, editorials, letters, advertisements, visual references, graphics, etc. (Roberts 2004).

Several researchers had used content analysis to study health related research areas. Bonnie and George (1975) discussed the role of radio and television on the announcements for family planning.
Dubey and Burdhan (1981) developed a module on content analysis of message and programmes in health and population communication, to orient and develop a greater appreciation and understanding of communication research among middle and lower level field workers.

Singh Archna (2007) studied the role of mass communication in prevention and control of AIDS using content analysis of Indian newspapers.

Content analysis has been applied to written documents with varied and complex content, including newspaper editorials (Namenwirth 1968), political party platforms (Weber 1990), novels (Griswold 1981) and recorded speeches (Seider 1974).

Limitations

The researcher confronted a small problem with regard to obtaining dailies of Sakshi for all the 12 months period for the purpose health news analysis. The study of Sakshi paper was hence limited to four months only. Another limitation was that the dailies published from Hyderabad city were alone considered.

Scheme of presentation

The present study is organized and presented in five chapters. The first chapter, Frame of Reference, provides Introduction, review of literature, statement of the problem and the method of study.
The second chapter, Medical Journalism, comprises two sections. The first section provides a brief sketch of the History of Journalism. The second section presents a brief sketch of the nature, content and challenges of Medical Journalism.

The third chapter, Journalism on Telugu Print Media, presents a brief portrait of journalism in Telugu newspapers in the first section. In the second section, profile of socio-demographic and professional characteristics of journalists working in Telugu Print media is presented.

The fourth chapter, Medical Journalism in Telugu Print Media provides analysis of content and coverage of health reports; editorial content; the readers' response to medical journalism in Telugu newspapers; and the content and coverage of advertisements.

The summary and conclusions are presented in the last and fifth chapter.
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