

**Australian journalists' reflections on local coverage of a health-related story from the
developing world**

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Abstract

Given the limited Australian media coverage of health news from low- and middle-income countries (LMICs), the 2009 story of conjoined Bangladeshi twins Trishna and Krishna was conspicuous for its scale. This paper draws on interviews with journalists who reported the story and considers what those seeking to increase the news exposure given to LMIC health issues might learn from this coverage. It considers, in particular, the extent to which the twins' story fitted with prevailing journalistic norms and beliefs about both health and news, and suited professional expectations and routines, especially in relation to choice of sources and access to material. Finally, the paper surveys opportunities for broader and deeper coverage of such news in the future.

Introduction

The neglect of 'foreign news', particularly that from low- and middle-income countries (LMICs), in the domestic media of Western nations has long been lamented (VSO, 2001). In international health and development circles, this neglect has major implications for efforts to engage governments and citizens in supporting policies and programs that might benefit LMICs. Those concerned to increase the volume and breadth of foreign news may find case studies of LMIC-related health coverage instructive in attempts to draw attention to, and stimulate debate about, other LMIC-based stories.

In November 2009, conjoined two-year-old Bangladeshi twins Trishna and Krishna Mallick were separated at Melbourne's Royal Children's Hospital, in one of the longest and most complex operations undertaken in Australia. The girls came to the attention of an Australian volunteer at the orphanage in Dhaka to which they had been entrusted by their parents. They were subsequently brought to Australia by a local charity, the Children First Foundation, for assessment and surgery.

Although news media remain the leading source of information about health in high-income nations (Brodie et al., 2003), there has been little investigation into the coverage of LMIC health in their news and current affairs. This research is part of a broader project examining the coverage of health from LMICs in the Australian news media. As such it seeks to understand how and why the story of Trishna and Krishna broke through the indifference that usually surrounds stories from nations not perceived as being strategically or personally significant to Australia or to domestic media audiences (Shoemaker et al., 1991). The global incidence of conjoined (formerly 'Siamese') twins is extremely low: between 1 in 50 000 and 1 in 100 000 live births and, of all conjoined twins conceived, only around a quarter to a fifth survive (Edmonds & Layde, 1982; Spitz & Kiely, 2003). Live births of conjoined twins are more numerous in LMICs (Rode et al., 2006), because of greater access to pre-natal care in high-income nations where conjoined foetuses would be detected and many such pregnancies terminated. Thus the phenomenon of conjoined twins is doubly exotic and remarkable for Western audiences: not only are such children exceptional and bizarre (Chapman & Lupton, 1994, pp. 96-98) they are also generally 'alien' to places like Australia (van Dijck, 2002, p. 551).

Coverage of the lead-up to Trishna and Krishna's surgery and the ensuing public drama of their survival became one of the largest health stories in the Australian media in 2009. Three elements were central to the reporting. First, the twins being vulnerable children was key to the public interest (Seale, 2002, pp. 120-142) and to the way in which the story was handled. In 'saving' conjoined infants from an otherwise intolerable life, the story was imbued with the implicit populist ethics of the 'rule of rescue' (McKie & Richardson, 2003) that provides self-evident and seemingly unquestionable justification for whatever health-care and other expenses might be involved. Second, the public expression of amazement and pride at the abilities of the (Australian) medical practitioners who performed the surgery and the risk inherent in their work sustained this story as a

strong example of ‘medical miracle’ reporting (Imison & Chapman, 2011). Third, the girls’ home country, Bangladesh – which is ordinarily neglected by the Australian news media (Imison & Chapman, 2010) – came suddenly to the fore as a source of news, given the twins’ profile. But the focus of coverage was decidedly domestic, highlighting Australians’ skill and caring. The tendency within general ‘foreign news’ reporting to concentrate on a limited range of either locally-relevant or visually-arresting stories has long been noted (Bacon & Nash, 2003; Scott, 2009), including in relation to health news from LMICs (Imison & Chapman, 2010).

Events become news when they possess characteristics deemed ‘newsworthy’. Among commonly-accepted criteria of newsworthiness in overseas coverage are the resonance of an event with media consumers’ sense of cultural familiarity and existing beliefs, the rarity of the event and the extent to which it can be personalised (Galtung & Ruge, 1965). Additional criteria, applicable to news more generally in the Anglophone world, include human interest, suspense and satisfaction (resolution) (Masterton & Patching, 1997, pp. 17-19) – all of which were manifest in the media treatment of Trishna and Krishna. Drawing on interviews with six journalists and two other key informants, this paper captures their reflections on how the Australian news media covered this particular health-related story. Journalists’ decisions about reporting particular health stories are influenced by ‘common sense’ cultural meanings about both news and health. Any claim for an enlarged focus in LMIC health news must first examine these meanings, in relation to both content and structure, since it is journalists who are the conduit to such stories in the mass media (Hodgetts et al., 2008, p. 45). In addition, professional practices and standards – the result of a complex negotiation among opportunities, access to resources and logistic limitations (Leask et al., 2010) – form the backdrop against which story choices are understood and guide the ‘symbolic decisions’ that shape how stories are handled (Bennett, 1996, p. 374). Focusing especially on connections with sources and availability of footage, the paper examines the experiences, norms and beliefs of news producers in their coverage of Trishna and Krishna.

Methods

This research draws on the database of the Australian Health News Research Collaboration (AHNRC) which, since May 2005, has archived all health-related news, current affairs and ‘infotainment’ programme items from Sydney free-to-air television (AHNRC, 2009). The aims, rationale and selection criteria of the AHNRC have been described elsewhere (Chapman et al., 2009). Between May 2005 and October 2010, of 24 959 items in the database, there were 75 stories relating to health issues about Bangladesh, of which 70 (93%) concerned Trishna and Krishna.

From a review of this content, 14 Australian journalists from Sydney and Melbourne who had presented news items about Trishna and Krishna were approached. As many television journalists who covered the story had done so only once, journalists from other media who had reported on it more extensively were also contacted. Six agreed to be interviewed: two each from television, radio and print media, from across publicly-funded and commercial, tabloid and broadsheet outlets; five were men and one a woman. They were interviewed during November 2010, a year after the twins’ surgical separation. The scope of respondents’ professional experience was wide, ranging from 4 to 41 years, with a median of 16. Most had worked for several organisations during their careers and in a variety of specialist and non-specialist reporting roles, although most had stayed within the one medium. This diversity of journalists and of the outlets they represent reflects a range of both types of health coverage and institutional practice (Hodgetts, et al., 2008, p. 48).

The interviews were semi-structured, following a schedule that explored journalists' involvement with this story, their sense of its newsworthiness, similar stories they may have reported on previously, decisions about their use of sources, reflections on their own and others' coverage and audience reactions to it. As the journalist interviews progressed, the importance of gatekeepers to the production of Trishna and Krishna's story became apparent. Consequently, a joint interview was also conducted with two individuals instrumental in bringing the twins to Australia to provide insight into this aspect of the journalists' work.

All interviews were conducted in person by the first author and were of 40 to 80 minutes' duration. The use of interview material in published papers according to standard confidentiality principles was discussed with participants and each signed a consent form; quotations used below are all identified with individual pseudonyms. Interviews were recorded and transcribed. The first author read the transcripts of all the interviews multiple times and identified examples that illustrated facets of several major dimensions of news production. The interview data were set alongside one another in an endeavour to move from 'description and categorization to interpretation and theorizing' (Hodgetts, et al., 2008, p. 48).

Results

'Common sense' meanings about health and news

All journalists agreed that Trishna and Krishna's story was self-evidently 'newsworthy', and on numerous levels. One television journalist assessed its multi-layered appeal:

'...in no particular order... it was a first for a Melbourne hospital, I think for an Australian hospital too, this kind of operation. That alone is amazing enough to be newsworthy. [...] This particular story, the particular circumstances of two orphans from a Bangladeshi orphanage who were discovered and obviously the uniqueness of their condition, I guess all those elements add up to make a great story, an amazing story. [...] The other thing... this was an Australian hospital, an Australian team and everyone likes a story of Australian generosity and Australian help in this situation.' (Adam)

All journalists mentioned a combination of elements that made the story appealing, including the centrality of children who were both photogenic and, in their conjoined state, had a condition that was both visual and unusual; the scale and scientific excellence of the world-first surgery that separated the twins; the drama and medical risks of the girls' struggle to survive; the 'human interest' evident in the widely-felt emotion that Trishna and Krishna evoked; and the attraction of a strong domestic angle, with Australians involved at all points in the story as carers, medical specialists, donors and well-wishers. While the girls and their situation were unique, the twins were also somehow ordinary – like most children of their age they were, as media reports variously described them, 'very, very cute' with 'gorgeous smiles' – which made it easy for those encountering the story to relate to them, and to feel for their plight. As one print journalist (Michael) encapsulated it, 'everything you could possibly want in a story is there'.

The story was indeed one that offered something to all who covered it. Despite the fragmentation of mass media audiences and output in recent years, Trishna and Krishna were covered extensively over several weeks by Australian news outlets in the lead-up to their surgery: they were undeniably news – and big news. Writing about the coverage of domestic politics in the American media, Bennett outlines a small number of rules that account for much of this type of news, arguing that a proliferation of news sources may permit greater diversity of information but also generates more

standardised content (1996, pp. 376-380). Given the similarities in coverage of this story across all types of news outlets, it seems that comparable, unwritten rules are also at work in health reporting.

The biomedical template has been termed an ‘organizing principle of health journalism’: medical characters and plotlines – with their often-straightforward links between causes and solutions – are both familiar and comfortable for journalists as well as what is presumed to be of interest to audiences (Hodgetts, et al., 2008, p. 52). Trishna and Krishna’s story offered all these in abundance, as well as the certainty of established narrative conventions. As one newspaper journalist noted:

‘So by the time it came to the final surgery, people knew what had come beforehand and they were sort of anticipating it, and so there was, I think it was a huge story, because it’s like watching a film and waiting to see how it ends. How – it was a pretty good ending, so...’ (Michael)

Not only was the story big news but, as this journalist observes, also *good* news. While not imperative to its status as news that the surgery be successful, the journalistic consensus was that this eventual outcome gave the story a further boost: numerous journalists made approving mention of the increases in public pride and volumes of donations for the Royal Children’s Hospital that the positive exposure had produced. Indeed, for these news producers, this medical focus – located firmly within a domestic (Australian) context – was *the* way to present the story.

So the content of Trishna and Krishna’s story was straightforward from these news professionals’ perspective. In addition, since it also contained the ‘softer’ elements mentioned above – thereby blurring the distinction between biomedical and more ‘social’ health-related stories (Hodgetts, et al., 2008, p. 49) – it was doubly attractive, as journalists claimed that it drew enormous reaction from audiences, in part by avoiding many of the perceived negatives of contemporary news reporting (Shoemaker, 2006, p. 107). One television journalist observed:

‘...it’s not a political story. There’s no-one that you’re trying to out for lying. There’s no good or bad. [...] As I said before, it’s all good.’ (Phil)

Although the high-stakes surgery held the potential for medical negatives (death or disability for one or both of the children), there were only human-interest positives from their story. Another newspaper journalist (Michael) described Trishna and Krishna’s as a ‘genuine’ story and several participants spoke of the affirmation that they hoped audiences would have taken away from the coverage – or that they knew, from feedback, was engendered by it. One radio journalist set this against a more universal sense of integrity:

‘...people were so reassured by the decency, you know, and they’re looking for decent things and I’ve noticed this particularly since the September 11 attacks and we went through a real spate of it after that – where people – if we could raise anything in the year after the terrorist attacks and people would just jump at, because it reassured them the world could be decent, and there’s still an element of that around.’ (John)

Not only could news consumers ‘feel good’ about this appealing story by contributing financially to the girls’ on-going care, a sense of indirect personal involvement in the successful outcome also made Australian audiences ‘look good’. As a television journalist remarked:

'...you know, at the end of the day, the hospital and the rest of it is funded by the public. So I think that gives – the fact that it is such a public hospital and it gives everyone a little bit of ownership and a little bit of magic that happened.' (Phil)

One other, very local aspect of the story's importance was that February 2009 saw the 'Black Saturday' bushfires that burnt across Victoria. One newspaper journalist explicitly linked these events to the story of Trishna and Krishna:

'...down here it [Black Saturday] was like the state had had its heart ripped out of it... and this was almost like the antidote to that. [...] You had the most horrible story that had dominated everything for a year and then you've got the most beautiful story where it turned into 100 per cent positive. It really counterbalanced that. I think that this story came along at the right time.' (Michael)

In addition another, television journalist (Phil) measured Trishna and Krishna's impact by the fact that their story 'eclipsed any football' in the news: the popular yardstick of public interest in Melbourne. The way in which the story met various audience needs – for a sense of decency, national pride and emotional connection – effectively trumped any argument for placing it within a larger explanatory framework. Notably absent from this common-sense news space was any sense of Bangladesh, beyond mention of the twins' birth parents being located and reaction there to news of the successful separation (Imison & Chapman, 2011). The exceptional *and* highly personal elements of Trishna and Krishna's story meant that, in the words of one television journalist:

'...it probably wouldn't have mattered where they were from. It probably wouldn't have mattered in terms of whether the public would have been interested or not.' (Adam)

That their presence in Australia gave sudden profile to a country seldom featured in the Australian news media did not escape journalists' notice. However, except insofar as their Bangladeshi origins made for an exotic backdrop, this LMIC aspect of Trishna and Krishna's story was of marginal importance. As one newspaper journalist commented:

'...there wasn't that much background because for a long time the Children's First [sic] didn't know who the parents were. So essentially their background started at the day they arrived in Australia, which was when we were on board with the story anyway.' (Michael)

Since for logistic reasons much detail of their personal circumstances was unknown until relatively late in the story, Bangladesh itself was not necessary as a narrative element. One radio journalist noted some criticism of the overwhelming attention to the twins' case but, in returning to their story, 'domesticated' it (Clausen, 2004) and its meanings:

'...people were saying to me, well how many kids are there in Bangladesh that we could help or any other third-world country and there are obviously millions. Maybe there's a symbolism to these two, but to me it just kept coming back to that basic point that they're here now, what do you do? Send them off to die?' (John)

This narrowing of focus also extended to a concern for the twins as identified individuals in a stand-alone story. Trishna and Krishna's proximity to news producers and audiences was part of what made their already-unusual story of pressing domestic concern, in comparison to those of countless, unidentified others elsewhere in the world who might also hope to claim Australian attention and

assistance. Such high-profile cases are in stark contrast to the far greater burden of banal childhood illnesses in Bangladesh – diarrhoeal diseases, acute respiratory infections and fever – all of which have simple, low-cost treatments and are most amenable to less ‘spectacular’ prevention measures (Imison & Chapman, 2011). One television journalist encapsulated the way in which child-related LMIC health stories are foreclosed in line with these existing interests, saying:

‘So there are kids that are suffering like that everywhere and very rarely do many of them get the help they need and these guys did. [...] But certainly, you know, I think that, you know, while it was great to celebrate that, you need to – I recognise that there are plenty of kids out there who are like that.’ (Phil)

Here, those whose circumstances self-evidently demand action are defined as children requiring surgical interventions who can thus only be assisted in small numbers and in suitably-equipped countries. One of the people who helped bring Trishna and Krishna to Australia attempted to integrate a sense of both the domestic and international ‘gain’ that their case might foster:

‘I know there’s so many millions of kids dying. How do you weigh this up about the money that should be spent? [...] Because the other thing that’s come from these two, our two girls, is the amount of knowledge that’s actually now being shared internationally for children with all sorts of neurological conditions. [...] So you just can’t measure things in dollars and cents.’ (Barbara)

Such perspectives would unsettle a public health perspective, with its utilitarian focus on whole populations and health equity. From their discussions with New Zealand health journalists – all of whom emphasised the kind of medical orientation to health stories noted above – Hodgetts and colleagues concluded that ‘social determinants and socio-political explanations for health were constructed as ‘exceptional’ topics that are not normative or taken-for-granted’ (2008, p. 51). Journalists and others tended to think of Trishna and Krishna’s ‘context’ in quite restricted terms: none saw the story as a springboard to explore the reasons why the twins could not be treated in Bangladesh, nor to reflect on the many less-exotic but epidemic health problems affecting children throughout the world.

This kind of limited horizon would have arisen as a consequence both of journalists’ existing beliefs about what their audiences want to know and their professional sense of what will succeed as news (de Semir, 1996; Leask, et al., 2010). In turn, such a backdrop helps to explain why any less-immediately apparent and more far-reaching aspects of Trishna and Krishna’s story were not taken up. Commenting on their story in relation to other overseas news prospects, one television journalist said:

‘I’m sometimes taken aback at our rather limited view of some international stuff. But I think that’s across the board with Australian media generally...’ (Phil)

However, considerations of newsworthiness are just one factor influencing what becomes news and how much coverage events receive (Shoemaker, 2006). Subsequent remarks by this same journalist indicated a keen understanding of other important reasons why this story had been constructed as it was: largely on operational grounds and because of certain expectations within media organisations. It is to these concerns that we turn now.

Professional norms and practices

Although the story of Trishna and Krishna was replete with narrative appeal, the way in which it was covered was a matter not only of its content but also of the professional milieu of those who produced it. As has been explored in previous literature, news producers' work – in general, and in health news specifically – is configured by attempts to balance competing aims, various constraints (structural, economic and temporal) and personal values (Chapman et al., 1995, pp. 5-15; Leask, et al., 2010). Thus an obviously newsworthy story that emerges in a single, proximate setting is likely to be extremely attractive. One radio journalist summed up these sentiments:

'Stories like that are no-brainers. You go – because the thing is everybody wants to know about it. It's happening at a certain location – that's where all the media conferences or pressers are held and they do door-stops.' (Bethany)

Two of the key processes that structure mainstream news and which proved especially relevant in this instance were relationships with sources and the ability to acquire relevant news materials (Chapman, et al., 1995, pp. 28-40; Leask, et al., 2010; Tulloch & Blood, 2010, pp. 508-509). Below, we consider these journalistic imperatives within which the story was presented and what its horizons as news, discussed previously, made possible.

Sources

The connections between journalists and sources are fundamental to the production of news and current affairs, to the extent that Ericson and colleagues define news as a material expression of these relationships (1989, p. 377). Previous research has argued that sources deemed to be 'official' dominate much news output (Bennett, 1996, pp. 375-376) – and, in health, doctors are exemplary. The coverage of Trishna and Krishna illustrates these dynamics.

Since the twins' surgery was reported to Australian audiences as primarily a domestic event, journalists saw not only its content but the individuals qualified to speak about it in quite restricted terms. As one television journalist observed:

'It was a unique experience because everyone that you needed and all of the action and everything was happening in that large box called the hospital. There weren't other people you could really go and talk to.' (Phil)

Given the pervasive time pressures under which journalists work, the availability of the entire story in one location made an already attractive narrative appealing from a logistic perspective as well (Bennett & Daniel, 2002, pp. 35-36). Those who controlled access to the story's principal sources, then, had a strong gate-keeping role – and considerable power. While health journalists interviewed by Hodgetts and colleagues mentioned difficulty accessing sources both willing to speak to the media and to have their stories made public (2008, p. 55), there was no such reticence here. Indeed, those closest to Trishna and Krishna recognised that the demand for this story meant they needed to deal equitably with the journalists involved and reported that this strategy had paid dividends:

'I had my own relationships to protect with journalists as well, so I couldn't lie to them and I was not going to lie to them. ...we were both independently rung by two different leading papers to thank us for our inclusivity of all the media during the time, and I think that's a fairly rare occurrence.' (Christine)

The nature of the sources on offer – namely, the medical team – was another element in favour of the twins’ media coverage being managed as it was. These practitioners were perceived as an engaging face for the story:

‘...they’re not celebrities, they’re not movie stars; they are surgeons and you don’t want them to come out looking like polished superstars. I think that has always been part of the charm and the believability of those doctors.’ (Christine)

Even the surgeons’ relative media inexperience was seen as a positive; it made them appear more ‘authentic’ and authoritative. However, even as journalists built fruitful relationships with these official sources, it is instructive to consider who was *not* consulted in relation to Trishna and Krishna’s situation. Within the narrative constraints discussed earlier there were clear limits to who spoke for and about them: their surgeons, legal co-guardians in Australia, representatives of the Children First Foundation. One radio journalist defined who would serve as an appropriate source:

‘...that’s part of radio as well is being out there and being able to present the real story and not your opinion of something that you’ve read. It’s coming directly from the voice of who’s living it.’ (Bethany)

With the story occurring in Australia, this ‘voice’ was necessarily Australian and English-speaking. In relation to domestic stories, it has been argued that television news offers an ethnically homogenous image of Australian society; when it does feature individuals from racially and culturally diverse backgrounds, they tend to be presented as either manifestly ‘other’ or entirely voiceless (Phillips, 2009, p. 26). This is consistent with a pattern in the Australian media’s coverage of global humanitarian issues, where a preference has been previously noted for spokespeople who do not come from among those being spoken about (Bacon & Nash, 2003, p. 16). In this instance, those ‘living it’ – Bangladeshi medical specialists, the twins’ family or others with some understanding of their social circumstances – would have been difficult to locate and possibly less mediagenic. Even their mother, when she was finally found, rated only minor mentions in the unfolding news story.

These links with sources also had a strong impact on the way in which journalists related to the story they were telling. One radio journalist, who had previously worked in other media as well, noted:

‘...television news is awfully cynical – it is exploitive, it takes sad and desperate people and chews them up and puts them on TV for that night and then spits them out and it all goes away. [...] But in the end the media performed better, all media performed better in this than they normally do. I don’t know why – maybe it was just too emotional, I don’t know. Or maybe it’s because it ran over such a period of time they all identified with the kids and the people involved more than normal.’ (John)

Because of connections that journalists felt to the story – as both (professional) domestic news producers and (emotional) audience members themselves – Trishna and Krishna, and those associated with them, were accorded special respect and concern. Since international health news stories tend to occur at some physical and cultural distance, they cannot usually command the kind of engagement and investment from Australians that were manifest in media reports of the twins.

Raw materials for foreign news

For international incidents to be deemed ‘news’ depends partly on whether the nations from which they come are understood to be of interest to domestic audiences (Shoemaker, et al., 1991).

Bangladesh is covered only very occasionally in the Australian media, as the impoverished location of assorted natural disasters (Imison & Chapman, 2011). When a story arises in such a country, Australian news outlets' options to obtain the material necessary for coverage are constrained by a lack of correspondents on the ground. As one newspaper journalist reflected:

'...the trouble with international news, especially in the more third-world the country, the less infrastructure there is and the less media there are. [...] It's often kind of painted as a Western prejudice but it's really just more to do with the practicalities of news. Journalists beget stories.' (Brian)

What might be perceived as media disinterest may sometimes be instead a matter of unfavourable logistics and priorities. Nations with low news value, like Bangladesh, are caught in a predicament: with few foreign journalists covering their daily news, they drop off the international media radar until such time as some crisis impels coverage, which is usually compiled from purchased footage as networks are without their own resources. Publicity for these crises serves to confirm that these countries are solely sites of 'bad news', entrenching their routine invisibility and 'basket case' status to the rest of the world (Burman, 2009, pp. 135-136).

One television journalist explained this neglect largely in financial terms. Most Australian news outlets do not have correspondents outside of countries deemed 'culturally significant' (Hanusch, 2008) – specifically, Britain and the United States – and so rely on freelancers or agencies to help them select stories that might pass the domestic newsworthiness test:

'...that [coverage of the Bangladeshi angle] takes time and money and specifically the second one. [...] Really it's almost the nature of the beast these days, more and more that's happening in that you have stringers or you get feeds off whoever from wherever and everyone's in all these international agreements. I mean, you know, we're in an agreement with an American station and we've got this and that.' (Phil)

Without in-country contacts the telling of Trishna and Krishna's story relied extensively on these international agreements; the limited footage from Bangladesh was repeated on most occasions that nation was mentioned. Investigations of online news suggest that, rather than increasing information diversity, the internet has instead reduced it. Although the number of virtual news outlets has grown, the original sources on which they draw – typically, the conglomerates that also dominate television – are few (Paterson, 2005). The same television journalist also commented:

'...there was international interest in the story, not just here. And as I talked about the crosses, I was doing crosses into every major centre of Australia. [...] There's no doubt it was one of the biggest stories of the year last year.' (Phil)

In turn, the fascination for Trishna and Krishna beyond Australia's borders makes it likely that local journalists' work on the story became part of the global stock of news footage available to their counterparts overseas. This collective understanding of events and sharing of discourse is evidence of journalists' status as an *interpretive community*. The reiteration of news stories 'may have as much to do with connecting journalists with each other as it does with audience comprehension or message relay' (Zelizer, 1993, p. 222). Australian journalists (and audiences) indicated a liking for the twins' story; overseas attention reinforced this interest (AP, 2009; Bryant, 2009) and underlined their professional judgements about newsworthiness.

Discussion

The goal of raising the global profile of LMIC health issues faces considerable barriers, not least of which is the prevailing journalistic conception of what and where is considered to be ‘news’, a judgement made material in the allocation of media resources. What this might mean for future efforts to expand and enrich such coverage will now be explored.

In a formulation widely attributed to Stalin, ‘one death is a tragedy, a million deaths a statistic’. The influence of domestic concerns is well-known in news research (Adams, 1986; Hanusch, 2008) and one print journalist encapsulated this principle well:

‘The more local the more newsworthy it is. The old, you know, one person dying around the corner is ten people in the next suburb is 100 people in the next city and is a thousand people in Bangladesh. That’s one of the oldest rules there is. People are just more interested in what’s happening over the fence than in another country.’ (Brian)

The magnitude of attention to Trishna and Krishna demonstrates that an ostensibly LMIC story can indeed puncture the overwhelmingly domestic focus in the Australian media’s coverage of health. A set of core elements appears to have made this story compelling for both journalists and audiences: a dramatic narrative, vulnerable infants, pride in Australia’s medical care, appealing sources and an accessible location. As we have noted, and as some journalists remarked, this story owed little to the twins having been born in a nation like Bangladesh; the key elements in its news interest were largely local. While contending that there is an urgent need to inform audiences about the ‘rest of the world’, in part as a way to promote better understanding of their own cultures, Burman acknowledges the importance of making international news ‘seem’ local (2009, p. 127). This perceived imperative is perhaps especially significant given ambitious planned increases in the size and scope of Australia’s Official Development Assistance (ODA) budget (Commonwealth of Australia, 2009) – popularly known as ‘foreign aid’ – of which health-related programmes are a major beneficiary. These dynamics must be weighed, however, against the danger of chauvinism in news that so highly prizes a ‘local angle’ (Moeller, 1999, pp. 5-6). Are there lessons in the media treatment of the twins’ story for those wishing to broaden LMIC health coverage beyond its current, narrow concerns and characteristic patterns?

International development agencies appeal to a number of broad themes in their quest for financial support from audiences in donor nations. One proven formula is based around opportunities to sponsor named, individual children or a specific project. Other non-government organisations (NGOs) seek support for less intuitive and more long-term goals like community empowerment and infrastructure development. In general, the former are considered to attract greater public support – even as agencies express disquiet about meeting the media’s pragmatic demands for simplified news copy and emotive pictures (Bennett & Daniel, 2002, p. 42).

On the surface, our case study might suggest that those attempting to increase domestic news interest in LMIC health matters would do well to maintain these formulaic approaches that orchestrate coverage with stories focused on identifiable ‘victims’ whose plights are highlighted in concert with the heroic experts who ‘rescue’ them. All stories, even about the driest, ‘upstream’ issues, can be structured around the perspectives of those affected downstream by such policies (or their absence). In Australian television health news, those living with a specific health problem are the leading category of news actor – ahead of experts, politicians and *vox populi* commentary

(Chapman, et al., 2009). Highlighting those living with health problems in LMICs would thus be consonant with how similar stories are ‘told’ by the media in the high-income nations.

But as we have shown, structural constraints facing media outlets make access to suitable news actors difficult. Any attempt to secure greater coverage also occurs against a backdrop of limited diversity and the decreasing share of international news on television (Scott, 2009, p. 11; Utley, 1997), and a number of developments with economic and logistic consequences for news media including advances in online and newsgathering technology, and the advent of video news agencies (Ofcom, 2007). Foreign bureaux, the traditional backbone of overseas media operations, are expensive but still seen as necessary in settings of overwhelming news concern, such as present-day Afghanistan (ABC News, 2010). However broadcasting capacity in and from LMICs has also grown, thanks to outlets like Al Jazeera, thereby increasing the range of perspectives on international news. Taken together, it seems likely that there will be ongoing evolution in the form and content of the journalism that currently supplies many of the mass-media health news stories originating in LMICs.

Technological developments are lowering barriers to both participation in and creation of media. As one television journalist commented, availability of good-quality equipment meant that the all-important visual element for television could be supplied by non-journalists:

‘If they don’t have to send someone there and they can sell you the vision and, you know, I mean, the internet and the price of the video cameras and the accessibility... [...] if it’s a big story and I got the shot, well, let it run.’ (Phil)

Despite greater flexibility in the supply of images to accompany – or *make* – a story, this suggestion remains beholden to existing media structures, within which ‘stringers’ have a history of financially-insecure employment (Hannerz, 2004, p. 74). In addition, individuals so equipped may not possess the specific knowledge or contacts needed to discern the kind of LMIC health stories already neglected by the news media, potentially meaning little change in the current menu of coverage.

The internet offers further prospects for wider diffusion of LMIC health news, facilitating more directed searching and greater interaction with information and thus possibly deepening media audiences’ insights (Hamilton & Lawrence, 2010, p. 632). In health specifically, such mechanisms include the use of blogs by public health professionals, awareness-raising and health advocacy through online social networks and the development of trusted and authoritative health websites (Leask, et al., 2010). However there is a danger that this fragmented media space may also fail to alter the type of LMIC health stories in broad circulation. As Simons (2007, pp. 229-231) argues, the funding models that make blogging a financially-viable career are in their infancy. Further, the contemporary roster of well-regarded LMIC health-related blogs tends to the technical and is unlikely to garner substantial popular following.

Another non-journalist source of stories is the staff of development agencies, who have long featured in mainstream news. Media coverage of their work, particularly in health emergencies and natural disasters, can be highly arbitrary – relying on the kinds of news appeal and logistical factors discussed above – but NGOs also leverage this reporting to promote their own analyses of events, and to fundraise. As development agencies become increasingly complex and budgets for overseas newsgathering diminish, there is some unease about the mutual dependence of the NGO-media

relationship (Franks, 2008, p. 32), which compromises the news media's ability to hold these agencies to account.

Programming innovations that offer opportunities for more in-depth media treatment mean that future LMIC health stories also need not necessarily be 'news'. The current high-impact but ephemeral television coverage of LMICs is perceived by viewers as 'worthy' or 'difficult', and largely avoided (Scott, 2009, p. 3), associations that mean international programming often attracts small audiences and is then further marginalised in broadcast schedules. Offering a variety of LMIC-related content in formats such as presenter-led programming and reality shows has recently proved popular in Britain (Scott, 2009, pp. 5-7; Scott et al., 2011, pp. 16-30). Health stories often possess engaging narratives and there is reason to suppose that appropriate LMIC-related scenarios might be suited to similar treatment, thereby challenging the apparently immutable media truths manifest in the story of Trishna and Krishna: the feel-good imperative, a requirement for domestic 'relevance' and the avoidance of broader context.

Conclusion

Trishna and Krishna's story offered journalists and media consumers alike the attraction of multiple, newsworthy elements and of emotional involvement: a combination of 'head and heart' that few LMIC health stories can claim. However this was principally a story told for Australian, rather than Bangladeshi, benefit: it was useful to news providers, exciting for news producers and appealing to news audiences. Structured to fit the dictates of journalists' work practices and professional culture, there was no apparent incentive to explore the twins' broader context in the resulting news narrative.

As Australia's foreign aid budget increases and health challenges in places like Bangladesh become more complex, the countless others throughout the world with stories more mundane than Trishna and Krishna's will likely command greater media attention. In order to bring citizen-audiences along with probable changes in spending priorities, such as an increased focus on non-communicable diseases, domestic news reporting would need to raise the kinds of questions that are currently absent from Australian coverage of LMIC health. There are significant barriers to altering this coverage but the many, nascent ways by which other neglected LMIC health stories might be brought closer to Australian news audiences gives some insight into how this could be achieved.

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