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'Disease, disaster and despair'? Health stories from low- and middle-income countries in the Australian news media

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For

(R.) G. (P.) W.
...sic transit gloria mundi...

and

C. J. (R. M.)
Wie schön leuchtet der Morgenstern!

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Abstract

The mass media in high-income nations remain a crucial source of news and information. In relation to health, coverage is dominated by a medical perspective and an individualised view of illness that neglects public health. With regard to foreign news, previous research has shown that reporting tends to be narrow in scope, focused on nations that are significant to the country for which coverage is being produced and usually has an aspect of domestic relevance. These patterns are especially pronounced in relation to news from low- and middle-income countries (LMICs), the coverage of which has long been criticised as limited, negative and stereotyped. However, little is known about the coverage of health stories from these nations.

This thesis uses a uniquely large database of Australian television coverage about health to examine how health stories from LMICs are covered in the Australian news media. It provides an overview of mass-media reporting on the subject, examining what locations and health conditions feature in coverage of LMIC health and the extent to which a 'local Australian angle' is often key to their newsworthiness. Several case studies from this dataset are also analysed. One, an exemplary story about the transport to Australia and surgical separation of infant conjoined twin girls from Bangladesh – a nation that is otherwise little-covered in the Australian media – is considered from the three key angles for media studies: production (journalism), representation (content) and reception (audience). The medical tourism narrative in the Australian news media is also considered for the way in which it reverses the usual expectations of LMICs as passive and dependent on high-income nations. Finally, the relationship among international development agencies and the news media in Australian in relation to LMIC health is examined. The thesis concludes with general reflections and suggestions for further research.

Publication and Administrative Details

This thesis contains mostly published works. The University of Sydney's Academic Board approved submission of published work as a thesis on August 14, 2002. The publications included are summarised in the table below.

As noted in the table below my PhD supervisor, Professor Simon Chapman, is the second author on three of these publications and my colleague, Dr Stephen Schweinsberg, is second author on one of them. For each of these publications the work was jointly planned between the co-authors; I carried out data collection and preliminary analyses, and prepared first drafts, and my co-authors provided advice and editorial commentary towards the final drafts that were submitted for review. In all cases, my co-author and I worked together on any responses to the journal prior to acceptance for publication. In the case of the thesis-only chapters – namely, the Introduction, Literature Review and Conclusion – I am the sole author, but I acknowledge the editorial guidance of Professor Chapman in preparing their content.

Chapter	Status	Details
Chapter 1 – Introduction	Thesis only	N/A
Chapter 2 – Literature Review	Thesis only	N/A
Chapter 3	Published	Imison, M. and Chapman, S. (2010) "Disease, disaster and despair'? The presentation of health in low- and middle-income countries on Australian television.' *PLoS ONE*, (5)11, pp. e14106.
Chapter 4	Published	Imison, M. and Chapman, S. (2013) 'Media miracles: the separation of conjoined twins, and reflections on minimal television news coverage of health from low- and middle-income countries.' *Media International Australia*, no. 147 (May), pp. 29-39.
Chapter 5	Published	Imison, M. and Chapman, S. (2012) 'Australian journalists' reflections on local coverage of a health-related story from the developing world.' *Australian Journalism Review*, (34)1, pp. 93-107.
Chapter 6	Accepted for publication	Imison, M. (forthcoming) "…a story that's got all the right elements': Australian media audiences talk about the coverage of a health-related story from the developing world.' *Communication, Politics and Culture*.
Chapter 7	Published	Imison, M. (2013) 'Selling the story: Australian international development NGOs and health news from the developing world.' *Journalism Practice*. http://dx.doi.org/10.1080/17512786.2013.816545.
Chapter 8	Published	Imison, M. and Schweinsberg, S. (2013) 'Australian news media framing of medical tourism in low- and middle-income countries: a content review.' *BMC Public Health*, (13)109.
Chapter 9 – Conclusion	Thesis only	N/A

The parts of this thesis that involved research with human subjects were conducted under the aegis of two approvals from the University of Sydney's Human Ethics Research Committee:

- The Australian Health News Research Collaboration (AHNRC): how journalists plan for, gather, select and present news on health and medicine (Protocol No. 12033, 2009-2012) (Chapter 5).
- The Australian Health News Research Collaboration (AHNRC) – Discussions of health and medicine in the news: audience interpretations and role of advocacy groups (Protocol No. 12034, 2009-2012) (Chapters 6 and 7).

List of abbreviations

AHNRC – Australian Health News Research Collaboration
AusAID – Australian Agency for International Development (Australia's federal aid agency)
BIR – the Bureau for International Reporting
DfID – Department for International Development (Britain's national aid agency)
DRR – disaster risk reduction
EIDs – emerging infectious diseases
GAVI – Global Alliance for Vaccines and Immunization
GFATM – the Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI – Gross National Income
ICDDR,B – International Centre for Diarrhoeal Disease Research, Bangladesh
IRP – International Reporting Project
ITU – International Telecommunication Union
IVF – in-vitro fertilisation
JCI – Joint Commission International
LMIC – low- and middle-income country (as defined by WHO)
MDGs – Millennium Development Goals
MRSA – methicillin-resistant *Staphylococcus aureus* (a nosocomial infection)
NCDs – non-communicable diseases
NHS – (British) National Health Service
NGO – non-government organisation
NTDs – neglected tropical diseases
NWICO – New World Information and Communications Order
ODA – official development assistance (also known as 'foreign aid')
WHO – World Health Organization

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- My mentor, Professor Shirley Randell. If I manage to achieve half as much in my life as she has, all while maintaining such high standards of integrity and generosity, I will be well satisfied. Having such a sterling exemplar in my life, who also happens to be someone with whom I have a relationship of the utmost mutual respect and trust, is a very powerful thing! The word 'inspiring' (from the Latin meaning 'to fill with breath') is sorely overused… but not in this case.

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- My fellow choristers at Christ Church St Laurence, Railway Square, and the wonderful Parish that supports us. This choir is indisputably one of the best things in my life, and I am keenly aware of my great musical and social good fortune in being able to count

myself among its number. Indeed, 'we are the music makers, and we are the dreamers of dreams'! Prior to my time at CCSL, the Sydney University Musical and Madrigal Societies were key to my formation as both a musician and a person, and I credit Katrina Jenns with starting me on my travels down the musical 'garden path'. Alison Morgan and Dr Margaret Brandman have been exacting teachers, continuing to stimulate my musical curiosity and providing a welcome counterpoint to academic work.

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Callum and Oliver; and Martin, who somehow always manages to be twice as cheerful and never more than half as cranky as me – and who, in the end, quite literally brought this thesis home.

Chapter 1 – Introduction

'Leading television newsmen often remind us that each day they face a task so enormous as to be essentially impossible and quixotic. The affairs of four billion people, in two hundred nations, speaking thousands of languages, are each day distilled into twenty-three minutes of words and images. The elimination is so drastic that it inevitably distorts, even if done with the greatest integrity and goodwill. The very process of selection… is bound to confer on a few items a huge importance and to relegate other matters, people, places and problems to a secondary level of reality, and perhaps oblivion.' Eric Barnouw; cited in Adams (1982)

Growing up with a father who worked for an international airline and who, when home, mandated the watching of nightly (non-commercial) television news, from a young age my awareness of the world was probably a little larger and certainly more unusual than many of my peers'. While his frequent travel had its benefits, the evening news ritual I quickly grew to loathe: why was I required to view this passing parade of events I didn't understand, in circumstances that went largely unexplained – all while my school friends were allowed to watch other, doubtless more interesting (or at least more socially-acceptable) television?

As with many parental dictates, this one only made sense well after the fact; in hindsight I see how having my view forced outward helped to shape much of my subsequent thought and activity. As a teenager I became intensely interested in international development, for reasons I am now able to articulate as being about both a fascination with people (both individually and collectively) and a concern for social justice. This interest continued into my twenties, and I interspersed an undergraduate degree (majoring in French, and Gender and Cultural Studies) with local grass-roots volunteering in development advocacy. Later, I combined two stints of work in Bangladesh with a Masters of International Public Health and in between my work on this thesis has been other higher-level, strategic and grant-making involvement in development.

With this background and encouragement to select a topic of relevance to both public health and my own personal and professional interests for my doctoral research, being able to access the database on which this thesis draws was of huge benefit. The Australian Health News Research Collaboration's (AHNRC) digital library of television news, current affairs and infotainment clips [1] on health and medicine dates back to May 2005. It is, to our knowledge, the largest collection of health-related television news and current affairs clips, drawn from Sydney's five free-to-air

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[1] The indexed database of AHNRC clips may be accessed at http://sydney.edu.au/medicine/public-health/AHNRC/database.html, and a link on the same page allows bona fide researchers to register for direct access to the video clips.

channels and is intended to assist in the investigation of how health and medicine are covered in the news media. As of March 31, 2013 it contains 32 995 digitised entries. Media analysis has historically relied on newspaper records for case studies of reportage, longitudinal views of how the presentation of an issue shifts or in how a health problem or those experiencing it are reported. At best, researchers have generally been able to obtain limited examples of television coverage or constructed weeks of footage from within a longer time-span because television is both expensive and difficult to capture over extended periods – so seven years of complete, indexed and easily-accessible television data is almost unprecedented. During its lifespan to date, the database has produced publications of value to public health advocates, policy-makers and those in the media on topics such as the content and structure of general health and medical reporting (Chapman et al. 2009), the portrayals of overweight and obesity (Bonfiglioli et al. 2007), cancer (MacKenzie et al. 2008), chronic kidney disease (Tong et al. 2008) and H1N1 (swine influenza) (Fogarty et al. 2011) on Australian television.

Among the 237 specific content areas under which clips can be coded [2] is 'health in low- and middle-income countries' (LMICs) [3]. As of February 1, 2012 1383 items had been coded with this content designation (for further description of how this process was operationalised, see (Chapman et al. 2009)), either by the project's principal coder or as a result of my own manual search through the entire database and monthly checks for new content. It is this comprehensive, longitudinal dataset that has made possible an examination of the topic that is the focus of this thesis: the presentation of health stories from low- and middle-income countries in Australian television news and current affairs.

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[2] The Excel spreadsheet showing details of all television clips in the database, and statistics of entries by main/specific content areas, and by week, is available at http://sydney.edu.au/medicine/public-health/AHNRC/images/TV-archive.xlsx.

[3] My use of the term 'low- and middle-income countries' is in line with the groupings of WHO, which follows World Bank practice in classifying such countries as those with a Gross National Income (GNI) of $US12 615 or less (World Health Organization 2011: 170). In employing terminology favoured by WHO, the major multilateral standard-setting agency in global health, I have selected an 'objective' measure by which to determine whether news stories from a particular country were included in my dataset. However as with many attempts in international development to define and classify its principal concerns – in this case, the nations on which it focuses – this particular choice is not unproblematic: as with other terms based on income levels, the accusation might be raised that 'LMIC' is economically determinist and too general to account for the extent of heterogeneity within the large proportion of the world it claims to describe (Sumner and Tribe 2008: 17).

Mass-media news is both a taken-for-granted and often contentious element of modern life. The struggle for representation played out in news generally, and on television news specifically, is fierce because of the medium's potential to shape events, lives and flows of money, attention and power (Adams 1986, Bacon and Nash 2004, Franks 2008). This struggle is felt in few places more keenly than in relation to 'foreign news', and that concerned with LMICs in particular [4]. Writing about foreign news – long an elite category within journalism itself – has an extensive history: initially it was produced by the correspondents themselves, usually in the form of reminiscences about their careers (Hannerz 2004). After the Second World War, with shifts in global power accompanying the rise of communism and many former African and Asian colonies becoming independent, these new nations began to protest both their invisibility within global news flows and their lack of access to the high-income world's news infrastructure. They challenged this situation with a controversial proposal to UNESCO for a New World Information and Communications Order (NWICO) which would have lowered barriers to media participation for non-elite nations (Alleyne 1997). Although this push was unsuccessful, research into foreign news has integrated many LMICs' concerns. Questions of economic and political power, access to the means of publishing news and whose stories 'matter' are key in any discussion of the field (Hamilton and Lawrence 2010). In Chapter 2, I will review the available research and analytical literature on health and foreign news, particularly as it applies to the coverage of LMIC health.

Since the emergence of the internet the dominance of television over how most people find out about the world beyond their own immediate experience has been broken apart (Purcell et al. 2010). The internet has helped to fracture previously territorially-based news content, perspectives and audiences (Morley 2000: 125) and massively expanded the availability and range of screen-based content [5] competing for media audiences' time and attention. To retain viewers and enhance the attractiveness of its product, television has sought to play to its strengths – local content and 'usable' news – while increasingly eschewing what is thought by journalists, editors and producers to be material that is less immediately-relevant or significant to individual viewers. Because of both its substantial production costs and perceived reductions in audience interest,

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[4] Throughout this thesis, the phrase foreign news will be understand as being 'in quotation marks', given the shifting and situational nature of what foreign might mean, especially for journalists who have traditionally reported 'home' from countries and cultures which are not their own (Hamilton and Jenner 2003).

[5] Some authors contend that what the internet instead offers is '(much) more of the same': rather than greater diversity of news, it actually presents many more reports derived from an identical, small range of sources (Paterson 2005).

foreign news is often high on this list of material to be cut (Utley 1997), although there is some disagreement in the literature as to the extent of the decline in overseas coverage across media types (Allen and Hamilton 2010). In addition, for newspaper outlets any cut in foreign correspondence is also likely to be a response to the loss of classified revenue – historically, the major source of revenue for Australian newspapers and thus a vital guarantor of journalist numbers and training (Young 2010: 612 and 619). Individual journalists, working on the basis of their professional 'news sense' and perceptions of what audiences want, formulate a mix of news specific to their own outlet within these operational and financial constraints, as well as the restrictions imposed by the length of television news bulletins and newspaper size. As a result, overseas content is increasingly likely to have been sourced from a news agency or acquired through arrangements with partner broadcasters (often in other high-income nations) rather than by a network's own reporters, arguably to the detriment of a distinctive 'domestic' reading of international events (Clausen 2004, Hamilton and Jenner 2003).

Under this range of pressures, the winnowing process applied to the almost-limitless array of events and issues that might potentially be called 'news' at any given time – arguably now more numerous with the advent of technologies that allow reports from anywhere to be 'here and now' (Hannerz 2004: 208-33) – is severe, as Barnouw's words above suggest. It is perhaps not surprising, then, that television often presents foreign news as a set of disjointed events, unmoored from any context, reliant on spectacular visuals and almost certainly lacking in follow-up: today, a war in the Congo; tomorrow, 'social unrest' in Turkey or conjoined twins from Bangladesh (Chouliaraki 2006, Dahlgren and Chakrapani 1982, Bacon and Nash 2003). This can be partly accounted for by an actor-observer bias: the greater range of information that individuals are privy to about their own behaviour, and that of others like them, than of people with whom they have no connection or first-hand experience (Campbell and Carr 2001: 425). It is also fed by residual, and still powerful, cultural notions like 'the dark continent' and 'the white man's burden' and the end result, for many media consumers, is often a sense of 'those people' as hopeless and helpless, requiring external assistance for the most basic subsistence (Hirsch 2012, Smith et al. 2006, VSO 2001, Brookes 1995). In short, LMICs – and the efforts of high-income nations to intervene in assisting them [6] – have an image problem, and yet there is

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[6] The provision of official development assistance is no longer solely a concern of the traditional 'donor nations' – namely, high-income countries – as will be explored below. It is also worth underlining the fact that, contrary to popular opinion, the nature of this donor 'assistance' in the form of official development assistance (ODA) is often only a small proportion of GNI – for many middle-income countries in 2008, less than 0.5 percent (United Nations Development Programme 2011: 146-83).

perhaps no more pressing social, political and cultural juncture at which this context needs to be better understood. The last decade has witnessed wholesale changes to the context within which media coverage of LMIC health is produced and consumed, both within Australia and globally, and the following remarks attempt to outline some of this background [7].

It has become somewhat axiomatic to speak of our turbulent and uncertain world. Some changes and challenges, however, have been felt more acutely in LMICs, and with related consequences that are ill-understood in high-income nations. For example, the ongoing global financial crisis brought volatility in the prices of food and energy across the world – the markets for which are increasingly linked via demand for biofuels (IFAD et al. 2011) – demonstrating the interconnectedness that means shocks occurring in one place can have effects elsewhere as well (International Energy Agency 2012). The growth of a global perspective, evident in international official and civil-society responses to recent, massive disasters such as the Haiti earthquake (2009) and floods in Pakistan (2010), is a tendency that also amplifies the potential for contagion [8]. Just as global public health security prioritises the capacity to detect and contain disease outbreaks on the grounds that all nations are vulnerable to epidemics (Heymann 2003), deeper and broader media coverage of LMICs (and, in particular, their states of health) may serve as a form of political, as well as medical, early warning.

Climate change is likely to exacerbate such global uncertainties and produce its own effects as well, some of which – for instance, droughts – are predictable and others, like extreme weather events, less so. Projections suggest an increase in migration and numbers of environmental refugees as a result (Brown 2008). Despite a decline in the number of conflicts over the last twenty years the volume of international weapons transfers has been increasing since 2003 (Holtom et al. 2013), potentially threatening any resulting peace. Climate change and resource competition could further work against this downward trend. Comprehensive media coverage of LMIC health might not only assist receiving nations to more effectively assist those who seek refuge (Grove and Zwi 2006) but promote greater understanding of the circumstances that induce this response.

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[7] The ensuing section has been guided and partially informed by two background reports prepared as part of Oxfam Australia's mid-term review of its current Strategic Plan ((Oxfam Australia 2010) and (Brown and Roche 2011)).

[8] In addition and contrary to historical patterns, as LMICs in general become wealthier non-communicable diseases (NCDs) are increasingly common – and costly – in these nations (Colagiuri 2010, Beaglehole and Horton 2010).

The global financial crisis that commenced in 2008, and its continued negative consequences, has given greater focus to these and other inequalities as drivers of welfare, social and health status. There has been more, recent attention given to women's rights and gender inequality (UN Women 2011b): the formation of the new UN architecture for women (UN Women 2011a), $40bn in pledges from states and private donors toward the Global Strategy for Women's and Children's Health (World Health Organization 2010) and increased focus on these concerns by some development agencies, philanthropists and corporate stakeholders. This may be evidence of a recognition that improving women's situation is central to poverty reduction – and that, in many parts of the world, gender-related indicators show very mixed signs of success and progress. While maternal death rates are falling and there have been major gains in increasing skilled attendance at birth, pregnancy remains a major health risk for women; girls now attend secondary school in several regions at higher rates than boys but remain more likely than their male peers to be out of education entirely; and women's parliamentary representation is at an all-time high, yet is still woefully short of parity (United Nations 2011a). Issues of sexuality are being progressively taken into account in development work (Jolly 2006). Late in 2011 the United States government directed that all its agencies working abroad ensure their diplomacy and foreign assistance promotes and protects the human rights of sexual minorities, through the advancement of appropriate legal protections, an anti-discrimination agenda and the engagement of civil society and international organisations (Obama 2011). The now near-universal endorsement of the UN Declaration on the Rights of Indigenous People (2007) has brought greater awareness to related issues of equity, self-determination and cultural rights. Globally some of the largest indigenous populations are to be found in LMICs, including China, India, Indonesia and the former Soviet states. Despite their cultural diversity, they share in some measure poor standards of health and lower life expectancies (Gracey and King 2009: 65), and barriers to asserting their political and property rights (Shiva 2001: 61). The empowerment of women and sexual minorities, and positive changes to their social status in LMICs, have implications for development: most of the world's poor now live in middle-income nations (Carbonnier and Sumner 2012), foregrounding the importance of addressing marginalisation in these increasingly-affluent societies. The growing political sophistication of indigenous rights activists around the world – including in places where Australian mining companies, in particular, have interests – make these key issues for domestic taxpayers and shareholders for economic, if not also ethical, reasons.

The Millennium Development Goals (MDGs) and the broader aid effectiveness agenda have been much debated both within and outside the international development arena (Beaglehole and Bonita 2008, Commonwealth of Australia 2011a, OECD 2013). Australia has committed to increasing its development assistance spending to 0.5% of Gross National Income (GNI) by 2017-8 (Commonwealth of Australia 2013: 11), effectively doubling the nation's spending in this sector and make AusAID (the body charged with disbursing Australia's foreign assistance) the fifth-largest federal agency [9]. This growth will be as much for reasons of self-interest as for regional security; Australia likes to consider itself a benign middle-ranking power and a good 'international citizen'. Official development assistance (ODA, popularly known as 'foreign aid') has been subject to much criticism in recent years (see, for instance, (Moyo 2009)), an evaluation that is complicated by the relationship of ODA with other areas of national policy, such as security, trade and the environment (Center for Global Development 2012). For the non-government (NGO) international development sector – a significant recipient of both ODA and private financial contributions (AusAID 2012) – to these considerations are added the challenges of separating institutional 'investments' in the status quo from the need to adapt to changing realities (AlertNet 2012), and of continuing to engage citizen-stakeholders on global issues (Darnton and Kirk 2011). Domestic scrutiny of both ODA and NGOs, the delivery and effectiveness of their assistance will almost certainly increase, probably with a greater focus on measurement, 'value for money' and accountability, the latter necessarily being to both donors and beneficiaries (The Big Push Forward 2011). Much of this critique is likely to occur in the news media and with particular attention to health, given that more than half of Australia's current ODA spending is focused on education, health and economic growth (Commonwealth of Australia 2011b).

The ascendency of non-traditional donors (Anonymous 2009) [10] – many of them not signatories to various international agreements on ODA or aid effectiveness – and new funding mechanisms, the rise of the G20 (which emerged as a result of the global financial crisis) and the

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[9] Just prior to submission of this thesis, and weeks before a federal election, the Labor government announced that it would be cutting the overall aid budget by almost $1bn over the next four years in order to achieve the dual aims of completing the movement of Australia's refugee processing to offshore detention centres (in Papua New Guinea) and returning the federal budget to surplus (Hall 2013). This follows the decision earlier in 2013 to delay the attainment of the 0.5% of GNI target until 2017-8 from the previous date of 2015, again because of increased spending on the offshore processing of refugees.
[10] China is now the largest investor in Africa, and on terms which more closely resemble those of commercial trade than of 'aid' as it is usually understood by the established donor nations (Brautigam 2011). In addition, in the last two years, South Africa has also established an international development agency despite being – as with China – itself a net recipient of ODA (Glennie 2011).

increasing political muscle of the BRICSs and other nations [11] shift global power and bring with them new opportunities and challenges, in health as well as other sectors. Concurrently, the political, strategic and economic interests of established actors continue to shape their approaches to ODA (Alesina and Dollar 2000). There is also increased enthusiasm for linkages between ODA and national security, particularly in nations like Afghanistan where global military powers – such as Australia – have troops on the ground (Morris 2010, Bristol 2010). These dynamics will further alter the way in which 'success' is measured in addition to engaging new entities, such as the private sector and the military, in development and humanitarian operations (Anonymous 2010). In LMICs themselves, there is an ongoing emphasis on governance and corruption issues, but to date donors have largely focused their efforts on the machinery of government rather than informal institutions. Nascent efforts to engage civil society have accelerated in recent times, often through the use of social networking and crowd-sourcing. Tools such as Ushahidi, which provided real-time information on political violence in Kenya following its 2007 elections, and the Extractive Industries Transparency Initiative have improved flows of information to strengthen collective action and helped promote accountability (Morris and Pryke 2011). At the same time, while a range of technological advances holds great promise for further gains in LMIC health (Chib 2013), there is a need for caution lest the technical and scientific aspects of health become unmoored from their socio-political contexts (Birn 2005). The ongoing efforts to improve population health across the globe must also continue to pay attention to health system leadership, cross-sectoral collaboration, a multi-disciplinary approach, political engagement for policy development and community partnerships (Beaglehole et al. 2004). More nuanced public discussion of this wider context for ODA and health affords considerable opportunities for greater reflection on, and comprehension of, LMIC health in Australia.

To sum up, the near future is likely to bring greater scarcity and volatility, on a number of fronts. Current economic, political and social systems will likely not be sufficient to protect many of the world's citizens from such shocks, which will be felt more strongly in urban areas as the proportion of the world's population living in cities – particularly in LMICs – continues to increase (United Nations 2011b). Demands on duty-bearers – individuals and organisations with

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[11] Which nations should be included in this new 'club' of emerging economies is contested, but the 'BRICs' – Brazil, Russia, India, China – represent perhaps the most accepted grouping. Other candidate nations frequently mentioned for potential membership include Indonesia, Mexico, Nigeria, South Africa, Turkey and Vietnam (Hawksworth and Chan 2013).

responsibilities and obligations toward citizens in law or under international agreements – for accountability, and to guarantee human security and fulfil rights, will intensify and possibly engender further conflict. However complexity and uncertainty, and the shift in global geopolitics and economic centre of gravity make it difficult to predict future trends. Particularly as a sense of mutual obligation and global interconnectedness grows, the need for international understanding – of the kind traditionally provided by the news media – can only increase.

The focus of this thesis is foreign news about health, on which there is very little empirical work. The following chapter considers existing insights and literature on health news, foreign news and LMIC health news, in order to situate the content of the chapters that follow it.

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Chapter 2 – Literature Review

Introduction

As mentioned at the end of the previous chapter, this thesis is concerned with Australian 'foreign news' about health: how news about health matters in low- and middle-income countries (LMICs) is reported in the Australian media, how this news comes to be selected and what Australian audiences make of that coverage. This chapter provides an overview of what is already known in the areas that bear on this field of interest: namely, health news, foreign news and LMIC health news.

It begins with a brief history of news research in order to sketch the many ways in which the study of 'news' has been approached. The review then outlines what the existing literature says about health news and foreign news: the characteristic features of each of these types, critiques made of them and explanations of their current form. It also examines what is currently known about LMIC health news, in turn considering studies of its production, representation and reception in high-income nations. Finally, this chapter outlines the key questions subsequently examined in the body of the thesis.

Overview of scholarly approaches to news research

The mass media are simultaneously a manifestation *and* a source of culture: they both frame and feed back elements of a culture to itself, and thereby help shape its symbolic environment (Shoemaker and Reese 1996: 60). Most study of mass communication proceeds on the assumption that the media have significant effects (McQuail 2010: 454), but the history of this scholarly discussion has been one of numerous, evolving paradigms. These broad shifts are discernible in news research, and this section traces the different ways in which news and its effects have been approached during the mass-media era of the past 80 years.

In the early decades of the last century, several phenomena provided evidence of news audiences' apparent vulnerability to the potent messages of the new mass media: public panics during the 1929 stock market crash and after the broadcast of Orson Welles' fictitious *War of the Worlds* (1938), and the apparent irresistibility of Nazi propaganda (Sears and Kosterman 1994: 252-3, Kitzinger 2004: 170). In response, the Frankfurt school's 'direct effects' paradigm assumed an uncomplicated causal relationship between media outputs and their passive, undifferentiated recipients (Ang 1996: 186, n. 1). Analogous to the manner in which a hypodermic needle delivers drugs to the body, news 'dosed' its audiences with messages that

would generate certain effects. Problematically though, analyses of this type relied on a combination of anecdotal and informal evidence to reach their startling assessments (Petty et al. 2002: 156-7).

From the 1930s, this approach was revised in light of more thoughtful, empirical assessment of the impacts of mass communication. Evidence gathered over the following decades suggested that the media's persuasive effects had been somewhat overstated, and that their production of major changes in public opinion were exceptional rather than the rule (Sears and Kosterman 1994: 254-5); news content generally succeeded in informing, rather than persuading, the public (McCombs and Reynolds 2002: 2). An influential review of this research by Klapper concluded that media content was strongly self-selected and interpreted in line with audiences' existing beliefs: the 'minimal effects' model (1960: 19).

During the 1970s there were major changes to the social, technological and political contexts in which news was produced and consumed; the growing ubiquity of television and its increasingly sophisticated political use generated several refinements in the literature on 'media effects' (Sears and Kosterman 1994: 263). While recognising the role of the mass media in constructing and patterning social reality, this research came to acknowledge the decisive influences of journalists' organisational and professional constraints, and of audience interactions with media content (Scheufele 1999: 105). The 'uses and gratifications' tradition (for example (Katz et al. 1973)) employed comprehensive population surveys in order to explore the functional and psychological aspects of individuals' media use (Rubin 2002: 525-6). However this approach has long been faulted for a lack of critical perspective: the functionalist focus on what audiences do with media content rather than its influence on them and for failing to also consider issues of institutional control and social power (Ostertag 2010: 598).

Beyond the communication of factual information, news was also found to influence the perceived importance of issues in public debate according to the emphasis those topics received in media coverage. This 'agenda-setting' role was first explored through opinion and content research during the 1972 American Presidential campaign and has been demonstrated, to varying degrees, across media formats and in a range of survey and laboratory studies since (McCombs and Reynolds 2002: 2). Content analysis set out to make inferences about antecedent context from frequency measures of certain phenomena in media content, which were validated by triangulation with studies of audience perceptions or effects (Krippendorff 1980: 22-3). More

recent applications of content analysis have aimed for greater contextual depth, examining the variety of possible audience interpretations and aiming to strengthen confidence in the link between observed patterns of content and implications for effects (Kunkel 2009: 26-7). Cultivation analysis went further in its exploration of real-world media effects: rather than short-term change in individuals, it looked at the effects of shared, immersive exposure to television content – its 'gravitational' force within culture (Gerbner et al. 2002: 47-9). As has been argued elsewhere however this approach, with its assumption of at least some similarities in the news to which audiences are exposed, may not be as appropriate to a contemporary environment (Kunkel 2009: 23) where highly diverse media offerings make it difficult to guarantee any baseline of commonly-consumed content. This plethora of analytic techniques might be generally said to take a longer-term and more contextualised view of media effects and to operate on the presumption that the public mind is not simply a 'blank slate' awaiting media inscription (McCombs and Reynolds 2002: 2-4).

Much of the preceding research had its intellectual roots, and was largely conducted, in the United States. The final broad shift in contemporary news effects research emerged, especially in Britain, from about the early 1980s. Moving away from American ways of working – based in surveys, quantitative analyses and questions of 'cultural standards' – it was influenced by cultural studies, feminist theory, the work of Foucault and critiques of psychoanalysis, semiotics and *Screen* theory (Hall 1980b: 117-21). Its distinct contributions were to treat media texts as ideological productions, and to understand audiences as active in reading ('decoding') and making meaning from them (Hall 1980a), with different audience groups making different sense of the same news content depending on their social locations and in a process of negotiation with others and the broader social context (Dahlgren 1988: 290-1) [12]. Subsequent research has elucidated the engaged ways in which audiences debate and come to understand television images generally (Gamson et al. 1992), and news specifically (Gamson 1992, Philo 1990). Against this notion of 'activity', however, has been raised the caveat that audiences' creation of meaning is not the same as their producing critical readings, nor should it imply that we can equate 'active' and 'powerful': determination of the interpretive capacity of media texts still rests with their authors (Deacon et al. 1999: 7-8). Accordingly the potential for multiple audience interpretations of news is now tempered with an awareness of the influence of textual framing: the selection

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[12] While this cultural studies approach rejects the notion of a singular 'audience', and has otherwise variously problematised the term as well – see, for instance, (Ang 1996) – I have continued to use it throughout this thesis for the sake of brevity.

(and thus prominence) of certain elements of news stories, as manifest in the patterns of omission and inclusion of certain key words, phrases, images and sources that mutually reinforce clusters of fact or judgement (Entman 1993: 52). Although the frames intended by an author – the 'dominant meaning' – may not ultimately be those that determine audience reception, the framing of news texts reveals the relative power of the actors or interests competing to define their content (Entman 1993: 55). The last several decades have also seen greater attention to locational specificity in media studies. Despite globalisation, the nation-state remains significant to patterns of media content through the effects of its regulatory and legislative authority; in addition, most television news is still domestic, rather than imported (Curran and Park 2000: 11-2), not least due to audience interest in local and national events. In this respect it is also worth noting that media theory has begun to move beyond its Anglo-American concentration to consider the specificity of non-Western media contexts as well (Hallin and Mancini 2012).

Consequently, this thesis considers its chief object of interest – the Australian news media's coverage of LMIC health – from a variety of angles: there are studies of its representation (content), production and reception, each necessitating different approaches and techniques. By employing such 'methodological pluralism' (Iyengar and Kinder 2010: 15) my intention is to draw on the strengths of the media research traditions described above while attempting to minimise any inherent limitations of the kind outlined, such as lack of sensitivity to context, failure to grasp wider implications or to sufficiently consider the sophistication of audience approaches to news. As we shall see below, a number of the (admittedly few) extant studies of LMIC health news examine several of these aspects of the media phenomenon concurrently, an acknowledgement that their academic separation is heuristic and that these elements cannot actually be studied in isolation because of their inter-relatedness.

In the sense that news allows domestic (here, Australian) audiences indirect – that is, mediated – access to the world beyond its borders and immediate experience, much foreign news can feel closer than previously; a range of electronic media now allow distant events into our domestic spaces (Morley 2000: 9). However a shrinking sense of distance in relation to what is considered 'foreign' is not the same as that news being of sufficient depth and quality to aid audience comprehension of the wider world. Further, with advances in medical knowledge and a growing number of complex problems in health globally, contemporary news in both these areas can seem increasingly inaccessible. The following section considers health and foreign news, the two major fields of interest for this thesis.

Studies of news

The production of any kind of news story is subject to numerous influences: the style and audience of a particular outlet, relationships among journalists, editorial strategy, intuition, availability of sources and potential for headlines and images (de Semir 1996: 1163). News values – operational criteria that help determine which stories are worthy of 'making news' (or not), and how they will be covered (Galtung and Ruge 1965, O'Neill and Harcup 2009) – further shape a decision-making process that otherwise lacks a systematic course. As we shall see, all these considerations are variously at work in both health and foreign news.

As in other kinds of popular narrative, Seale has suggested that news representations of health often operate by creating and then exploiting common cultural 'oppositions' such as normality and freakishness, cleanliness and dirt, female and male – and, perhaps most centrally for health, life and death. Media audiences are familiar with these conventions through repeated, fragmented (and, as we saw above, active) engagement with them (2003: 518-9), although news is just one source of our information and analysis about health (Chapman 1993). Likewise, Benthall draws attention to the ways in which audiences 'fill in the gaps' when they see or read part of a disaster story – which, as will become clear below, is a staple of foreign news coverage – because they already recognise its narrative elements (2010: 188-9).

The section below offers an overview of findings from existing literature on health and foreign news from a range of high-income nations, including Australia. I have chosen to limit my survey to such locations because they cover these types of news in specific ways and with greater resources. There is very little published on how LMICs cover LMIC news – either in general, or in relation to health specifically – and it is to be hoped that this field will grow in the future.

Health news

Among the news media's roles in reporting health are setting the public agenda, providing contextualised and trustworthy information and serving as a forum for the perspectives of those living with particular health problems (Schwitzer et al. 2005). Although it is not news outlets' primary mission to promote health or public understanding of medicine, they might potentially contribute to these ends (Entwistle and Hancock-Beaulieu 1992: 380). The importance of news as a source of public information about both health and the salience of health issues, and as a

key intermediary on health policy, has been widely observed (Brodie et al. 2003: 927-8) [13]. Health news can also directly influence population health practices (Chapman et al. 2003).

Research from across the high-income world has identified several, general features of health news. First, its medical orientation has long been noted, with content analysis showing the predominance of pharmaceutical and technological interventions for health care (Turow and Coe 1985: 46, Commers et al. 2000: 329) and the strongly individualised nature of much coverage about health, both in terms of the emphasis on personal behaviour and responsibility (Lupton 1995: 504-7, Wallack and Dorfman 1992: 126, Bonfiglioli et al. 2007: 444) and the choice of those most commonly interviewed in health news stories: individuals affected by an illness or health problem (Chapman et al. 2009: 623-4). The medical tenor of much health news is reinforced by the authority and widespread selection of doctors to speak in the media (Lupton and McLean 1998, Chapman et al. 2009: 624) and the use of the news media to promote vested interests in the medicalisation of common conditions (Moynihan et al. 2002, Hodgetts and Chamberlain 1999). Relatedly, news about medicine tends to be presented more prominently and positively than that about population-focused public health; it has been suggested that this is principally because individuals in the audience can more easily identify with medicine's tangibility (drugs and facilities, rather than policies and issues) and quantifiable aims (Westwood and Westwood 1999: 61-2). It has also been pointed out that the mainstream media do not cover 'difficult' or less intuitive health news stories well – or sometimes at all (Raphael 2011).

Second, surveys of diverse audience groups suggest that personal relevance is the major driver of interest in health coverage (Cooper and Roter 2000: 336). Notwithstanding this conclusion health news has been shown to over-report information that is not widely relevant to its audiences (Pribble et al. 2006: 173-4), such as rare but remarkable diseases, and to cover certain cancers out of proportion to their population prevalence, with potential implications for public perception of their relative importance (MacKenzie et al. 2008).

Third, these investigations have identified a range of concerns with the content and presentation of health news. These include persistent criticisms of comprehensiveness and accuracy,

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[13] However these survey results about news as a source of health information must be set against a wider ambivalence about trust in the news media. The Pew Research Center's data on perceptions of media performance from 1985 to 2011 showed that, although television is still Americans' key news source, they continue to give negative assessments of the accuracy and objectivity of news stories and of the independence of news organisations (2011: 1-4).

particularly on commercial television (Wilson et al. 2009) and in tabloid newspapers (Entwistle and Hancock-Beaulieu 1992: 373-5); an emphasis on stories with entertainment value and on reporting 'bad news' (Bartlett et al. 2002: 82-3); and frustration – often expressed by health professionals and scientists – at the sometimes negative (Kennedy et al. 2006: 123), trivialised (Deary et al. 1998) or alarmist (Zanetti et al. 2012: 88-90) coverage of certain medical specialties, research and health conditions.

Often it is specific examples of health news that motivate such criticism, with the journalists who produce them being seen as either 'problems' to be managed (Garrett 2001: 88), or as uncritical megaphones for either industry or government (Lipworth et al. 2012). However, much about the form of health news can be explained by examining the organisational conditions and professional limitations within which journalists work when they cover health. Competing for space with other 'significant' areas of news, certain types of health coverage tend to appeal to journalists and editors (de Semir 1996: 1163). Indeed, exploration of infectious-disease coverage – a central story-type in health news – reveals that it possesses a number of key news values, including drama, geographic and cultural proximity, novelty and uncertainty (Hooker et al. 2011). Insofar as journalists aim to have their stories published or broadcast, the desire for audiences to identify with their outlet's style and presentation (Cameron 1996: 320), the struggle to maintain audience engagement and interest as a story develops (Holland and Blood 2013: 534) and the abovementioned audience preference for personally-relevant content are central considerations shaping health news. This kind of coverage is not unproblematic: health journalists themselves are disquieted at news that can lack sufficient context, be over-hyped and ignore stories which may be 'important' but are not especially interesting (Dentzer 2009: 2-3).

However, production constraints on their work – the number of stories they are expected to deliver, the particular news mix sought and features specific to their format (Chapman et al. 1995: 11-15) – mean that health news stories are structured and assembled in ways that are largely predictable and formulaic. Other studies demonstrate why this is the case: health journalists' schedules are dominated most of all by time and news-cycle restrictions. Despite their commitment to ethical principle, they constantly strive to balance divergent aims, such as depth of coverage and newsworthiness (Leask et al. 2010), particularly as demand grows for content across media platforms and corporate revenues shrink. The commercial imperative – maximising media organisations' profits by delivering affluent audiences that are desirable to advertisers – strongly influences health news content (Schwitzer et al. 2005), sometimes with tangible

consequences for certain sectors of the audience: the omission of stories that are relevant to minority or disadvantaged groups because they do not reflect the views or interests of the majority (Hodgetts et al. 2008: 52-63). Time pressures have also changed how health journalists gather information for their stories, with the internet now a key resource (Viswanath et al. 2008: 773). Such constraints in journalism largely work against daily news being able to provide comprehensive background and detail on health issues (Entwistle and Hancock-Beaulieu 1992: 380). Concurrently, the ability of journalists to critically assess this kind of information is declining: while subject-area experts are better-equipped to produce quality health stories (Leask et al. 2010), such specialist knowledge is under threat as media outlets reduce staff numbers (Wilson et al. 2010). Under the circumstances, it has been suggested that the 'media sensationalism' so derided in some quarters arises not because of miscommunication or ignorance, but because it can sometimes benefit both scientists – who might gain through greater opportunities for promotion and funding, or increased citation of their work – and journalists, who are rewarded with a highly-visible story (Ransohoff and Ransohoff 2001: 186). Lipworth and colleagues note that, as journalists become increasingly time-poor and financially restricted, they also become professionally vulnerable, more dependent upon their sources and, at least in the mainstream media, more politically homogeneous – and that this is potentially a public health problem in itself (2012: 770).

Foreign news

In our increasingly globalized, contemporary context Franks argues that it is important for citizens to understand events beyond their own nation's borders and to develop an international perspective (2004). Since few citizens of high-income nations have extensive experience of life in LMICs, the news media offer one of our most important windows onto these parts of the world. Indeed, foreign news exposure has been credited with several important roles: for individuals, it is a key predictor of international knowledge (Golan 2008: 42) and has an agenda-setting effect, influencing audiences' perceptions of and sentiment toward other nations (Wanta et al. 2004). For news organisations, the argument has been advanced that good-quality foreign coverage strengthens an outlet's credibility and exclusivity, and increases the worth of its overall news offering (Carroll 2007). Media attention has also been shown to significantly increase charitable donations following a LMIC natural disaster (Brown and Minty 2006). In terms of foreign news' influence upon policy, research on the much-discussed 'CNN effect' – the purported ability of real-time news to provoke popular and political reactions to global events (Robinson 2002: 2) –

has suggested this phenomenon is of variable importance, depending on whether a responding nation's geopolitical interests were already at stake (Natsios 1996).

Yet except in the case of dedicated international services [14], news editors consistently place LMICs very low among their coverage priorities (Sutcliffe et al. 2009: 137-8), in response to what they believe to be equally low levels of audience interest (Utley 1997: 2). Partly as a result, there is evidence – albeit mixed – that the quantity (and, some argue, the quality) of foreign news is declining in newspapers and on television across the high-income world (Sutcliffe et al. 2009: 132-3, Stacks 2003-4). This is especially so with respect to television coverage of LMICs (Franks 2004: 426) and in relation to the numbers of nations referred to over time (Jones et al. 2011: 430), although exceptional events continue to generate occasional peaks in news interest (Joye 2010a: 25). In addition, there is ongoing debate about what seems an increasingly anachronistic distinction between 'domestic' and 'foreign' news – with the rise of transnational news outlets and the effects of political events and social trends increasingly felt, differentially, across the globe (Hamilton and Lawrence 2010: 632, Hamilton 1988) – and relatedly, about who 'foreign correspondents' are, and will be into the future: no longer necessarily journalists reporting 'back home' from overseas locations, the internet now makes it easier for untrained individuals with basic equipment to capture and widely share stories (Cottle 2011: 84, Hamilton and Jenner 2003).

A substantial research literature on foreign news reveals numerous important characteristics of the genre. First, foreign news in high-income nations is known to be highly selective: it focuses on only a small number of countries and issues, leaving large areas of the world mostly unreported (Bacon and Nash 2003: 10 and 26, Jones et al. 2011: 424, Golan 2008: 53). Second, coverage is strongly influenced by various measures of self interest, be these the economic and political priorities of high-income nations generally (CARMA International 2006: 5-6), a particular concern for former colonies (Scott 2009: 544) or reporting the news-actor status of governments or citizens from high-income nations (Kalyango and Onyebadi 2012: 677, Scott 2009: 548, Moeller 1999: 5-6). The perceived imperative to make foreign news comprehensible and relevant to a national audience has been termed 'domestication' (Clausen 2004). Third, and relatedly, these criteria are further narrowed by a concern for some aspect of proximity. Existing

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[14] For instance *World News Australia* (www.sbs.com.au/news), the nightly television news of the Special Broadcasting Service (SBS), is the only domestic bulletin to make international events an explicit, major focus. The BBC World Service (http://www.bbc.co.uk/worldserviceradio) is the world's largest international broadcaster. Despite funding cuts over the last decade that have seen it completely drop services in several languages and scale back others, the World Service continues to broadcast in 28 languages as well as in English.

scholarship designates its major aspects as geographic (Wu 2003: 19) [15], cultural and social – how similar another nation seems (Hanusch 2008: 354) or its familiarity as determined by the numbers of a high-income nation's citizens that visit as tourists (Adams 1986: 119) – or political and economic: what has been called the 'significance' of countries to each other (Shoemaker et al. 1991, Westerståhl and Johansson 1994: 84-5) with nations remote from the machinations of global power and thus less essential to news, such as LMICs, more often sidelined (Chang 1998: 557). News selected is then presented in accordance with a country's own domestic priorities, be they ethnic (Joye 2009: 54-6) or ideological (Quist-Adade 2000: 172-4). Fourth, because of the already-severe space and time restrictions on coverage, foreign news often demands images that are even more spectacular or dramatic than usual in order to become news (Bennett and Daniel 2002: 39) – indeed, these can sometimes make the difference between a story becoming news, or not (Bacon and Nash 2004: 24 and 36-7). For reasons that will be further explored below, LMICs are often more or less invisible in the foreign news of high-income nations; in short, as Chang puts it, all countries are 'not created equal to be news' (1998).

As might be predicted from the limited, and limiting, picture of foreign news that emerges in the literature surveyed above, there has been extensive criticism of this coverage. Such critiques are not unfamiliar to journalists, and periodically induce self-reflection on their professional practice (Jamieson 2009, Cottle 2013, Hirsch 2012). News about LMICs is reproached for simplification and reliance on stereotypes (Dahlgren and Chakrapani 1982: 49-60, VSO 2001: 5, 9-10, Marthoz 2007), and for its negativity (Joye 2009: 48). A greater proportion of LMIC news has been shown to focus on crises (Wilhoit and Weaver 1983: 145-6), particularly in Africa (Golan 2008: 53, Donck 1996). Robinson argues that the coverage of humanitarian emergencies, which are prominent within LMIC news, is of two distinct types, either highlighting 'ethnic tensions' as explanation for the situation (which can sometimes also serve as a justification not to intervene) or focusing on its victims, usually without providing much insight into the historical, cultural or political dimensions of their situation (2002: 28-9). By foregrounding individual suffering and the need to alleviate it, this second kind of coverage becomes ultimately about the assistance provided by governments and NGOs from high-income nations, and hence 'our' caring, beneficence and moral virtue. In such circumstances, and in order to further simplify the perceived 'difficulty' of foreign news and streamline its presentation to an otherwise potentially-

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[15] This apparently intuitive idea is further complicated by regional specificities, with a location's distance from the border of a neighbouring country found to significantly predict the amount of newspaper coverage about that foreign country (Wu 1998).

uninformed audience, the use of children in such stories is popular. They function as immediately-recognisable or 'pure' victims (Moeller 2002), indicators of both the failings of their own people and of the need for outside medical and technical intervention (Burman 1994: 31-2).

Thus as with health news, that from LMICs often lacks context (Philo 2002, Glasgow Media Group and 3WE for Department for International Development (DfID) 2000: 5-9). Placed together with dissimilar items in the 'flow' of news, stories from LMICs can seem fragmented and ahistorical (Bourdieu 1998: 6-8). Although much of the foreign news described above is of the kind that requires a good deal of background, recent years have seen a shift instead towards more entertainment-oriented and human-interest stories (Joye 2010a: 33-5). Indeed other research evidence suggests that, at least in the tabloid press, coverage of Africa is dominated by such 'soft' news (Scott 2009: 549). In either case, however, the geographic and cultural distance noted above as manifest in news about LMICs from high-income nations is accused of risking the creation of emotional distance in media audiences. While content analysis has shown that newspapers' attention to the 'rest of the world' has increased in the last 50 years, in relation to the reporting of death important distinctions remain between the tenor of stories from high-income nations (where a majority name the deceased) and those from LMICs (where a growing number, but still only a minority, do so). Even if the nature of the deaths reported from LMICs is, in general, qualitatively different (tending to be caused by natural disaster or conflict), it seems fair to conclude that these deaths are more likely to remain undistinguished and anonymous (Tiffen 2010: 48-9). In addition, it has long been observed that media reports of disasters affecting LMICs tend to be accompanied by more explicit and dramatic images (Hanusch 2008: 342-3), especially in the popular press (Joye 2010b: 262). These kinds of empirical observations, appearing to suggest that journalists and perhaps audiences in high-income nations care less about the lives and fates of those from LMICs, have generated warnings about the dangers of reporting only 'exceptional' events (Cate 1994) and contentious charges of racism (Brookes 1995) against the news media. Although other studies question some of these findings – content analysis of newspaper reporting about Africa suggesting, for example, that this coverage may not be as negative as usually presumed (Scott 2009: 547 and 551) – we can still see that LMICs are treated less favourably in the news of high-income nations.

As with health news numerous limitations on, and perceptions of, journalists powerfully shape foreign news and help explain its current, imperfect form (Shoemaker and Reese 1996: 65). The pressures of publication or broadcast deadlines are no different for foreign news but since such

stories are, by definition, not local journalists' task is complicated by time differences and the need to travel. In addition, the traditional model of foreign correspondence – maintaining a journalist(s) overseas on a permanent basis, with the associated technical provision – is a poor fit with the financial bottom line of large media companies in a competitive market (Hamilton and Jenner 2003: 133). These difficulties almost guarantee foreign news will focus on simple events that are equally simple to cover (Bourdieu 1998: 8). Indeed, it has been suggested that these constraints help explain the prominence of 'soft' news in newspaper coverage of Africa (Scott 2009: 550), since such stories are usually widely appealing (Jensen 1986: 37) and neither time critical nor especially complex. Since news outlets do not retain their own journalists in most locations, existing news infrastructure is crucial in determining what LMIC stories will become news in high-income nations; the presence of international news agencies strongly predicts the volume of coverage a country will receive, in both the traditional media (Wu 2000: 126-8) and, even more markedly, in online news (Wu 2007: 549, Paterson 2005). These agencies characterise themselves as global news-gatherers and yet the LMICs most dependent on them for a presence in the world's media are also the nations most likely to be under-reported by them (Paterson 2001: 340). Beliefs about audiences also exert a powerful influence: while journalists see the provision of foreign news as a public good, they believe their audiences to be largely disinterested in it and choose foreign news accordingly, based on market 'demand' and local relevance (Kim 2002: 448). At any rate, this conviction may be wrong: survey research with newspaper readers has shown that they are more interested in positive foreign news and stories about ordinary people, with reports of accidents and disasters markedly unpopular – but with stories originating in Africa and Asia the least popular (Hargrove and Stempel III 2002). Finally, timing plays a key, if unpredictable, role in the selection of foreign news: the extent to which LMIC news captures media attention in high-income nations depends on what else is happening concurrently (Garrett 2001: 88, Eisensee and Strömberg 2007: 722) and the extent to which this crowds out newsworthy LMIC news. Even so, it is worth recalling that quantity and quality of coverage are not the same thing.

We might expect the ambivalences identified in the coverage of both health and foreign news to be intensified when we consider an area of coverage that brings these together: LMIC health news. A survey of newspapers' uptake of medical journal press releases shows that research from LMICs is well-represented among journal publicity outputs, but that these are not taken up by media outlets (Bartlett et al. 2002: 83). What little literature there is examining health news from LMICs identifies it as covering certain conditions and illnesses out of proportion to their

regional prominence or prevalence (Hudacek et al. 2011, Bardhan 2001) and promoting a sense of detachment from health problems that do not directly affect individuals in high-income nations (Joffe and Haarhoff 2002: 957-8). The following section, then, considers what current research says about the coverage of LMIC health in the news media of high-incomes nations, before concluding with an outline of the questions addressed and the papers proposed in this thesis: an exploration of how health news from LMICs is covered in the Australian media.

Studies of LMIC health news

Kitzinger and Miller argue that, when HIV/AIDS began to emerge as a crisis in Britain during the 1980s, perceptions of African poverty, ignorance and promiscuity were advanced in the domestic media as key explanations for its genesis and spread; the illness was presented as being somehow about 'Africanness' and blackness (1992: 40 and 49). As we shall see HIV/AIDS, and these kinds of powerful and negative associations, remain central to news media presentations of LMIC health in high-income nations. As with health and foreign news, there is some evidence that greater media coverage of LMIC health also has wider effects, such as increasing official development assistance (ODA) disbursement for HIV/AIDS in Africa (Carmignani et al. 2012: 29). While this political response may be welcome news in relation to HIV/AIDS, other illnesses that take a heavy toll in LMICs – including some key diseases of childhood – are under-reported and less well-resourced, supporting claims that a positive media-funding cycle for HIV/AIDS displaces other potential health programming investments from a finite donor pool (Carmignani et al. 2012: 29) [16].

This section adheres to the generally-accepted division of media studies into three broad areas of inquiry – *production*, *representation* (content) and *reception* (Seale 2003: 515) – to look in detail at existing studies of LMIC health in the news media of high-income nations, what is known in each area and any shortcomings or silences in the literature. Since each of these processes relies on and/or presumes the others, this partitioning of my research focus was always destined to be somewhat heuristic. In what follows, there are several studies that incorporate elements of two of these media emphases – for instance, consideration of content *and* reception. Without wishing to create artificial demarcations in this review, I have tried to deal with the relevant material from each study under its appropriate area heading.

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[16] The argument is also advanced that all disease-based funding for LMIC health – what is known as 'vertical programming' – displaces donor contributions to less-visible or immediately-intuitive 'horizontal' programmes that support national health systems and build their long-term capacity and sustainability (Ravishankar et al. 2009: 2118).

Production (journalist) studies

There are only two contributions to the literature that focus in any meaningful way on the production of LMIC health news. The first, a public relations-based study of press coverage about HIV/AIDS, sought to understand how three sets of stakeholders narrated the media construction of global HIV/AIDS: specialist online discussion-group respondents interested in the media presentation of HIV/AIDS, transnational wire-service journalists and HIV/AIDS policy-makers and communicators (Bardhan 2002).

From four of the largest international news agencies and an alternative (LMIC-focused) wire service a total of five correspondents, based almost exclusively in cities from the high-income world, agreed to be interviewed. Questions to these participants explored the forces shaping global news coverage of HIV/AIDS. Among the key points to emerge from their responses were the importance of space, time and infrastructure constraints on how much coverage HIV/AIDS would receive, what regions of the world were most covered and who would 'speak' for the pandemic (Bardhan 2002: 236). With wire-service pieces being extremely short, the correspondents acknowledged that their work omitted a good deal of detail. In addition, they noted that the experience of HIV/AIDS in regions better-resourced with journalists and bureaux would receive greater media exposure, thus explaining why Europe and the United States were comparatively over-represented in global coverage compared to the most-affected regions, sub-Saharan Africa and south-east Asia. Further, several participants stated that medical researchers and scientists were considered highly authoritative, particularly in light of the aforementioned time and space constraints on journalists' work (Bardhan 2002: 236-7).

These findings – about reasons for the lack of background in wire-service reporting of HIV/AIDS, the selective coverage of certain world regions and preference for medical sources – confirm some of the observations, made above, about general health and foreign news. However while its interviews with global news agency correspondents are valuable, this study gives no insight into specific, national factors at work in the high-income world's news coverage of HIV/AIDS in LMICs – and, as noted in the opening section of this review, most news content remains strongly shaped by national factors.

The same might be said for the second production study: a review of global, English-language news about three of the world's most neglected tropical diseases (NTDs) – African

trypanosomiasis (also known as 'sleeping sickness'), leishmaniasis and Chagas disease (or American trypanosomiasis) (Balasegaram et al. 2008). Although chiefly a content analysis, this paper also incorporates some examination of news production, underlining the importance of simultaneously understanding both the content of coverage and its context.

The authors conducted semi-structured interviews with nine health journalists from leading global media outlets and with four key informants from academia and advocacy organisations. The journalists agreed that NTDs were important and were insufficiently covered, but argued that their stories needed to be newsworthy. Their coverage was usually about 'breaking' health stories such as new infectious diseases, particularly ones that might affect domestic audiences or that had a poignant human element – the kind that was difficult to access in relation to NTDs without contacts in affected countries (Balasegaram et al. 2008). Again, these results – highlighting the importance of novelty, domestic relevance and a 'human element' – are broadly in line with the factors noted above in relation to both health and foreign news. That production studies on the high-income world's news media coverage of LMIC health are largely absent from the existing literature is a clear gap, and one that this thesis aims to contribute to rectifying. We turn now to how LMIC health is represented – that is, its content – where there are rather more studies, and of a greater variety and complexity.

Representation (content) studies

Seale has observed that general studies of media and health are presently skewed towards the study of content (2003: 516) and so it is, too, in the specific area of LMIC health coverage from high-income nations. This section begins by examining analyses of media content about what has become perhaps the archetypal story in LMIC health: HIV/AIDS. It then proceeds to consider what the literature says about emerging infectious diseases and, finally, looks at the few papers on other aspects of LMIC health media content.

When HIV/AIDS first came to global public attention it gained little media traction in high-income nations since, as has been pointed out, European and North American news editors did not see a story principally about gay men as being of broad interest to their audiences (Washer 2004: 2563). By the 1990s HIV/AIDS had become an ongoing story and, once the initial hysteria had passed, it was clear that this was a systemic problem that would stretch over decades (Swain 2005: 259). Analysis of the HIV/AIDS-related content generated by five international news agencies during this period reveals that the pandemic was still being covered mainly from the

perspective of high-income nations; apart from sub-Saharan Africa, the specific epidemics of other LMICs were virtually invisible (Bardhan 2001: 303). A comparison of British and American newspaper coverage for the 20 years to 2002 showed that the British reporting was more likely to treat HIV/AIDS as a global – and not simply a domestic – story (Brodie et al. 2004). In the last five years there has been greater coverage of HIV/AIDS epidemics in LMICs, especially in Africa – certainly, the global English-language media's interest in HIV/AIDS, when compared to that for NTDs, bears this out (Balasegaram et al. 2008) – but within a context of declining coverage overall (Swain 2005: 260). That much of this attention has revolved around the international AIDS conferences where large numbers of experts are conveniently accessible (Swain 2005: 260) suggests that journalistic exigencies, rather than health priorities, are shaping contemporary coverage of HIV/AIDS.

Political concerns are also powerful considerations: in a comparison of Chinese and US wire services' presentation of HIV/AIDS in China, the ideological stance of these two outlets in relation to the major stakeholder – the Chinese government – determined the tone of its reporting. For AP, this was an anti-communist standpoint that presented Chinese officials as untrustworthy and incompetent in addressing the country's epidemic; on the other hand the official Chinese news agency, Xinhua, showed government representatives as positive and dynamic in regard to HIV/AIDS (Wu 2006: 270). Finally, a comparative analysis of American, British, Canadian and African print-media content on connections between HIV/AIDS and food insecurity in sub-Saharan Africa highlighted the fact that the representation of this issue in the press from high-income nations was more hopeless and less amenable to action than African portrayals (MacPherson and Wadsworth 2011: 12). Since such content helps form citizens' views on this important LMIC (and global) health issue, the ways in which the media of high-income nations present HIV/AIDS is a key contributor to policy, funding and health outcomes.

Whereas HIV/AIDS is a health problem now facing every country emerging infectious diseases (EIDs), as Washer has noted, are usually understood in high-income nations to mean 'emerging' from among the poor – specifically, LMICs (2004: 2562) [17]. This 'emergence' also relates to mass

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[17] This is usually, although not always, the case: for example, in an analysis of American newspaper coverage of BSE during 1996, the 'foreigners' with their alien (food) habits were actually British. By presenting beef-eating as central to British culture and American beef consumption as more moderate, the news portrayed BSE as a problem that 'couldn't happen here' (in the United States) (Demko 1998). In addition, distancing also occurs in social understanding of disease in LMICs – and even when an illness is common in the setting in question: in Zambia, which has a high prevalence of HIV/AIDS in urban areas, a thematic analysis of adolescents' social representations of it showed that they saw the West as the origin

media and modern communication and the way in which they spread EIDs symbolically, if not literally, into high-income nations (Farmer 1999: 46). Central to this reporting has been the notion of the cultural 'other' – be this individuals or nations, within or without (Ungar 1998: 52) – that operates by distancing the disease from oneself or own group, blaming the 'other(s)' for its genesis due to, for example, lifestyle and custom, and stigmatising those who have contracted it or are believed to have hastened its spread (Joffe 2011: 447).

A content analysis of British tabloid and broadsheet press coverage of Ebola during the 1990s bears out these observations. All of the stories mentioned Africa (suggesting the disease was essential to the continent as a whole), almost half linked Ebola to monkeys and about another half to a lack of suitable medical infrastructure; some others indicated a role for poverty, pollution, the forest environment and tribal ritual in the spread of Ebola. However, while evoking fear and horror at Ebola's potential effects, these stories also emphasised how it could be controlled through medical intervention from high-income nations: surveillance, quarantine and isolation. By contrast Africans themselves were shown as passive and voiceless, lacking the agency or skill to take any part in these efforts (Joffe and Haarhoff 2002). In comparison, British newspapers' presentation of a later SARS outbreak in China rendered local people invisible: while a scientist from a high-income nation was (incorrectly) named as having identified the virus, the only time mainland Chinese people were mentioned was in negative descriptions of government officials or in depictions of everyday hygiene and eating practices that would evoke disgust at how 'they' lived (Washer 2004: 2569). As in coverage about HIV/AIDS, discussed above, long-standing political, media and ethnic antagonisms were also strongly present in the negative image of China projected by the English-language international press in its treatment of SARS (Buus and Olsson 2006: 78). At the same time, a crucial similarity in these representations of Africa and China is the extent of their difference – 'otherness' – from us and our technically-superior medicine, such that Ebola and SARS can never be more than hypothetical threats to high-income nations, even as both locations are themselves apparently inevitable breeding-grounds for disease (Washer 2004: 2564 and 2570).

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of AIDS, thereby distancing it from their social networks (Joffe and Bettega 2003). This is likely to be, at least in part, about protecting one's own identity by locating the source and effects of a danger elsewhere – a phenomenon perhaps most obviously manifest in the naming of disease vectors with reference to a particular place or population group, such as 'Spanish flu', 'German measles' and 'Gay-Related Immune Deficiency' (GRID – the initial name for HIV), with all the attendant potential for negative stereotyping (Joffe 2011: 451).

Insofar as these are what Joffe and Haarhoff refer to as 'far-flung illnesses' (2002) there is little about Ebola and SARS that is urgent or personally relevant. However, the proximity of a disease increases its newsworthiness: content analysis of Swiss newspaper coverage about H1N1 (swine flu) showed that the idea of the 'other' was at work only when the threat was still at a distance (Mayor et al. 2012). Australian investigations of public responses to H1N1 reveal that the virus was not uniformly associated in a negative manner with a particular foreign source; respondents saw it as something already in the country and therefore unable to be denied as part of 'us' (Holland and Blood 2013: 529-30). Here we see the centrality of self-interest and local involvement, mentioned earlier in relation to foreign news, at work in LMIC health news as well. An examination of news about EIDs in high-income nations generates a sense of LMICs as a vague threat, available to be deployed in various circumstances by the media whenever blame is to be apportioned and reassurances are needed (Ungar 1998: 53).

Although EIDs might make for newsworthy and dramatic content, this coverage – and the LMIC health media research that is, arguably, overly focused upon such illnesses – leaves little space for the notion that 'health' is a broader and more diverse experience for citizens of LMICs. Indeed, the literature that focuses on news content about more mundane aspects of LMIC health is sparse. In comparison to high-profile diseases like HIV/AIDS and tuberculosis, those that affect children specifically – such as pneumonia, diarrhoea and measles – receive relatively little media attention; in addition, the paediatric burden of conditions such as malaria also receives proportionately less coverage (Hudacek et al. 2011). Content analysis of a 20-month sample of high-circulation, English-language newspaper coverage from across the world that aimed to understand the presentation of news about neglected paediatric diseases showed clear disparities in the selection and framing of stories depending upon whether or not the illnesses were covered by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Its major concerns garnered vastly more attention than childhood pneumonia, which causes the greatest amount of ill-health in children (Hudacek et al. 2011). The finding of an apparently-larger number of articles about diarrhoea was complicated by the fact that few were about children; they seemed to be chiefly related to diarrhoea among adult travellers. While the GFATM's emphases were often represented by a high-profile individual or organisational champion who was part of a wider movement with a more global story to tell, the less well-funded diseases had few, if any, protagonists or broader narratives. In addition, the authors speculated that there is nothing new – and thus newsworthy – in the relatively simple cause, prevention and treatment of paediatric

malaria or the low-profile childhood illnesses, when compared to HIV/AIDS (Hudacek et al. 2011). A particular and 'pure' notion of childhood central to high-income nations is violated by the image of the LMIC child victim (Burman 1994: 34); similarly, it appears that the culturally-exceptional status of children extends only to those who are 'ours'. This raises troubling questions about the prospects for awareness- and fund-raising in relation to diseases that are not high-profile. As Hudacek and colleagues note, understanding how childhood illnesses are framed in the media may influence the future direction of LMIC child-health advocacy and policy (2011); in this, as in other areas of news discussed above, coverage can have effects.

The coverage of prosaic aspects of child health – though in extraordinary circumstances – has also been the subject of a small amount of research that echoes these themes and also chimes with some of the other, broad findings above. A recent analysis of English-language online news coverage about child and infant feeding after natural disasters in Burma (cyclone) and China (earthquake) in 2008 suggested that patterns of reporting may encourage the kind of relief practices that increase child morbidity and mortality (Gribble 2013: 80). Although this study was concerned, as was some of the health news literature surveyed above, with the accuracy of coverage it extended an interest in child-related coverage beyond infectious disease. This media content was significant both for what it did and did not include. While reflecting an awareness that babies must be fed, the reports commonly mentioned donation and distribution of bottles and formula without acknowledging the risks associated with artificial feeding in emergencies; conversely breast-feeding, a sign of maternal resilience and protective of infants in times of disaster, was linked by some to vulnerability (Gribble 2013: 90). While protecting children in these settings is largely about supporting their mothers to do so, this slightly more complex story perhaps does not sufficiently implicate the outsider (probably from a high-income nation) who heroically brings them food: a staple 'folk narrative' of disasters (Benthall 2010: 188). This kind of coverage seems to be mostly about journalists who may be ignorant of disaster situations reporting these stories in a way that satisfies audience beliefs about recognisable 'victims' and expectations about those who save them.

Finally, it is worth drawing attention to a small quantity of literature that demonstrates the near-absence of several important topics of concern to public health in high-income nations' news coverage of LMIC health. A contemporary overview of New Zealand newspaper content on global health issues revealed a pre-eminent concern for communicable disease, followed by stories about the environment and health, general health risks and substance misuse (McCool et

al. 2011). Despite their contribution to burden of disease in the Asia-Pacific, non-communicable diseases (NCDs) and injury had relatively little profile in this coverage, although the authors acknowledge their sources were limited to newspapers, and from only a twelve-month period. Similarly, a paper that compared American, British and African reporting of the Gates Foundation's Grand Challenges in Global Health found this coverage to be largely uncritical of the Grand Challenges' utilitarian focus and its failure to consider more long-term, sustainable solutions such as investment in health systems and social infrastructure (Verma 2009: 167).

To sum up, then, the studies reviewed concerning the representation of LMIC health news in high-income nations reveal a large amount of attention to HIV/AIDS and a good deal of literature that, while instructive, by its very focus on the kinds of health conditions and illnesses popularly associated with LMICs, perhaps amplifies the existing negative impression of such countries. In addition, there is very little among the preceding research that includes LMIC health television news content; this is one means by which the AHNRC dataset offers a unique opportunity to contribute to the literature.

Reception (audience) studies

In his overview of health and media, Seale asserts that questions of reception are somewhat less studied than those associated with representation, although not as infrequently as production: the data for such investigations – focus groups and interviews – are often more difficult to obtain and analyse than is media content (2003: 524-5). This is also the case in relation to LMIC health specifically; this section examines the small amount of research on audience understandings of media outputs in this area. Again, this research is largely about EIDs and will be considered as being of two main types: that concerning audience sentiment in relation to LMICs as 'foreign' and that related to LMICs in terms of immigrants from these countries to high-income nations.

The aforementioned study of British media content on Ebola in Africa also had a reception component. It involved in-depth interviews with 50 participants: 20 tabloid and 30 broadsheet readers, each group evenly divided by gender. The researchers sought to understand where respondents thought Ebola originated, causes of its spread, levels of fear among audiences and mentions of control measures (Joffe and Haarhoff 2002: 959). As with the media content described earlier, there were variations in response between the two groups of participants: broadsheets readers (and texts) were more likely to explicitly refer to particular affected countries and social-structural features that might increase spread of the illness, and to assign Africans

themselves an active role in containing it; tabloid readers tended to imply that Ebola was quintessentially 'African', spread by cultural practices including contact with monkeys. Western biomedicine made high-income nations and their individual citizens impervious to the virus, thereby detaching them from personal fears about Ebola; this was especially so for the tabloid readers (Joffe and Haarhoff 2002: 967). This study supports findings from earlier AIDS-related literature about notions of the perverse 'other' and 'darkest Africa', demonstrating the way in which cultural symbols circulate in different social milieux to make LMIC health news meaningful (Joffe and Haarhoff 2002: 968).

Several related European investigations into H1N1 elaborate these health-related audience constructions of LMICs and their citizens. One examined assessments of the risk, origins, effects and protection against H1N1 by French-speaking Swiss respondents in mid-2009 (Wagner-Egger et al. 2011), when the disease had emerged and first reached Europe; the other looked at patterns of social sense-making and blame around H1N1 based on three successive waves of interviews, also with participants in Switzerland (Mayor et al. 2012). The former study focused on perceptions of collectives (groups, organisations and countries) implicated in the H1N1 outbreak as either heroes, villains or victims, and their symbolic importance for respondents trying to grasp the uncertainty associated with this novel health risk. Interestingly the media emerged strongly as a villain, and doctors/medical researchers as heroes, in both pieces of research. Of particular interest, though, is that the entities most commonly perceived as victims were LMICs, especially Mexico and African and Asian nations. However, they were not necessarily 'innocent' in this role but singled out as having been the places of origin for EIDs in the past, and as lacking hygiene or discipline. This was an ambivalent status, then; while there was empathy for the plight of affected LMICs these nations were also seen as potential sources of danger that they had possibly brought on themselves, and as needing either protection or help because they were unable to cope alone (Wagner-Egger et al. 2011: 464 and 474). As with abovementioned audience perception of Africans as passive in relation to Ebola, this notion is also problematic as it allows no space for the fact that the initial, and possibly most substantial, responses to outbreaks in LMICs are likely to have been by the nations themselves (Quarantelli 1996). In contrast, Switzerland was perceived as well-equipped to combat H1N1: a wealthy nation with educated citizens and a highly-developed medical system. Although the authors conceded that this impression was likely amplified by their Swiss participants' existing national self-identity as independent (Wagner-Egger et al. 2011: 474), this idea, too, is ambivalent as it downplays the interdependence that is so much a part of the contemporary global health experience. The latter

of these Swiss studies found that, over the evolution of the H1N1 pandemic, mentions of distant collectives (other nations including, but not limited to, LMICs – especially Mexico) in both media texts and interviews diminished in favour of local stakeholder groupings (doctors, pharmaceutical companies and risk groups) as a vaccination campaign got underway and after the worst of the pandemic was over (Mayor et al. 2012: 9-11). However throughout the study period (May 2009 to November 2010) LMICs were considered as – sometimes guilty – victims, overwhelmingly in relation to the genesis of H1N1, its spread and the closure of borders. Mexico was most often mentioned as the source of the virus, with other countries and continents (such as Africa and Asia) named; respondents also stated that, in the case of a pandemic, individuals from these nations represented a threat (Mayor et al. 2012: 9). This research demonstrates the tendency of media audiences, in concert with media content, to make sense of EIDs by linking them to other nations – particularly LMICs. In contrast, some literature locates such diseases within the high-income nation in question or blames locals, very often immigrants from LMICs. We turn now to considering this type of research.

Several papers have focused on public perceptions of methicillin-resistant *Staphylococcus aureus* (MRSA), an organism endemic in many British hospitals and which, although often present on the skin of healthy individuals, can cause fatal wound infections that are resistant to antibiotic treatment. General work on the collective representation of MRSA by British laypeople – a representative cross-section of 60 individuals from Greater London – has shown that the prevalence of MRSA is seen as representative of wider national and cultural decline. The failings of the National Health Service (NHS) and rising rates of MRSA were linked to immigration and changes in demography: foreigners were blamed for bringing such infections from abroad and draining resources available to the health sector, and those who had come to work as NHS staff were seen as ignorant, lazy and lacking in diligence and communication skills. Relatedly the NHS, felt to be falling behind in terms of service standards, was unfavourably compared to the health systems of LMICs and described as 'third world' (Joffe et al. 2011: 678-9). Foreign cleaners were the chief target of this blame, characterised as the cheapest, lowest-quality and least motivated sector of the NHS workforce; likewise, medical staff of foreign origin were blamed for lacking the ability to communicate. Although their negative attributions toward foreigners differed, this link was made by white and ethnic-minority respondents equally and a small number of interviewees made racially-abusive comments about foreigners, particularly of non-European origin, as dirty, stupid and insensitive (Joffe et al. 2011: 679).

Given the composition of the health workforce in the UK 'foreign' is here identified as 'people from LMICs' and participant perceptions of both these nations and individuals from them were almost entirely negative, corroborating the earlier-observed pattern of 'othering' health threats. Earlier work by the same authors focused specifically on whether and how newspaper messages about MRSA matched public perceptions among the same respondents (Washer et al. 2008). They found that audience and media representations were largely in accord, with their focus on the management and culture of the NHS and concern about MRSA as symbolic of broader decline in Britain. However, insofar as audiences blamed 'foreigners' – specifically, black cleaners – for spreading MRSA their beliefs diverged from the position of newspapers, which instead laid the responsibility domestically, with the government and NHS hierarchy (Washer et al. 2008: 45). The authors point out that locating new infectious diseases with foreigners and immigrants is hardly a new phenomenon but that, in this case, audience understandings of MRSA were drawing on messages from both media and the wider culture – such as those about 'foreigners' (Washer et al. 2008: 45-6).

Long-standing patterns of cultural stigma and blame for illness are also apparent in a study of community responses to the 2003 SARS epidemic in New York's Chinatown (Eichelberger 2007). At the height of the epidemic warnings to avoid Asian areas of large cities across the United States were widely circulated, and recent Chinese immigrants identified as a source of infection because of their supposed preference for freshly-slaughtered meat and propensity to live in close proximity to animals (Eichelberger 2007: 1284). The American media primed its audience, already fearful in the midst of post-September 11 debates about weapons of mass destruction and biological warfare, in a manner similar to that of the British media (mentioned above) in relation to Chinese people and SARS (Eichelberger 2007: 1287). Interviews and participant observation with established residents, business owners and workers in New York's Chinatown revealed that general discourses casting new immigrants as a threat to community health were being recontextualised to contemporary concerns. While resisting their 'othering' power and distancing themselves personally from SARS, many respondents simultaneously perpetuated and legitimised these same discourses by redirecting them to more marginalised, newly-arrived members of the Chinese community. Thus the way in which the SARS risk was perceived further entrenched and normalised inequities of power within this community and may, in turn, have contributed to poorer health and higher risk of disease among such stigmatised individuals (Eichelberger 2007: 1293).

A sense of disgust, distrust and cultural distance permeates perceptions of foreigners and immigrants of LMIC origin in relation to illness, be they backward Africans, unhygienic Mexicans or dirty Chinese. The news media are crucial in communicating valuable health messages about novel infectious diseases but can contribute to and distribute misleading ideas as to who is responsible for them (Eichelberger 2007: 1293). At the same time, many LMICs lack the health-system capacity and resources to meet WHO requirements in relation to disease surveillance meaning that, in these days of global interconnectedness, such systems are little more than early-warning mechanisms for high-income nations that invest in vaccine stockpiles rather than improving LMIC health systems (Dry and Leach 2010: 40). Of such complexities audiences see and hear little in the mainstream news media, and there is little academic consideration of the reception of LMIC health news beyond that of some key, stereotypical stories of the kind outlined above. The following section lays out how this thesis contributes to addressing these gaps in our understanding.

Conclusion

Having considered the broader academic context of research into health, foreign and LMIC health news, and as a result of the limitations and gaps identified in the literature reviewed above, this thesis draws on the AHNRC dataset to begin answering some intriguing questions that until now have not been explored at a level beyond conjecture and rhetoric. These questions are:

- What is the scope and production/reporting context of LMIC health issues on Australian television news and current affairs, and what picture does this coverage provide of health in the nations and regions presented?

- What are the principal determinants and dynamics of this coverage, and how does it present Australia, Australians and the nations and regions featured?

- How do different Australian audiences make sense of this coverage?

- What are the experiences of relevant agencies (government and non-government) with the Australian news media in relation to LMIC health?

These questions have been approached by way of a series of six papers, which constitute the chapters of this thesis. Chapter 3 presents a content analysis of Australian television news coverage of LMIC health and the extent to which it might be said to embody some of the ambivalences outlined in discussions above of both health and foreign news – in particular, the extent to which it focuses on an Australian domestic element in its presentation of coverage. That is, this content analysis aims to be meaningful primarily in its implications for audience

effects (Kunkel 2009: 17). However, since this sort of approach leaves aspects of the causative chain unexplored, the next three papers examine the three general areas of media inquiry – production, representation and reception – in relation to a specific LMIC health story that was prominent in the AHNRC dataset: Trishna and Krishna, conjoined twins from Bangladesh whose successful separation in Australia in 2009 prompted large-scale news attention by the standards of LMIC health coverage. Chapter 4 is a content analysis of the Australian media's coverage of their story and of several prominent themes mentioned above in relation to health and foreign news: namely, the centrality of high-tech medicine, the domestic focus and child health. The fifth chapter presents and analyses the findings of interviews with journalists who covered this story for various Australian media outlets, and reflects on both the narrative and institutional factors that made it so newsworthy and the consequences for those hoping to see greater domestic coverage of LMIC health in the future. The last aspect of this case study, audience receptions of the story, is addressed in Chapter 6, where I present the main themes emerging from focus groups conducted with three different types of audience members: suburban parents, employees of Australian international development NGOs and Bangladeshi-Australians. Chapter 7 is about the interaction of international development agencies, both government and non-government, with the Australian media and their successes and lessons learnt in attempting to 'make news' of LMIC health-related stories. The final paper (chapter 8) is another case study. In the way it covers medical tourism – as a phenomenon that might cause Australians to benefit from, rather than have to support, LMICs – the Australian news media reverses some of the usual expectations and patterns of its LMIC health coverage. Chapter 9 offers some broad conclusions and suggestions for additional research.

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Chapter 3 – 'Disease, disaster and despair'? The presentation of health in low- and middle-income countries on Australian television

Abstract

Background: In high-income nations mainstream television news remains an important source of information about both general health issues and low- and middle-income countries (LMICs). However, research on news coverage of health in LMICs is scarce.

Principal Findings: The present paper examines the general features of Australian television coverage of LMIC health issues, testing the hypotheses that this coverage conforms to the general patterns of foreign news reporting in high-income countries and, in particular, that LMIC health coverage will largely reflect Australian interests. We analysed relevant items from May 2005 – December 2009 from the largest health-related television dataset of its kind, classifying each story on the basis of the region(s) it covered, principal content relating to health in LMICs and the presence of an Australian reference point. LMICs that are culturally proximate and politically significant to Australia had higher levels of reportage than more distant and unengaged nations. Items concerning communicable diseases, injury and aspects of child health generally consonant with 'disease, disaster and despair' news frames predominated, with relatively little emphasis given to chronic diseases which are increasingly prevalent in many LMICs. Forty-two percent of LMIC stories had explicit Australian content, such as imported medical expertise or health risk to Australians in LMICs.

Significance: Media consumers' perceptions of disease burdens in LMICs and of these nations' capacity to identify and manage their own health priorities may be distorted by the major news emphasis on exotic disease, disaster and despair stories. Such perceptions may inhibit the development of appropriate policy emphases in high-income countries. In this context, non-government organisations concerned with international development may find it more difficult to strike a balance between crises and enduring issues in their health programming and fundraising efforts.

Introduction

It has long been noted that news media are influential in the formation of community and political health agenda (Brodie et al. 2003, Wallack and Dorfman 1992). The broadcast and print media in both Britain and Australia tend to health coverage dominated by clinical settings, technological interventions and an individualised view of illness (Westwood and Westwood 1999, Seale 2002). These observations hold principally for local health stories, since domestic

news dominates national programming generally, and for those from other high-income countries. British press coverage of medical research has been shown to completely ignore scientific advances from low- and middle-income countries (LMICs) (Bartlett et al. 2002). A comprehensive review of determinants of international news found the strongest predictors of coverage to be the degree of nations' economic interaction and the availability of suitable material from news agencies (Wu 2000).

Commentators have protested for some time that news coverage from LMICs in high-income nations is limited, often inaccurate and thus unfair (VSO 2001). Reviews of international news coverage and agency material about Africa demonstrate a focus on a limited range of countries, with stories mainly about war, violence and political instability (Marthoz 2007, Mungham 1996). As these news agencies are based in the high-income world, LMICs are further disadvantaged in their ability to influence global news flows (Wu 2003). This is significant as the news media, particularly television, remain the most important information source about LMICs in high-income nations (Lader 2007). However, the medium tends to present problematic depictions: one study of audience responses summed up coverage of LMICs on British television as being about 'squalor and safari', offering either over-simplified impressions of these places, or exaggeratedly negative caricatures (Scott 2009b). Further, while recognising the importance of television in shaping viewers' impressions of LMICs, media producers often perceive such content as a ratings risk (Glasgow Media Group and 3WE for Department for International Development (DfID) 2000).

It would seem intuitive that these general patterns of coverage will be similar for health news. However, research on news coverage of LMIC health is scarce; major international medical journals, in which many health stories covered by the mass media originate, have historically under-represented LMIC concerns in their pages (Horton 2003). The only systematic examination of neglected tropical disease coverage in the international English-language electronic media located just 113 articles from across a four-and-a-half year period (Balasegaram et al. 2008).

This study describes Australian television coverage of LMIC health between May 2005 and December 2009. It also tests hypotheses that:

- the coverage of LMIC health issues on Australian television is narrow in both scope and context, and provides an unbalanced picture of health issues in the regions and nations presented and

- a principal determinant of coverage for LMIC health items on Australian television will be the presence of Australians as victims or health workers in LMICs, or because of action by Australians to assist patients from LMICs to come to Australia for treatment.

Methods

We used the Australian Health News Research Collaboration (AHNRC) database (http://www.health.usyd.edu.au/AHNRC/index.html) which, since May 2005, has archived all health-related, free-to-air Sydney television news, current affairs and 'infotainment' programme items (Chapman et al. 2009). At the end of December 2009, the then-52 month database contained 21 704 stories. News items are selected for archiving when they explicitly mention health care facilities or providers, any health outcome or risk factor, disease or injury, or political commentary about health. In order to limit the parameters of the database, stories about broader 'social determinants of health' (such as poverty, housing and employment) and deaths or injuries caused by natural disasters, war, civil unrest or criminal activity are not included unless they contain explicit mention of health (such as more than incidental coverage of the involvement of medical services) (Chapman et al. 2009). Preventable injury, such as road trauma, is included.

Each story was classified as being about up to two of 21 broad content categories and up to four of 218 specific sub-categories of content (Chapman et al. 2009), one of which is 'LMIC health'. The WHO defines LMICs to include nations with gross national income per capita less than US$10 066 in 2004 (World Health Organization 2008). Within this sub-sample, we noted the regions to which news items referred (Table 1) and the frequency with which diseases and health conditions were covered (Table 2). To test our second hypothesis, all items were assigned to one of five categories that related to the presence or absence of a 'local (Australian) angle' (Table 3). Where several categories appeared in any given story, the predominant emphasis was chosen. To test the reliability of the principal coder's (MI) allocation, 40 items were randomly selected and three other coders categorised each against the definitions shown in Table 3.

Results

The kappa statistic for the reliability of coding in Table 3 was 0.76 (95% CI, 0.68 – 0.83), indicating a substantial level of agreement (Fleiss 1981). Items about LMICs ($n = 923$)

constituted 4.3% of all stories, ranking LMIC health ninth among all news categories. In each table, counts sum to more than the total number of items as individual stories often feature more than one region or disease/health condition classification.

Table 1 shows regions covered during the study period. Middle Eastern and North African coverage was dominated by Egypt and Turkey largely due to, respectively, a bus crash involving Australian tourists and the avian influenza outbreak of 2005/06. As has been observed for UK press coverage (Scott 2009a), the Australian television presentation of health issues in Africa was heavily skewed toward larger, Anglophone former colonies. By contrast, 15 smaller countries received fewer than five mentions each. Coverage of Latin America and the Caribbean was also dominated by a few nations, with the majority of countries appearing fewer than five times. This large and diverse continent is almost absent from Australian television news (Bacon and Nash 2003). Reporting on health in former Soviet bloc nations was dominated by stories about Russia heavily consonant with an image of the country's repressive past and crumbling present: chemical spills, industrial accidents and alcohol-related social harm. Similarly, ten of the eleven stories from Poland related to a multiple-fatality building collapse and the coverage of Georgia (two stories) was about a demolition-site accident and the brutal treatment of disabled children.

Consistent with a previous report on news neglect (Connell 1987), the Pacific was the least-mentioned region, despite comprising Australia's closest neighbours. Papua New Guinea dominated coverage. All stories from the Solomon Islands and Nauru, and all but one from Fiji, related to tales of patients (mostly children) needing life-saving or -improving surgery unavailable in their home countries being brought to Australia to receive medical attention.

The relatively significant representation of Indonesia ($n = 93$) and Bangladesh ($n = 67$) both were largely due to specific stories: avian influenza and the separation of conjoined twins (in Australia), respectively. In contrast, the ten least-represented Asian countries had, collectively, less television exposure than any of the five most-covered Asian nations individually. These ten were either those – such as Laos or Cambodia – that are not yet economically or strategically central to Australia or (like Tibet) nations with which most Australians would have little or no familiarity.

Table 2 shows health issues from LMICs broadcast on Australian television, in broad health category aggregations as well as specific issues which merited more than ten stories. The pattern

evident here is generally consonant with what has been termed a 'disease, disaster and despair' focus (Hunter-Gault 2006). Communicable diseases were the most-reported broad category of health and illness; of such stories, infectious conditions that threatened Australia, and which originated in LMICs (like variant influenzas), were prominent. Coverage of HIV/AIDS, in particular, often featured vignettes and images of suffering and hopelessness. Tuberculosis and malaria, the two other diseases targeted by the Global Fund and mentioned in the Millennium Development Goals, together received only one-third of the television coverage given to HIV/AIDS.

Injury is by far the leading domestic health news category on Australian television (Chapman et al. 2009). Similarly, in reportage of LMICs, transport accidents, building collapses, maritime loss of life and animal attacks were prevalent, but without the perspective provided by the far more diverse range of health coverage offered in the Australian domestic context. This emphasis and absences underscore a sense that LMICs are unsafe places. As in high-income nations, stories from LMICs about children and child health were also favoured in Australian television coverage (Seale 2002, Chapman et al. 2009). The largest category of these related to children brought to Australia for surgery to either repair damage done by injury or rectify a birth defect (n = 115).

The broad category 'public health' comprised 15% of all stories and the majority of coverage here (54%) concerned the safety of Chinese-made goods, particularly toys treated with lead-based paints (2007) and melamine-tainted milk products (2008). All stories about toy safety, and over half of those about food safety, pertained either partly or wholly to Australia and the domestic health consequences of these goods' importation.

Australian television coverage of health in LMICs paid scant attention to non-communicable diseases. For instance, of only five obesity stories, one concerned an Australian living in Cambodia, another was a 'freak story' (Chapman and Lupton 1994) dealing with the weight-loss efforts of a morbidly obese Mexican and two related to the pharmaceutical potential of a traditional Chinese remedy as a treatment for obesity. Only one story – a documentary about obesity throughout the world – dealt in any way with the experience of obesity in LMICs.

Table 3 shows the frequency of news categories, with or without reference to Australia. There were 388 stories (42%) relating explicitly to Australian involvement in, or action for, health in LMICs.

Discussion

These findings broadly corroborate previous research on coverage of general foreign news: specifically, that it can be over-determined by cultural proximity to, and thus perceived interest for, audiences in high-income nations (Adams 1986); that health news from nations of economic and political significance is more likely to be broadcast on domestic television (Shoemaker et al. 1991); and that, although LMICs are now accorded increased media exposure, broadcasters tend to follow a relatively limited agenda of stories from such nations (Scott 2009b).

The patterns of news coverage of regions and countries follow Australia's perceived national interests: Asia, the world's most populous region and that in which Australia is located, was also the most-frequently covered and China, Australia's second-largest trading partner after Japan, was by far the most-mentioned nation. Australia, or Australian citizens and health workers, often figure in health news from LMICs, suggesting that this kind of domestic involvement is required for newsworthiness. In the case of the least-newsworthy nations, items tended to relate to the dramatic (multiple-fatality bus crashes in Egypt, Guatemala and Panama) or to feature extraordinary images (an explosion at a Puerto Rican petrol refinery that killed several people). Mexico received greater exposure, but over half of the relevant stories ($n = 22$) concerned its status as the country of origin for the 2009 swine (H1N1) influenza outbreak, and the potential threat to Australia and other nations.

Two other trends stand out in the coverage described. First, the strong interest in certain countries while others were virtually or entirely ignored, and the narrow range of issues covered, is broadly consistent with previous findings about Australian news coverage of humanitarian crises and the media's focus on a small number of concerns at any one time (Bacon and Nash 2003). Second, as in high-income nations, rates of non-communicable diseases and some of their principal risk factors are now also among the leading causes of morbidity and mortality in LMICs (World Health Organization 2008, Beaglehole and Bonita 2008). Their omission from this dataset would appear a serious oversight. The patterns of LMIC health coverage outlined in this paper are likely to be explained by television professionals' editorial judgements that they are simply catering to the well-researched preferences of Australian audiences for news about issues of personal relevance and interest, ideally with arresting images (Glasgow Media Group and 3WE for Department for International Development (DfID) 2000, Utley 1997). Chronic disease offers fewer of these opportunities than do stories of acute suffering.

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We believe there are several broad implications arising from the patterns of coverage described: for individuals as both citizens assessing the appropriateness of government foreign policy toward LMICs and as potential private donors; and for domestic non-government organisations (NGOs) concerned with international development.

News media coverage shapes community perceptions. The emphases and neglects we have described are unlikely to assist momentum toward the 'rational allocation' of resources in development assistance for health (Mitchell et al. 2009) in LMICs, with public attention continually being drawn to a seemingly unchanging menu of newsworthy graphic incidents, disasters, pestilences, plagues and the 'rescue' of sick, usually young, individuals, often by Australian medical expertise. With the chronic illnesses now leading national disease burdens in many LMICs rarely covered, existing patterns of news may condition public expectations that government development assistance policy should broadly align with the 'typical' health problems in LMICs as consumed by Australian television viewers. Emergency relief, support for the control of infectious diseases and beneficence toward identified individuals would seem likely to endure as public priorities for government funding. By contrast, the low news profile of efforts to improve health-related infrastructure in LMICs, build and sustain public health capacity, reform public health law and other long-term 'upstream', population-focused initiatives is likely to provide little incentive for election-conscious governments to increase their support in such areas.

This phenomenon can reach its apotheosis when suffering children are featured: their appearance both reinforces news consumers' self-image as generous and compassionate, while also strengthening existing impressions of LMICs as poor and serially helpless (Burman 1994). A combination of vulnerability, the perceived unfairness of injury or serious illness to a young child and their being photogenic makes them ideal 'talent' in an image- and emotion-driven medium such as television (Moeller 2002). These situations exemplify the 'Rule of Rescue': a moral imperative to prioritise the saving of specific individuals facing avoidable death in situations that horrify the onlooker and thus demand intervention (McKie and Richardson 2003).

About one-third of stories about child health in our dataset (64 of 191) were concerned with the surgical separation of conjoined twin girls discovered at an orphanage in Bangladesh and brought to Australia by a charity. Although heart-warming to see the extent to which the media and the

nation expressed their care and financial concern for the children, the prominence of this story is inexplicable without reference to Australian self-interest. All news items mentioned the brilliance of the surgical team and the generosity of the Australian public. Notably absent across our sample was any coverage of the broader and much more televisually-mundane problems experienced by countless, but unknown, children in Bangladesh and similar countries – problems that cannot conceivably be solved by bringing each child to Australia or another high-income nation for expensive, tertiary care. In a domestic news context, however, this is a 'solution' that works for both television producers and audiences, and ensures these types of stories receive such prominence. This media treatment effaces any complexity in the health profiles, disease determinants and health systems of LMICs.

There are important ways in which Australian television coverage of health in LMICs is neither accurate nor representative. Despite their growing burden of non-communicable diseases, there were no stories about some of the top ten causes of death and disability – for example, ischaemic heart disease or depression – in such countries. By way of comparison, as of April 30, 2010, 541 of the AHNRC database's then-22,537 items were about heart disease (2.4%) and another 336 stories (1.5%) concerned depression. Most of these were Australian domestic health stories. Many less well-recognised communicable diseases, such as Marburg virus, Ebola and Noma disease, seem to have been covered for their value as 'exotic' conditions: outside the experience of the Australian viewer, but consonant with an understanding of Africa (in which each of these occurred) as inherently 'polluted' and biologically dangerous.

Mass-media reportage is the pre-eminent source of information about disasters in LMICs for audiences in high-income nations, and a valuable trigger for NGO fundraising. However, these same agencies express an uneasy ambivalence about the focus of this kind of coverage, pointing to what they perceive as sensationalism, an over-emphasis on 'Western' contributions to disaster relief and an interest in dramatic catastrophes rather than enduring issues (Bennett and Daniel 2002). Many NGOs concede that they would likely continue a pragmatic policy of supplying the kind of images media outlets desire: strongly emotive, and portraying those affected by disasters – children, if possible – as deserving but destitute. Although potentially demeaning to their subjects, such representations are recognised as an effective fundraising tool (Bennett and Kottasz 2000, Moeller 2002).

The coverage we examined may encourage such ambivalence, and entails several balancing acts for NGOs. Agencies need to promote their health-related programmes to domestic constituencies to create public profile and stimulate donations. It is difficult for NGOs to ignore the historic legacy of 'disease, disaster and despair' stories which have served them well financially in the past. However, agencies would also express some desire to further educate interested donors about the complexities of international health and the processes of development; thus many make available online extensive documentation about their activities in the health field and the organisational worldviews that underpin them.

However the general expectations in Australia's NGO sector about development work in health – as horizontal, integrated and long-term – are more difficult to market than concrete, vertical programmes that aim to quickly 'fix' identifiable diseases and relieve immediate suffering (Jareg and Kaseje 1998, Holveck et al. 2007). The former approach can make the transparency so valued in current models of governance more challenging to achieve as obvious, discrete targets are harder to identify and financial commitments seldom result in quick, tangible 'deliverables'. A good example of this dilemma is non-communicable diseases. The very concept may be counter-intuitive to a large part of the Australian television audience, with the 'disease and despair' they are accustomed to thinking of in relation to LMICs much more likely to be of the communicable variety – in part, because of the media presentation of these countries. Among the most fundamental of all the values underpinning the NGO sector is a broad commitment to development as a process centred on the needs of beneficiary communities and involving them as partners in programme selection, design and implementation (ACFID (Australian Council for International Development) 2009). The prominence of an Australian focus in LMIC health stories on domestic television serves instead to reinforce the opposite proposition: that development is a donor-driven process and, without external intervention, communities in LMICs would not survive.

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Table 1: Regions and nations covered in 923 Australian television health news, current affairs and magazine reports about LMICs, May 2005 – December 2009

Regions	Occurrences (%)
Global	88 (9.5)
Australia	286 (31.0)
Asia	506 (54.8)
Middle East and North Africa	118 (12.8)
Africa	113 (12.2)
Latin America and the Caribbean	71 (7.7)
Eastern Europe/former Soviet states	56 (6.1)
The Pacific	51 (5.5)

NB: counts sum to more than 923, as some clips covered more than one region.

Table 2: Diseases and conditions covered in 923 Australian television health news, current affairs and magazine reports about LMICs, May 2005 – December 2009

Broad categories	Occurrences (%)
Communicable disease	359 (38.9)
Injury	204 (22.1)
Child health	191 (20.7)
Public health	138 (15.0)
General health	53 (5.7)
Chronic (non-communicable) disease and risk factors	30 (3.3)
Environmental health	22 (2.4)
Elective therapies/treatments	19 (2.1)
Health consequences of disasters	12 (1.3)
Specific diseases/conditions/procedures	
Surgery	170 (18.4)
H5N1 avian influenza ('bird flu')	159 (17.2)
Transport injury (bus, train and boat)	84 (9.1)
Unusual births	83 (9.0)
HIV/AIDS	81 (8.8)
Consumer product safety (food, toys and textiles)	70 (7.6)
Industrial and construction incidents	38 (4.1)
H1N1/A influenza ('swine flu')	32 (3.5)
Medical research	28 (3.0)
Pharmaceuticals	24 (2.6)
Malaria	22 (2.4)
Health care	20 (2.2)
Cholera	19 (2.1)
Polio	19 (2.1)
Unintentional injury	18 (2.0)
Fire	17 (1.8)
Birth control	14 (1.5)
Medical tourism	14 (1.5)
Industrial waste/chemical spills	13 (1.4)
Vaccination	13 (1.4)
Animal attacks	12 (1.3)

NB: counts sum to more than 923, as some items cover more than one disease and/or condition.

Table 3: Frequency of LMIC health news categories with Australian reference point in 923 Australian television health news and current affairs stories, May 2005 – December 2009

News category	Occurrences (%)
Australians experiencing health problems in LMICs	105 (11.4)
Australians at risk because of health problems originating in LMICs	83 (9.0)
Australia/Australians assisting in LMICs	77 (8.3)
Individuals from LMICs brought to Australia for health care	123 (13.3)
LMIC-only stories (not involving any of above)	535 (58.0)

Chapter 4 – Media miracles: the separation of conjoined twins, and reflections on minimal television news coverage of health from low- and middle-income countries

Abstract

In November 2009, the successful surgical separation in Australia of conjoined twins from Bangladesh generated enormous domestic media interest. This paper presents a thematic analysis of local television news and current affairs coverage about the twins. In addition to the predictable newsworthiness of a rare medical condition and its inherent drama, the narrative centred on opportunities to praise Australian medical skill and national character. This focus on identified individuals requiring advanced surgical intervention abroad contrasts with the dearth of coverage for health problems experienced by millions of anonymous individuals, more long-term and mundane health considerations or broader socio-economic contexts of health in low- and middle-income countries. Reportage of foreign health appears contingent on populist 'rule of rescue' frames and arresting footage that resonate with audiences' expectations of such nations. This paper illuminates potential implications of this kind of reporting for the wider news space available to similar health stories.

'This story has so many highs, so many lows; it has all the trademarks of a Hollywood blockbuster...' (Wayne Dyer, documentary producer. *Sunrise* (Ch. 7); February 8, 2010)

Introduction

On 16-17 November 2009, conjoined two-year-old Bangladeshi twins Trishna and Krishna Mallick were separated at the Royal Children's Hospital, Melbourne during one of the longest operations ever undertaken in Australia and following 18 months' preparation. Born in December 2006, the girls were joined at the head and later relinquished to a Dhaka orphanage by their parents who were unable to manage their daughters' care. Here they came to the attention of an Australian volunteer, who contacted a charity that brings to Australia children needing medical treatment unavailable in their home countries. Both girls survived the separation, continue to undergo physical rehabilitation in Australia and are said to be making good progress.

The global incidence of conjoined twins is between 1 in 50 000 and 1 in 100 000 live births; only between a quarter and a fifth of conjoined twins conceived survive (Edmonds and Layde 1982: 304, Martínez-Frías et al. 2009: 812, Spitz and Kiely 2003: 1307). The birth rate of conjoined twinning appears to be higher in low- and middle-income countries (LMICs) than elsewhere

(Rode et al. 2006: 931), probably because of the much greater availability of pre-natal care in high-income nations where conjoined foetuses would be detected and most such pregnancies terminated.

Like most LMICs, Bangladesh is seldom covered by the Australian media. Between May 2005 and October 2010, in 24 055 stories on all aspects of health and medicine broadcast on Sydney free-to-air television, only 75 were about Bangladesh; of these, 70 (93.3%) concerned Trishna and Krishna. Their unfolding story generated huge news coverage in Australia for several weeks, across all media formats. It covered the girls' lives and individual personalities, the minutiae of their surgical procedures, the medical teams responsible, those who cared for them and the response to their successful separation in both Australia and Bangladesh.

News media are important sources of information about health and illness in high-income nations (Chapman et al. 2009, Brodie et al. 2003), although the quality and usefulness of what they present are often questionable (Pribble et al. 2006). Prevailing currents in news media coverage of health include a focus on individual behaviour and responsibility (Wallack and Dorfman 1992), emphasis on biomedical rather than preventive responses to health problems (Turow and Coe 1985: 45-8) and a glossing-over of broader contexts to and determinants of health problems (Lupton 1995: 506, Heng and Vasu 2010). Australian television news treatment of health in LMICs is strongly weighted toward high-profile, often exotic illnesses and conditions that tend to conform to existing perceptions and expectations of such nations, and to stories featuring an Australian reference point (Imison and Chapman 2010).

The news media also act as a major source of culturally-available themes to tell – indeed, to create – popular stories of health and illness (Frosh and Wolfsfeld 2006: 105-6). The newsworthiness of Trishna and Krishna's story drew heavily on several familiar themes and devices: the triumph of life-saving medicine and the heroism of surgeons (Flores 2002: 642), the dramatic tension inherent in the effort to transform two 'monstrous' children into ordinary, 'normal' ones (Chapman and Lupton 1994: 98) and Australia's self-conscious status as 'the lucky country' (Horne 1971), willing and able to open its arms to those in need. These themes – recurring, manifest ideas that run through the news coverage – make sense within broader structures of framing that focus what is discussed, and how, as well as what is *not* discussed (Altheide 1996: 31). Within individual media items, these frames are manifest in keywords and phrases, typical images and news sources that reinforce thematic content (Entman 1993: 52)

While it is journalists who structure the media texts they produce, they do so on the basis of frames available within their wider cultural context (Carragee and Roefs 2004: 216-9). Thus it is this wider context that helps to determine which themes 'surface' in news stories, and what remains unremarked.

Events become news when they possess characteristics deemed to make them 'newsworthy'. Among other common elements of newsworthiness are drama, cultural significance, connection with media consumers' existing beliefs, rare incidents, entertainment and personalisation (Harcup and O'Neill 2001: 274-5, Galtung and Ruge 1965: 65-7). The story of Trishna and Krishna met all these criteria. This paper explores Australian television news and current affairs coverage of the twins, its dominant themes and why it attained such a profile. Such media phenomena are significant in the context of ongoing debates in high-income nations about the veracity, depth and adequacy of media reporting about LMICs (Padania et al. 2007: 8, 10-6). The wider public health implications of such stories' inordinate presence in the limited domestic news space for LMIC health will also be considered.

Methods

The television coverage sample was drawn from the database of the Australian Health News Research Collaboration (AHNRC) (http://www.health.usyd.edu.au/AHNRC/index.html) which, since May 2005, has archived all health-related television news, current affairs and 'infotainment' programme items broadcast on Sydney's five free-to-air channels. This field is significant because health and medicine are major areas of interest in the popular mass media (Brodie et al. 2003) and because the news media are influential sources of information for personal health-related action, judgements about which health issues matter, attitudes to medical treatments and procedures, and opinions related to government health policies (Chapman et al. 2009). Across its lifespan, the AHNRC database has made possible valuable investigations on topics such as the content and structure of general health and medical reporting (Chapman et al. 2009) and portrayals of overweight and obesity (Bonfiglioli et al. 2007), cancer (MacKenzie et al. 2008) and chronic kidney disease (Tong et al. 2008) on Australian television.

Relevant programme items are saved into the AHNRC database by the project's digital media editor. For the purposes of this work, 'health' is understood to include 'any item explicitly mentioning a health care facility, health care provider group, health minister, disease, injury, health outcome or disease risk factor' (Chapman et al. 2009: 620). Material related to wider social

determinants of health such as housing and education is not included unless it makes explicit the connection to health. Selected items are tagged with content categories and other identifying information, such as broadcast details, story length and news actors, and indexed for ease of searching. The database is being used to study media content, the journalistic production process and how audiences respond to and make meanings from health-related news and current affairs.

For the 66 months to 1 October 2010, the database contained 24 055 news and current affairs items. From among these, 70 stories focused on Trishna and Krishna were identified. All of the data sources used in this study were in the public domain and ethics approval was not required. A thematic coding scheme for news content was developed using an iterative process to identify recurrent, unifying concepts in the coverage; this process was both inductive and deductive, drawing on the corpus of media content and existing theoretical work (Altheide 1996: 23-33, Joffe and Yardley 2004: 57). Sub-themes were then collapsed into the three principal categories discussed here, which are consistent with a tradition of research in health media studies: the centrality of biomedicine and medical practitioners (Gerbner et al. 1982: 45 and 50, Lupton and McLean 1998, Chory-Assad and Tamborini 2003: 209-10, Turow and Coe 1985: 45-8), a concern with children and child health (Chapman et al. 2009: 621-2, Seale 2002: 120-42) and the preponderance of domestic angles in Australian news (Bacon and Nash 2004: 19-20 and 24). In this case, reporting of the story was concerned with expensive, hospital-based treatment in Australia for two, identified individual children suffering from a rare medical condition, from a country popularly understood as 'hopeless' following serial, if infrequent, news presentations of famine, flood and poverty over several decades. Such coverage evades news consideration of enduring and more pressing concerns about the mundane, frequently critical health needs of large numbers in Bangladesh and elsewhere which can only be ameliorated *in situ.*

Results

'Medical miracles'

Trishna and Krishna's surgery was technically impressive, medically novel and, perhaps most importantly for its appeal as a continuing news narrative, ultimately successful. All stories about the twins were unstinting in their praise of the medical personnel involved, who were variously described as 'well-experienced' (*Today* (Ch. 9); November 17, 2009), 'well-prepared' (*Today* (Ch. 9); November 17, 2009), 'amazing' (*Sunrise* (Ch. 7), November 17, 2009; *Sunrise* (Ch. 7), November 18, 2009; *Today* (Ch. 9), November 30, 2009), 'heroes' (*News* (Ch. 7), November 18, 2009; *World News Australia* (SBS), November 18, 2009; *Sunrise* (Ch. 7), November 19, 2009; *A*

Current Affair (Ch. 9), November 19, 2009; *Nightline* (Ch. 9), November 24, 2009) and, hyperbolically, the 'Wizards of Oz' (*A Current Affair* (Ch. 9); November 19, 2009); the girls were also said to be 'in the best hands in the country' (*Sunrise* (Ch. 7); November 17, 2009). Throughout the coverage, the separation procedure was spoken of as a 'team effort'; the constant mention of the multi-disciplinary group of 16 fostered an impression both of the complexity of the operation and of the endeavours of professionals working together in the best interests of their patients. Visual elements of the news presentation reinforced this sense of scale: stock footage of the operation, used frequently by all media outlets, was a mix of close-ups of surgeons at work, shots of medical staff in concerned deliberation and panoramas showing the number of people and amount of equipment involved. The overwhelming impression was of focused, skilled, consummately caring and well-resourced medical staff.

Such qualities were distilled and accentuated in the figures of the two neurosurgeons who led the team: they 'were on their feet the entire time' (*Today* (Ch. 9); November 18, 2009), working 'right through the day and the night' (*Sunrise* (Ch. 7); November 17, 2009) while other personnel took rotating shifts (the operation lasted for 32 hours) – not only were they talented, but their physical abilities apparently super-human and their power substantial, a reading underlined by the description of one as holding 'their lives in her hands'. In all but two of 17 television clips about Trishna and Krishna during the operation, there was mention of the inherent *risk*: from surgical complications, post-operative infection or possible brain damage, creating a high-stakes environment in which the doctors' skill and courage was to the fore. The surgery itself was called 'marathon' (in 16 stories), 'massive' (*News* (Ch. 9); November 16, 2009), 'complex' (*Sunrise* (Ch. 7), November 16, 2009; *Today* (Ch. 9), November 16, 2009; *Today* (Ch. 9), November 17, 2009), an 'Australian first' (*News* (Ch. 7); November 13, 2009), a 'once-in-a-lifetime operation' (*World News Australia* (SBS), November 16, 2009; *News* (Ch. 9), November 17, 2009), 'delicate' (*News* (Ch. 9), November 16, 2009; *Sunrise* (Ch. 7), November 17, 2009; *Today* (Ch. 9), November 17, 2009; *News* (ABC), November 17, 2009); *The 7pm Project* (Ch. 10), November 17, 2009), 'intricate' (*Today* (Ch. 9), November 16, 2009; *Sunrise* (Ch. 7), November 17, 2009; *Today* (Ch. 9), November 17, 2009), 'epic' (*News* (Ch. 10), November 17, 2009) – and, ultimately, an 'against-the-odds success' (*News* (Ch. 10), November 26, 2009). The term 'miracle' was most-used – on 19 occasions – in describing both the doctors ('miracle workers') and the girls ('miracle twins'). After Trishna and Krishna's release from hospital their legal guardian Moira Kelly, a practising Catholic, brought this metaphor full-circle when she affirmed her belief that the intercessions of

Mary MacKillop – recently canonised as Australia's first saint – had played a part in the girls' survival.

The culmination of this rapturous public praise was a vice-regal reception, held in Melbourne a week after the surgery was completed. At the function, the state Premier said that the successful surgery had 'captured people's imagination, it's lifted people's spirits, it's a wonderful thing, in a sense, to be finishing the year with a story that is really about human spirit' (*World News Australia* (SBS); November 26, 2009). One commercial radio host, who had advocated strongly for this formal recognition, commented that 'it's the least we can do' (*Nightline* (Ch. 9); November 24, 2009).

'Innocent victims'

In high-income nations, child health is frequently addressed in the news media (Chapman et al. 2009: 621-2, Seale 2002: 120-42). Children are archetypes of vulnerability, often suggested by reference to their size, helplessness or innocence (Seale 2002: 125-6 and 134-6) and, in this regard, Trishna and Krishna were exemplary. They were twice described as having been 'abandoned' and, in ten stories, were said to have been 'rescued'. Two sets of stock photographs used repeatedly in media coverage showed the girls in Bangladesh, poorly clothed, unwell and appearing distressed. A series of more recent pictures, taken in Australia, presented evidence of medical intervention – one twin had a nasal tube, and both had bandaged heads – but they were now smiling, clutching stuffed toys and well-dressed, with trinkets in their hair. These representations, all highly emotive, are ideally suited to the televisual medium (Moeller 2002). This type of representation is broadly concurrent with a tendency, noted in the analysis of an Australia-wide sample of general news coverage, to portray individuals from ethnic minorities as either deviants or victims and, in either case, unable to speak for themselves (Phillips 2009: 26).

Further, the twins were presented as worthy of public action because of their personal characteristics. In addition to embodying many of the archetypal attributes of childhood, they were variously described as 'engaging' (*Today Tonight* (Ch. 7); February 5, 2010) and 'gorgeous little girls' (*Sunrise* (Ch. 7); November 17, 2009), with 'beautiful smiles' (*Sunrise* (Ch. 7); November 18, 2009). Those who knew them best talked about their distinct characters and the relationship with their principal carer, Moira Kelly, was expressed as 'a love story' (*Today Tonight* (Ch. 7); February 5, 2010). These accounts are no different to those that would be offered by almost any adult of a child in their care: cute, lovable and loved. That the girls came to public

notice in Australia – thereby providing the opportunity to lavish such attention on them – was as a result of their unusual medical condition, which transformed such 'ordinary' traits into almost 'against the odds' achievements (Clarke 2005: 600).

The 'local angle' and the 'lucky country'

> *'This is a story about jumping what seemed insurmountable hurdles: a giant, ready-made family, all focused on getting a dream result, and two little girls adopted by us all.' (Today Tonight* (Ch. 7); February 5, 2010)

Trishna and Krishna were shown throughout their surgical journey surrounded by superlative medical, material and social support. Although 'born without a chance' (*Today Tonight* (Ch. 7); February 5, 2010), they were promised a 'bright future' (*Sunrise* (Ch. 7); February 8, 2010) because they had been able to come to Australia. Indeed, the intense interest in this story is inexplicable without reference to this domestic context.

As discussed earlier, the medical personnel responsible for the successful surgery were handsomely praised for their individual skills, with a spokesperson from the Royal Australasian College of Surgeons extending this kudos to Australian surgeons at large. The operation was a

> *'...wonderful achievement for Australian surgery; the Australian community and the world community should not be surprised really, Australian surgeons are very well-trained, highly skilled and very motivated and while this sort of operation doesn't come along and need to be performed very often, the Australian surgeons are able to do that in all its aspects.' (Sunrise* (Ch. 7); November 18, 2009)

The greatest single focus of positive comment was the twins' principal carer in Australia, Moira Kelly, from the Children First Foundation. Although the girls also have a Bangladeshi-Australian co-guardian, Atom Rahman, he was interviewed only eight times whereas Kelly was featured, visually and/or verbally, in all but twelve stories. She was described as their 'guardian angel' (*Sunrise* (Ch. 7); November 16, 2009), 'a humble powerhouse of determination' (*Today Tonight* (Ch. 7); February 5, 2010), 'remarkable' (*Sunrise* (Ch. 7); February 8, 2010) and 'incredible' (*Today* (Ch. 9), November 30, 2009; *Sunrise* (Ch. 7), February 8, 2010). Kelly cared full-time for Trishna and Krishna in the two years prior to their surgery and, it is assumed, will continue to do so during the reconstructive work and rehabilitation care still to come. While her support team was often mentioned and thanked, she was the girls' chief public representative. That 25 of the

television stories described Trishna and Krishna as 'orphans', or mention that they were first located in an orphanage, heightened the sense of Kelly's heroism. She is another of the 'secular saints' in this narrative (Lupton and Chapman 1991: 1585-6). Nine separate news items also noted the generosity – material, financial and spiritual – of the Australian public: well-wishers called, sent cards and emailed the hospital from across the country. One media host commented that there had been 'such emotion shown towards these twins', and $250 000 was donated to pay for on-going care.

Beyond the near-ubiquitous mention of Bangladesh as the twins' country of origin, only fifteen stories explicitly discussed that nation. These either related to the girls' parents being located and their mother subsequently visiting Australia (eleven items) or covered reaction there to news of the successful surgery: 'the two children have roused a wonderful bond between the country where their lives have been changed and the humble orphanage where they came from' (*Nightline* (Ch 9); November 18, 2009). In relation to domestic media coverage, it has been previously argued that television news offers an ethnically homogenous image of Australian society; when they are presented at all, individuals from racially and culturally diverse backgrounds tend to be portrayed as manifestly 'other' (Phillips 2009: 26). The Australian media's treatment of global humanitarian issues, likewise, tends to prefer spokespeople who do not come from the group being spoken about (Bacon and Nash 2003: 16). More broadly, there was mention of the story 'going international' (*News* (Ch. 10); November 19, 2009): the interest elicited among the global medical fraternity, attention from public figures – 'even the Pope was asked to lead an international prayer vigil from the Vatican...' (*Today* (Ch. 9); November 17, 2009) – and the screening of clips about the story from overseas news services were evidence of worldwide awareness.

Discussion

Several inter-related elements combined to give this story the prominence it was accorded. Surgical procedures possess many of the essential features of good drama – heroes, victims, high-level technology and a life-and-death struggle (van Dijck 2002: 548) – all of which were present here. But popular and media interest in the story was essentially piqued by the rarity and 'strangeness' of the medical problem involved, with conjoined twins' physical appearance exceeding what is understood as 'ordinary' for human beings (Grosz 1996: 56). In the contemporary media environment conjoined twins are contiguous with the 'freak show', particularly popular in nineteenth-century America until the display of congenital malformations

fell from public favour as a form of entertainment (Bogdan 1996: 23). In this case, with the twins' separation deemed essential to both girls' survival, no ethical dilemmas inhibited media outlets assuming the role of both partners and 'cheerleaders' to the task (Raffensperger 1997: 249-50); the medical outcome was later referred to as 'quite simply, the good-news story of the year' (*A Current Affair* (Ch. 9); November 19, 2009).

An extensive literature dating back nearly 30 years has noted the disproportionately large, visible and mostly positive portrayal of medical practitioners on television (Gerbner et al. 1982, Lupton and McLean 1998). More recent analyses have shown that contemporary medical dramas often present a more ambivalent portrait of doctors (Chory-Assad and Tamborini 2003: 197), and that much current news coverage takes an increasingly critical stance: a consequence of such concerns as the applications of new technology, rising popular interest in alternative therapies and publicity about medical mistakes (Seale 2002: 50). However, the medical profession in Australia continues to enjoy a strong public trust (Hardie and Critchley 2008), and this position was strongly reinforced by the coverage of Trishna and Krishna.

Arguably the most pertinent reason that Trishna and Krishna's story was presented in an almost uniformly positive way is because they belong to a group highly valued by both modern medicine and news media: children. The figure of the child is frequently present in coverage of LMIC health, often depicted as the innocent suffering the circumstances which have prompted media attention: natural disaster, famine and conflict. Children are potent and photogenic symbols of need, inviting compassion and generosity from media audiences (Burman 1994: 31). This kind of portrayal exemplifies the 'rule of rescue': a moral imperative to prioritise saving named, specific individuals facing avoidable death in situations that horrify onlookers and demand action, ahead of merely 'statistical' victims (McKie and Richardson 2003). While these two exceptional children now physically and emotionally proximal to Australians were saved, the fate of countless, anonymous others in Bangladesh – a nation normally absent from Australian media coverage of LMIC health – was passed over in silence.

In none of the media coverage was there any discussion of whether Australians *should* support the girls' medical care and rehabilitation: it was self-evidently a good thing to do. This contrasts markedly with a prevailing, often openly hostile and populist domestic media framing of refugees and asylum-seekers. It emphasises the need for vigilant surveillance of the nation's borders to prevent citizens of impoverished nations – including those with medical needs – seeking

assistance (Weber 2010). Critically, children like Trishna and Krishna are exempted from this discourse since as Australians can be shown to be rescuing and caring for them, and skilful local medical personnel are able to perform 'miracles' on their problems.

The extent to which Australians cared about and donated funds to assist these two children was an index of 'our' circumstances (Moeller 2002: 44), which compare favourably to those of Bangladesh. Indeed, this national element was explicitly brought to the fore on several occasions: following the surgery, Margaret Smith (CEO of the Children First Foundation) noted that the support they had received made her 'feel very proud to be an Australian' (*Today* (Ch. 9); November 16, 2009); as the girls recovered, Moira Kelly spoke of 'the power of love from all over the world, especially my own city of Melbourne' (*News* (Ch 10); November 21, 2009). Appeals of this kind are exemplary of what has been termed the 'banal nationalism' (Billig 1995) evident in affluent countries that reminds citizens of who they, and their nation, are: charitable, skilled and advanced – all things that Bangladesh is not, and cannot hope to be at any time in the near future. Apart from its major newsworthiness as a modern-day 'freak' tale (Chapman and Lupton 1994: 98), the Australian news media's treatment of Trishna and Krishna can be understood as enhancing the story's relevance to a domestic audience. Ultimately, these concerns come together to *domesticate* the story, with events framed within particular interpretive schema assumed to be shared by most in the national audience (Clausen 2004: 27). This is a response that 'works' for both media producers and consumers, and ensures such stories continue to receive prominent coverage.

Although one news report made explicit that there are 'poor survival rates for the procedure [separation of conjoined twins] in their native Bangladesh' (*World News Australia* (SBS); November 17, 2009), there was no further discussion of that nation's medical system or health profile. The latest Demographic and Health Survey shows that, as in many LMICs, the major causes of child morbidity and mortality in Bangladesh are diarrhoeal diseases, acute respiratory infections and fever (National Institute of Population Research and Training (NIPORT) et al. 2009: 135-44). But these conditions are mundane, not particularly photogenic and seem – in the popular imagination – to afflict such countries with wearying regularity. Further, their most effective treatment is prevention which requires slow, systemic change; the paradox of preventive success lies in such diseases *not* occurring, and thereby providing no news hooks (Chapman 1996).

Conclusion

Might the extensive media coverage of cases like Trishna and Krishna's have consequences for domestic thinking in Australia about LMIC health? Without their story Bangladesh, like many other LMICs (Bacon and Nash 2003: 10), receives scant health news coverage, with an over-representation of stories on exotic diseases, disasters and dangers (Imison and Chapman 2010). The massive coverage of their case contrasts with the dearth of news consideration for more widespread causes of morbidity and mortality, and risks distorting audiences' sense of the leading health issues facing that nation.

The media presentation of Trishna and Krishna as rescued 'innocents' strengthens an existing popular image of LMICs as themselves helpless. There are only four other, discrete narratives from Bangladesh in the AHNRC's database for the same period, each of which confirms this notion: stories about a fatal factory fire, the suffering of Burmese refugees in Bangladesh, a Bangladeshi-Australian surgeon correcting children's facial deformities in his home country and an Australian-sponsored measles immunisation program. Taken together, such presentations offer only the most cursory and partial treatment of health in a nation of 150 million people, and may reinforce the sense that this is a place in which disaster and misery are routine. In the framing of Trishna and Krishna's story – the selection and organisation of the three themes examined above, so as to generate content that made sense to journalists and audiences (Corcoran 2006: 5) – the domestic news media focused on and intensified these popular understandings of the girls' home country. Bangladeshis themselves are aware of this limiting external perception; indeed, many consider the success of indigenous non-government organisations formed expressly to tackle poverty – such as the 2006 Nobel Peace Prize-winning Grameen Bank and BRAC (formerly known as the Bangladesh Rural Advancement Committee, and the world's largest non-government organisation) – to have been in the vanguard of improving the country's international image (Hossain and Moore 1999: 113).

Two matters germane to the twins received no coverage in the 70 reports. First, no consideration was given to the girls' capacity to lead meaningful or independent lives had either or both sustained neurological damage during the operation. Although iterations of their story usually mentioned the need for ongoing medical care, the possibility of negative outcomes was largely avoided, despite the serious potential consequences. This evasiveness is especially relevant in light of the observation that children with 'ordinary' disabilities are largely invisible in the media (van Dijck 2002: 551). Second, no stories mentioned whether the operation was being conducted

entirely on the basis of private money, or whether it was in any way funded by the public purse. None of the coverage considered, as did Raitu and Singer (2001), how the funds expended on this 'heroic' medical procedure might have been otherwise invested in areas of health importance with lower profile.

A major part of the media focus in Trishna and Krishna's story was upon Australia's medical excellence, the corollary being that Bangladesh, by contrast, was hopeless and helpless. While this may be an accurate assessment in relation to highly-specialised surgery, Bangladesh has made enormous contributions to public health. On two occasions since it was first conferred in 2001, Bangladeshi organisations have been granted the Gates Award for Global Health in recognition of contributions to the improvement of health worldwide. The inaugural winner – the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) – was selected largely for its pivotal role in the development of oral rehydration therapy for diarrhoea (Bill and Melinda Gates Foundation 2010). Twenty-five years prior, this treatment had been described as 'potentially the most important medical advance this century' (Anonymous 1978: 300). Yet Australian television features no coverage about the ongoing evolution of this low-cost, life-saving remedy.

Once again, public health is the poor cousin of dramatic, downstream medical interventions (Lupton and Chapman 1991: 1585) which, in turn, reinforces the popular perception of high-income nations' absolute medical and cultural superiority. The urgent need in this case for such an intervention, and the ability of (Australian) tertiary medical care to respond, sidelines the more complex, long-term responses at which public health excels – and in which there are fewer appealing images or immediate solutions (Bacon and Nash 2004: 30 and 36-7).

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Chapter 5 – Australian journalists' reflections on local coverage of a health-related story from the developing world

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 ever 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 (Spitz and Kiely 2003, Edmonds and Layde 1982). 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 and Lupton 1994: 96-98) they are also generally 'alien' to places like Australia (van Dijck 2002: 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: 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 and 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 and Chapman 2013). Third, the girls' home country, Bangladesh – which is ordinarily neglected by the Australian news media (Imison and 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 (Scott 2009, Bacon and Nash 2003), including in relation to health news from LMICs (Imison and 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 and Ruge 1965). Additional

criteria, applicable to news more generally in the Anglophone world, include human interest, suspense and satisfaction (resolution) (Masterton and Patching 1997: 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: 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: 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: 4-41 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: 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: 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: 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: 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: 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: 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 and Chapman 2013). 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 and Chapman 2013). 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: 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: 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 (Tulloch and Blood 2010: 508-9, Leask et al. 2010, Chapman et al. 1995: 28-40). 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: 377). Previous research has argued that sources deemed to be 'official' dominate much news output (Bennett 1996: 375-6) – and, in health, doctors are examplary. 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 and Daniel 2002: 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: 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: 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 and Nash 2003: 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 and Chapman 2013). 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: 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: 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: 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: 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 and Daniel 2002: 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 (Utley 1997, Scott 2009: 11), 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: 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 and Lawrence 2010: 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: 229-31) 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 logistic 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: 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: 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 et al. 2011: 16-30, Scott 2009: 5-7). 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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Chapter 6 – '…a story that's got all the right elements': Australian media audiences talk about the coverage of a health-related story from the developing world

Abstract

Australian news coverage of low- and middle-income countries (LMICs) generally, and of their health contexts specifically, has long been criticised as problematic. This paper considers an exemplary LMIC health story and presents findings of an audience reception study that examined how different groups of Australian participants responded to it, the possible implications for future LMIC health coverage and for domestic perceptions of global public health. In particular, the paper examines how audiences talked about three of the story's principal themes and suggests that greater audience engagement with LMIC health news may be possible as the mass-media landscape continues to evolve.

Introduction

News coverage of low- and middle-income countries (LMICs) in high-income nations such as Australia is problematic, criticised for its relatively narrow content, stereotyping of LMICs as unchanging sites of disaster and poverty and, particularly in relation to television, requirement for spectacular imagery before a story can become 'news' (Scott 2009, Bacon and Nash 2003).

Similar, broad observation may be made about the Australian media's presentation of LMIC health: a focus on exotic illnesses and conditions consonant with popular views of such nations, and habitual inclusion of an 'Australian angle' (Imison and Chapman 2010). The nature of this media coverage is significant, since it helps shape public and personal priorities, influencing both government allocation of Official Development Assistance (ODA) ('foreign aid') (Rioux and van Belle 2005) and citizen support for its continuation, as well as private giving to LMIC-related causes (Campbell and Carr 2001).

Bangladesh, like most LMICs, receives little attention in the Australian media. However, in November 2009, the separation of conjoined three-year-old Bangladeshi twins Trishna and Krishna Mallick became a conspicuous news story. Joined at the head, they were left in the care of a Dhaka orphanage by their parents who were unable to care for their daughters. It was here that an Australian volunteer found them, and they were brought to Melbourne for assessment and later medical treatment. They survived their surgery and now live in Melbourne.

The twins' story brought their country of birth sudden and unusual prominence: coverage of their surgical preparation, progress and recovery generated huge interest in Australia for several weeks and included details of the girls' lives to date, their medical team, carers and overwhelming public response. Between May 2005 and October 2010, of nearly 25 000 items in our database of Sydney free-to-air television about all facets of health and medicine (AHNRC 2009) only 75 focused on Bangladesh and, of these, 70 (93.3%) concerned Trishna and Krishna.

As part of a larger project focused on the Australian media's coverage of LMIC health, the reporting on Trishna and Krishna was chosen as a case study. Having already completed studies on the representation (Imison and Chapman 2013) and production (Imison and Chapman 2012) of the story in the Australian news media, in this paper I present the findings of a complementary reception study examining how several different groups of Australian audiences responded to the story of Trishna and Krishna.

Through this study I aimed to better understand the three major themes to emerged in the content analysis (Imison and Chapman 2013): namely, medical miracles (the wonders of modern medicine and its highly-trained practitioners); innocent victims (the 'rescue' of two, very cute and identified children) and 'the lucky country' (the central focus on the generosity of Australia in the media narrative). Specifically, I was interested in the consequences of this story for different types of audience members and its implications for public health, in Australia and globally. The paper begins with an outline of the use of focus groups in news and health research and describes my approach to the focus group interview data then considers the results of this analysis and discusses the story's significance.

Background
There is a long history of focus group research on how audiences make sense of news coverage, dating back to the work of David Morley on the way in which different (class-based) groups understood content broadcast on the British current affairs programme *Nationwide* (Kitzinger 2004: 171, Morley 1980). This study, and others of the period, was grounded in the 'encoding/decoding' model which – in contrast to earlier work that claimed a direct and linear effect for media upon an undifferentiated 'public' – posited that the polysemic nature of media texts meant the meaning(s) intended by content makers and those interpreted by different audiences were often quite distinct (Hall 1980). Later research along these lines began to examine the material, as well as social, contexts of media consumption and media technologies (Ang

1996).

In the health domain specifically, focus groups have been much-used. Many such studies have been related to health marketing, intended to either evaluate existing campaigns (Blantari et al. 2005) or test proposed health messages with potential target audiences (Barker et al. 2007). Other strands of research have been concerned with the reception of health-related advertising (Chan and Leung 2005, Mehta et al. 2010), or with areas like consumer attitudes to health care (Leask et al. 2006), health education (O'Brien et al. 2008) and sources of health information (Friedman and Hoffman-Goetz 2003).

Rather less attention has been given to bringing together these research concerns to focus on *health news* in particular. Studies of this type might use coverage of a health issue as stimulus material for group discussion to explore how the issue is understood and made socially meaningful (Vardeman and Aldoory 2008). Alternatively, they may complement media content analysis of a health topic (St John III et al. 2010, Basu and Hogard 2008). Still less of this health news-focused work has been carried out in Australia (Dixon et al. 2009) or been concerned with LMICs (Sharada et al. 2001), with no studies that report on LMIC-related investigations undertaken in Australia.

Method

My broad objective in this study was to understand various readings of Trishna and Krishna's story as it was reported in Australia's news media. Audience studies proceed from a number of basic premises: namely, that individuals make different sense of the same media content, that such interpretations are culturally-patterned and bound up with their social locations, and that reception is an ongoing and always-incomplete process (Dahlgren 1988: 290). Since audiences responses are not uniform and because the 'discovery' of news and production of meaning from media content arise interactively, focus groups are an obvious means by which to explore this social sense-making. In line with broad practice in focus group research, I sought to engage like-minded groups so as to both ascertain their opinions and discover where specific views converged or differed (Lunt and Livingstone 1996: 82-4). These small gatherings fostered social intimacy and a 'safe' dynamic that facilitated a deeper understanding of participants' responses to the story and its presentation.

To this end, I deliberately chose three types of 'information-rich cases': individuals with specific

insights into the issues central to this study (Krueger and Casey 2009: 21). I selected parents with young children, in the belief that they would relate particularly strongly to the theme of youngsters in medical peril (Dixon-Woods et al. 2003); individuals working in Australia for international development non-government organisations (NGOs), on the supposition that their duties would incline them toward thinking about the kinds of issues raised by Trishna and Krishna's story (Bennett and Kottasz 2001, Bennett and Daniel 2002) and Bangladeshi-Australians, who seemed likely to have particular understandings of and interest in the story as it was covered in both the Australian and Bangladeshi media, and opinions on how it represented their country (Hossain and Moore 1999: 113). The multiple-category design permitted comparison both between groups of particular 'types' and across groups.

Participants

There were two groups conducted with each type of participant. Six groups in total were convened in Sydney and Newcastle between March and September 2011. Each comprised between four and eight respondents, all Australian residents aged over 18 who spoke English well. Groups were formed using a mix of passive snowball sampling, personal contacts and recruitment through trusted individuals within each 'target audience'. In each group at least some members were previously acquainted; in the two Bangladeshi-Australian groups, all participants were known to each other prior.

Respondents were invited to take part in a discussion about 'how audiences respond to stories in the news about health and medical issues'. The specific focus was not revealed in advance except to the Bangladeshi groups, in order to clarify why I wished to speak to them specifically. In line with accepted research protocols, all participants were given information about the study, assured of their confidentiality and offered the opportunity to ask questions before signing a consent form. Their comments are identified below under pseudonyms and with reference to the group in which they took part.

Interview protocols

A semi-structured discussion protocol began with general questions then led participants into the topic at hand:

- When you think of major health problems in the rest of the world, what comes to mind?
- Do you recall any stories about Bangladesh that have been in the news recently?
- What do you remember about the Trishna and Krishna story?

- Have you heard others in your community [or workplace] talking about this story?

Discussions were structured around two television news items chosen to reflect different phases of the narrative's media development. The first, from the point at which the separation surgery had been successfully concluded, showed some of the domestic and international reaction to this news (*Nightline* (Ch. 9); November 18, 2009). The second detailed the twins' recovery, mentioned a forthcoming civic reception for medical staff and revealed that the girls' mother had been located in Bangladesh (*Nightline* (Ch. 9); November 24, 2009). Both clips were expressly chosen for their comparatively large amount of Bangladesh-related content, to provide as much stimulus material as possible for discussion on this element of the story. After each clip was played the following questions were asked:

- What did you think of this clip?
- How does the story make you feel?
- Did you learn anything from this story?

Finally, two general questions returned the focus to the story's wider health and media contexts:

- In your opinion, how relevant is this story to the health issues that Bangladesh faces today?
- If you had been in charge, would you make any changes to the media coverage of this story?

The proposed questions were tested with some of the Bangladeshi respondents to check their suitability, and did not need to be altered. At the end of each group discussion there was scope for participants to respond to the question 'do you think there are other things we should have talked about in this discussion but didn't?'. It was made clear at the outset that there were no right or wrong answers and that my aims were to listen to whatever participants had to say, and to have them speak to each other. I facilitated all six groups, guiding discussion and stepping in with each new question as previous responses were exhausted. The groups ranged in duration from 100 to 134 minutes.

Data analysis

All focus-group sessions were recorded and transcribed. These transcripts, and facilitator's notes, were checked against the audio files for errors and then critically analysed without the use of transcript management software.

I took a deductive analytic approach to the data (Gilgun 2005). Beginning with the thematic framework that had emerged from prior content analysis of Trishna and Krishna's media coverage – namely: medical miracles, innocent victims and 'the lucky country' (Imison and Chapman 2013) – I sought to investigate how these were understood by audience groups.

I read all transcripts multiple times prior to coding and then sorted relevant data thematically, with the similarities and differences of each group's contributions explored against each specific theme (Gaskell 2005: 56). These extracts were then re-read to determine and refine key areas of interest (Thompson et al. 2012: 239). Findings connected to each themes are discussed below, illustrated by key quotes from the data.

Results

It is instructive to begin with some general observations that put the following comments into perspective. Common to all groups was a sense of individual media consumption as opportunistic, haphazard and structured for personal convenience. Filtering content for material of interest was a key means of engaging with news, particularly for younger respondents, and assisted by the availability of news online and via devices like smartphones.

In addition, most groups demonstrated some degree of critique – if not outright cynicism – toward the Australian news media's general approach, content and style:

Alison: It's interesting what you say about trust because the media that I watch the most is the media I least trust. […] But I think despite me not trusting, it doesn't stop me consuming it. That's my opinion. I am naturally cynical when it comes to the popular media anyway.

[…]

Brian: Oh yeah, I'm just pretty cynical about the news…they seem to over-exaggerate stuff. *(Parents 1)*

However, the extent of this critical stance was not wholly shared by the Bangladeshi groups, whose readings of the story were much less trenchant. They were striking for the extent of their willingness to take Trishna and Krishna's narrative at face value and enjoy it for what it was.

Medical miracles

The medical elements of Trishna and Krishna's story were spontaneously mentioned by all the groups, whose perspectives were situated along a continuum of praise, ambivalence and critique.

The Bangladeshi respondents openly acclaimed both Australia's surgeons and medical system:

Rohan: I think that it [a clip the group had viewed] was showing how bad the Bangladeshi medical system is and how good the Australian system is. We have already got a feeling that as it [the surgery] wasn't possible in Bangladesh, that's why they are transferred in here in the first place. It was an unsuccessful story before in Australia and now it's successful. *(Bangladesh 2)*

Indeed the twins' successfully separation, rather than where this had occurred or who had accomplished it, subsequently emerged among Bangladeshi respondents as the most important aspect of the story. Other groups acknowledged the reverence accorded to medical professionals, the media's role in maintaining this social status and the consequent benefits from this story for the surgeons involved:

Brian: The doctors…weren't looking to really honour themselves. It was, 'oh, I've got some skills and we can…do this together as a team'. So I don't think, they certainly didn't need to be glorified for it. They probably thought, 'oh, this is a great opportunity to see what we can do here'.
Ben: Help out a bit.
Adele: And cynically, it's going to look good on their resume. *(Parents 1)*

Others, while expressing amazement at the medical outcome also communicated a sense that modern medicine was not a panacea for all the world's health problems:

Amanda: …that was pretty amazing.
Mark: So is putting fresh and drinkable water in a community that doesn't have access to fresh drinkable water.
Lil: Oh yeah.
Gai: Yeah.
Mark: You're going to save an awful lot more lives… *(Parents 2)*

What might be termed a 'public health approach' – emphasising contextually-appropriate and low-cost health solutions that benefit large numbers – was also articulated by the other parent group:

Alison: …it's not that it's a cost issue, but so much focus on those two little girls when they could send vaccinations to Bangladesh or they could send quinine to stop them getting malaria or there's so much they could they do for the same amount of money.

Brian: It's a bit of a show, unfortunately.

Alison: …they therefore have to put on a show. It's *such* a great thing. I don't know – it makes for good television, it's a lovely story. *(Parents 1)*

Some of the NGO participants had a quite close occupational connection with LMIC health and familiarity with how the media works. This inspired, in the context of Trishna and Krishna's story, some disengagement and alienation when they compared how it was covered with the level of wider attention afforded the concerns that usually occupied them:

Claire: …I sometimes think, 'well that's great, now you've got all this publicity and all these people talking about these two kids but let's think about everything else that needs help in the world' and, I mean, it's a very – I'm sure it was a very touching story. Obviously it was, which is why it got so much publicity. *(NGOs 2)*

Yet they, like all groups, were also keenly aware of *why* the medical aspect of Trishna and Krishna's story made it news that prompted such strong audience reactions, and strived to articulate their diverse emotional responses with an observed understanding of news imperatives. Among these, as suggested in the previous comment, was the involvement of sick children – 'innocent victims' – the second major theme to emerge from an analysis of Australian media coverage of this story. It is to this consideration that we turn now.

Innocent victims

As with the medical elements of Trishna and Krishna's story, the fact of their being children was central to its newsworthiness; all the groups remarked on it at some point. As well as the twins being both vulnerable (Seale 2002: 120-42) and photogenic, there was an added poignancy to

their situation given the social circumstances into which they had been born.

Child health was unanimously acknowledged as important within global health. However, different groups could also see that the attention given to this single child health story had its disadvantages. Most significantly, they perceived it as various forms of distraction. The NGO participants felt a particular frustration at the high profile of stories like Trishna and Krishna's. While conceding the financial advantages to their own organisations from the judicious use of child health in their marketing, they remained ambivalent about this inclusion of children and saw it as a distraction from more complex or less intuitive messages about LMIC health:

Will: …[we had a] sex worker project, which was unfunded at that time, and we were trying to get funding, it was a very small amount of funding. But it was quite clear they [potential donors] just wanted to fund kids getting operations, they didn't want to fund the messy areas of, I guess, development. *(NGOs 2)*

Here a child-health project, at one end of a scale of donor palatability, is starkly contrasted with a less 'attractive' option. This group had previously remarked that donors fund agencies according to their own hierarchies of (perceived) importance which, in turn, shape NGO messages, priorities and income.

The groups also saw that a focus on children and child health functioned as a distraction for the media. While talking about lessons learnt in the sector as a result of coverage of the Boxing Day tsunami, one NGO respondent expressed her irritation with superficial expectations and certain 'stock stories':

Sue: …'okay, let's go to journalism 101 international, what are the stories we can do?'. Ripping off the beneficiaries, what's the diseases they're going to get, how quickly is this going to be fixed? You know, there's a number of stories that they [news media] just go to. 'Let's go for the bleeding-heart story on the child abandoned, or orphaned'. *(NGOs 1)*

This participant had previously worked in both the media and children's charities, and her point is well made because so much of international development is communicated through, or seen as being about, children; their vulnerability makes them exemplary of those least-deserving of the

consequences of natural or human-induced disaster (Moeller 2002). However, she later acknowledged some affirmative aspects in the presentation of Trishna and Krishna:

Sue: The kids…were portrayed in a very positive way, of course, because that story was about them. But that for me is something that is really important in every media story and something I'm very aware of: not creating, in the community's mind, the view that all children in developing countries are living in abject poverty and in complete want… *(NGOs 1)*

Insofar as the media are distracted by such compelling stories from covering less 'appealing' issues, there are consequences for audiences as well. One parent group recognised that the construction of news entailed a sometimes-uneasy balance between what audiences 'want' and 'need' to hear:

Alison: But all you need is a filthy water supply and children die left, right and centre from it. I think the thing about that is it's just such a big problem that it would make you sad to think about it whereas this [Trishna and Krishna] is saying, 'this is great–this is a great news story'.

Adele: They've got to make it feel good and upbeat, yeah.

Alison: If you stay up late at night watching *Dateline* or something on SBS and you see a story like that it's like, 'oh holy hell, the problem's just too big, there's nothing I can do–it's so depressing'. *(Parents 1)*

As noted, the number of Australian news and current affairs stories about Bangladesh over the duration of the AHNRC is small, with the vast majority concerning Trishna and Krishna. Other, potentially significant stories were thus afforded virtually no news space. Both groups of Bangladeshi respondents, with their personal knowledge of the country's health status, mentioned the growing seriousness there of various non-communicable diseases (NCDs):

Akash: In Bangladesh anyone, if you ask ten people who are over 50, out of ten you would say five people have diabetes.

Adi: Heart disease as well.

Hamida: Like an epidemic. *(Bangladesh 1)*

Although these comments reveal something of the chronic disease problem facing Bangladesh, the idea of NCDs in LMICs may be counter-intuitive to Australian audiences. As I have argued elsewhere, the existing narrow menu of LMIC health news and current affairs both perpetuates an instinctive notion of 'disease, disaster and despair' in relation to such nations and may inhibit movement toward appropriate policy in donor countries such as Australia (Imison and Chapman 2010). With issues like NCDs largely missing from Australian media coverage of LMIC health, prevailing concerns such as child health come to stand instead as the most urgent and worthy of intervention.

Finally, the reporting of Trishna and Krishna distracted from any deeper consideration of the story's broader geographic context – namely, Bangladesh. While the twins' case was compelling and their presence in Australia made possible a claim for domestic medical assistance it also diverted attention from the wider child health situation in their home country and, as participants pointed out, reinforced both the superiority of Australian tertiary medical care and the notion that Bangladesh and its people are generally helpless:

Kathryn: Obviously that type of surgery does need to take place in highly-specialised conditions, but I do think in some respects it [the story just viewed] does indicate that Bangladesh doesn't have the capacity to provide health services *per se* and that's why children need to come across to Australia.

[…]

Sue: So when we're watching it, we know that it doesn't have that reflection on Bangladesh, but for the general population, it's quite possible that it does…that people see it and say, 'well, they must be useless, then'. *(NGOs 1)*

In this case, the specialised background knowledge of these international-development professionals produced quite nuanced understandings of the consequences such coverage could have for popular perceptions of LMICs (Scott 2009). Bangladeshi respondents also knew that Trishna and Krishna's story was unrepresentative in its national context. It reminded them that there were many others who did not have such attention-grabbing conditions–but their reading focused also on positives for the twins:

Adi: It also reminds me there are millions of–you know, deprived, disabled people back in Bangladesh who are not getting this type of opportunity.

Hamida:	That's right, yeah.
Adi:	I'm pretty sure if they did a lot of them would lead a normal life. *(Bangladesh 1)*

For Bangladeshi participants the value of the story was more emotional than informational. This raises questions – echoed in other groups – as to the status of this narrative as 'news', together with an (ambivalent) understanding of why it had become a media story. Speaking of their feelings about the second news clip they had watched, one parent group also acknowledged the strong emotional pull of the story:

Amanda:	I thought it was good that they talked about the progress of them and what they were doing. They individualised each of the children and talked about how they were both going and what they were up to. […] It's personalising it again. Pulling on our emotions again. *(Parents 2)*

In addition to making the twins' narrative an easy one to watch, this element sets a standard that future LMIC health stories should be equally powerful in order to become news. Since LMIC health stories usually occur at distance – geographical and cultural – from journalists and audiences, the knowledge required to uncover this kind of narrative and the engagement it demands cannot be guaranteed to the same degree as in this, proximate case (Imison and Chapman 2012: 100). One of the NGO groups took this observation further, noting that Trishna and Krishna was just a very visible example of a proven formula repeatedly deployed because of its appeal to audiences and value to news producers:

Felix:	So it might not be conjoined twins but it could be…
Aaron:	'Timmy is stuck down the well.'
Felix:	Yeah, that's right. Because it's the same form of...
Aaron:	'He's now out of the well and he's really sad. He broke his bike and he's got a birthday coming up and…'
Felix:	[Laughs] That's right. It's a bit of a stretch but you're right, with that formulaic approach to these kinds of stories.
Aaron:	It's a narrative, it's no longer news. It's this and then this happens. *(NGOs 2)*

Even in their somewhat cynical approach to media content and methods, these respondents could understand the popularity of this news genre. The story became news for its medical

novelty, the attractiveness of its child subjects and tension around whether skilled surgeons would save their lives. But there is a broader context to Trishna and Krishna, one important element in which is the national milieux of the twins both before and after their arrival in Australia. It is to an examination of audience evaluations of the relative presentation of Australia and Bangladesh in the media coverage of this story that we turn now.

'The lucky country'

Participants' recall of the story's Australian focus was extensive, and positive. Trishna and Krishna's situation generated ready empathy for the children and praise for those who cared for them. However, while Moira Kelly (the girls' co-guardian in Australia) and the twins' surgeons were conspicuously lauded both in the media and by respondents, there were mixed feelings as to what the coverage had to say about Australia more broadly and, by extension, about Bangladesh.

Approaches to this aspect of the story sat along a continuum of sentiment. At one end, the Bangladeshi groups expressed the same general satisfaction as other groups in the outcomes for Trishna and Krishna. They were so delighted at these positive results that they defended Australia's pride in this achievement:

Sajid: They also prove that in Bangladesh, this not possible but in Australia it's possible.
[…]
Nitul: But they're not bragging on this issue.
Sajid: Yeah, yeah, right.
Nitul: They are very polite about it and they didn't even mention that they can't do it over there, so we bring them here. *(Bangladesh 2)*

Ultimately this group was content to acknowledge that the surgery could not have been performed in Bangladesh. Indeed, they and other Bangladeshi participants maintained a clear-eyed view of the country and its problems, which they expressed matter-of-factly and without judgement:

Tamima: In Bangladesh there is so many of this types of things, like abnormality, people begging on the streets. *(Bangladesh 1)*

The Bangladeshi groups had other reasons for enjoying this particular narrative. Their sense of involvement in the story was, to some degree, shared by the parent groups – but for them as Bangladeshis it also included a layer of images from 'home':

Akash: The operation was really very extensively reported. They showed the church in Bangladesh where their relatives are staying at the same time where the news is being, you know, in the television here…when the operation was declared successful they are jumping up and down.

[…]

Hamida: I felt great about Moira because I thought she has got a very big heart, otherwise – the way she sacrificed her comfort for unknown little baby from unknown country, faraway country. And not a healthy baby that can give you joy, a sick baby and twin babies! *(Bangladesh 1)*

Coming from a strongly family-oriented and collective culture, these respondents expressed warm feelings toward those who had helped their fellow Bangladeshis, Trishna and Krishna. As has been observed elsewhere, Bangladeshis are acutely aware of the popular associations that their country elicits in the rest of the world: poverty, illness and natural disaster (Hossain and Moore 1999). Perhaps it was their personal understanding of the disparity between Australia's wealth and Bangladesh's poverty that inspired gratitude for the attention paid and assistance given to Bangladesh by others–in this case, Australians.

However, other groups were not as comfortable with the focus on Australia's role. While Bangladeshi participants seemed happy at tributes being shared with the rest of the country (possibly including themselves), one parent group advanced a critique of this 'Australian angle' after viewing the television news stories, questioning who was actually responsible for the twins' positive medical outcomes:

Alison: The foster mother or the – whoever found them and brought them out and the doctors, of course they can be proud. But they really wanted *Australia* to feel proud of it.

Adele: But it worked!

Alison: And it worked until I went, 'hang on a minute!'. [laughter] *(Parents 1)*

While these participants initially accepted an approach to the story that gave all Australians some credit for this success – and even derived a certain pleasure from being able to bask in the reflected glory – this sense was fleeting: after consideration, they rejected what one respondent termed a 'self-congratulatory' reading of its media presentation. Indeed, they concluded that not only had the coverage manipulated them into feeling this way, but its implicit inclusion of all Australians in this praise was against their understanding of the national character:

Ben: But as far as – we had nothing to do with it.

Alison: No.

Ben: But isn't the Aussie thing that you go out there and you do something and quite often you just sneak around the corner and you don't be seen?

Brian: Yes.

Ben: That's the kind of Aussie way. You don't necessarily want to be in the spotlight. *(Parents 1)*

However the substance and strength of this sentiment was by no means shared. The other parent group recognised the story's explicit appeal to Australians but did not find it an inherent negative, realising that there were various explanations for the prominence of this element in the coverage. In response to an observation that other groups had suggested the focus of the story made it too much 'about us' they defended, as one participant later put it, the idea of giving 'credit where credit was due':

Karla: I wouldn't have thought that straight out, not about us. It's just about that situation.

Kylie: It happened in Australia.

Facilitator: So if it was about Australia, you didn't feel it was overly…

Karla: No.

Lil: I didn't think it was about Australia at all, it was about those two little girls being saved. *(Parents 2)*

This group did not feel that the presentation of an 'Australian angle' was at the expense of a focus on the twins, although their subsequent comparison with a media tendency to appropriate as 'Australian' exemplars of success in other fields, like sport, suggests that these respondents did not believe such a defence was always warranted.

Nor were Bangladeshi participants unconditional in supporting the Australian management of Trishna and Krishna's case. One group, all of whose members had arrived in Australia relatively recently and thus had experience of its lengthy immigration procedures, contrasted – without rancour or anger – their involvement in this process with that of the twins':

Shipon: Australian Government and immigration visa, they do some different for them or just a normal case? […] Because somebody coming here for medical treatment is very difficult, that you have to show them that the monies and everything is already settled... *(Bangladesh 2)*

From their own knowledge of how hard it is for ordinary Bangladeshis to obtain Australian visas – much less to receive expensive medical care here – it was evident to these respondents that the twins' situation was unique: in its inability to be readily replicated, it was highly unlikely to serve as a model of assistance for large numbers of children.

A final critique of the 'Australian angle' arose from one of the NGO groups, who enjoyed the presentation of Trishna and Krishna's story but questioned the premise of its domestic focus:

Sue: Now, I haven't been to Bangladesh, but if it's like other countries that I've been to, it is a country that has quite a developed medical care system for a lot of its population, there's a middle class, they're going about their business each day, they're educating their kids, they've got jobs. There's a huge group of people who are marginal, in poverty and in terrible straits. But the story like that just sort of highlights…that we're okay and can rescue them, and everybody there is basically not okay and not capable of doing it themselves. So it kind of widens in some ways, in my view, that gulf between the two. *(NGOs 1)*

In its dismissal of Bangladesh and subsequent empowerment of Australia, these participants saw the media's narrative as having material consequences for others' lives and well-being. The potential for nuance to be lost in how Trishna and Krishna's story was told would be to the detriment of domestic understanding of LMICs and create an overinflated sense of Australia's influence, borne of greater wealth and cultural capital. Such disparity could easily entrench a perception among media audiences that LMICs are indeed 'basket cases' for which nothing can

be done (Burman 2009) – other than for a lucky few like these twins, whose fates might be serendipitously altered.

At the end of the continuum lay opinions that, for various reasons, completely rejected the local focus in coverage about Trishna and Krishna. While able to understand, from their professional standpoint, the magnitude of the media attention to this story one of the NGO groups refused the notion that the point of this publicity should be to congratulate the whole of Australia. In the course of their work, they confronted a perceived hierarchy of both individual and national merit in terms of who 'deserved' assistance (Bennett and Kottasz 2000: 356-8), and in these terms were mindful that Bangladesh and its people ranked fairly low. This, for one respondent, was why the focus of Trishna and Krishna's story was instead largely on Australia:

Aaron: That story [a clip viewed by the group] was purely about the white, feel-good
                woman [sic] that adopted poor health-conditioned twins. […] It was all –
                ethnicity was important in that story. And they only showed a little snippet of the
                actual faces of the brown kids. *(NGOs 2)*

Here, what is visible demonstrates what is valued by news producers. The Australian media's representation of 'us' does not usually include non-white faces (Phillips 2009). These participants recognised both the newsworthy aspects of the twins' story and the narrative devices that had been employed to emphasise them–but acknowledged that these same techniques (appealing to individuals' desire for connection, and to their emotions) were also utilised by their own agencies in publicity campaigns:

Aaron: They pulled all the heart strings, it was perfect. Like, I hate it and it makes me
                want to vomit but I know exactly what they did and they did it very, very well – I
                think, anyway.
Felix: That's good, we do it too.
Aaron: Yeah, of course. *(NGOs 2)*

The criticism that this group makes of the coverage of Trishna and Krishna must, they realise, also be applied to their own work. This was another element of the ambivalence in their reactions to this story: while they found such practices problematic, their organisations also make use of them, in order to attract attention and funding. However, they did not identify themselves

as being within the audience for this story:

Will: …this news is targeted towards mum and dad at home with kids, you know, wanting a feel-good story and feeling how good Australia is in the world and how we're saving all these people, aren't we all amazing? And I just don't have any interest in that at all so I totally tuned out. I think it was particularly targeted towards those kinds of people – people who don't have an international interest. And to have an international interest it needs to have an Australian in it. *(NGOs 2)*

These respondents perceived that this news was not 'for them' because they could not relate to it and were not the kinds of people at whom it was aimed (who they perceived as 'comfortable' and disinterested in world affairs). Their resistant readings of mainstream news content and disdain for its presumed audiences raise interesting questions for NGO communications with the Australian public: these agencies wish to connect with individuals, persuading them of both the value of international development work and the benefit of their financial support for it–and yet these same individuals are largely believed not to 'have an international interest'. It is to questions of public health consequences arising from the presentation of this story and its reception that we now turn.

Discussion

The narrative aspects of Trishna and Krishna's story were a winning combination summed up thus by one participant:

Sue: It certainly strikes me as a story that's got all the right elements: you know, the children, the luck that they had in being found, the wonderful, compassionate person who found them, the compassionate person who's looking after them, the link with the Australian, as you said, Australian story–and it's the expertise and brilliance of the doctors. *(NGOs 1)*

All the groups, whatever their level of knowledge about Bangladesh or child health, offered more thoughtful readings of this story than its simple and congratulatory media presentation would seem to have suggested or encouraged. They understood why it had been constructed in this way; that the story had features that made it good *as* news. First, as 'good news'– specifically

because of the favourable outcome for the children – it offered an opportunity for celebration:

Rohan: …in summary, they have sort of highlighted in the news that not only the childs [sic] have survived but that Australia has done a good job and it's something to be celebrated for. This enjoyment has also been passed down to the Bangladeshi community as well and it's big news. *(Bangladesh 2)*

In this reading, what emerges most strongly are the positives: of the surgical results, Australia's part in this success and reactions in both Australia and Bangladesh. The Bangladeshi groups were generally less cynical than others in their approach to the Australian media and, in relation to the presentation of Trishna and Krishna, responded enthusiastically to the kinds of emotion and narrative devices that other groups derided.

Second, participants recognised that this story was good for 'us' as news consumers. In the same way that humorous or human-interest stories often 'balance' and conclude a news bulletin, one parent group saw that Trishna and Krishna were newsworthy in part because they offered a counterpoint to the 'hard' or 'bad' news stories that form the bulk of television news.

Mark: But with every gasp needs a sigh. Every time something – in order for people to feel safe, you've got to create that safety for people. And if it's all shock-horror and gore and extremes without that level of ***exhales*** deep-breath sigh…
Amanda: 'Well the world's still an okay place. We still do good things.' *(Parents 2)*

The twins were thus integral in establishing 'news flow' for reasons predominantly concerning the audience's collective sense of self; by giving viewers a certain peace of mind that their world was still a decent place, where sick children in dire circumstances were saved by the intervention of caring doctors and generous citizens.

Third, the positive corrective that this story offered was specifically 'good' for a certain type of news consumer: children. Many groups were conscious of this dynamic; the parent respondents were especially aware of it and compared Trishna and Krishna's story favourably with other, regular news fare:

Alison: Even when you have the news on and stuff and the kids say, 'why do you watch the news? It's all bad, people dying and stuff'. But then every now and then they bring you a happy story – you know, they try and balance it, they don't just bring you all the disasters. So they put a balance with the good news stories as well – otherwise you just wouldn't…have it on because the kids would be too upset. *(Parents 1)*

Evident here is the wider material context of news consumption. Adult perceptions of, and feelings about, children's television use have been well-studied, with domestic regulation of its availability connected to a sense of 'good parenting' (Buckingham 1993: 104). Parents usually contrast a range of benefits from television (such as its educational value and utility as a 'child-minder') with concerns that it encourages sedentary lives and exposes children to questionable content (Dorey et al. 2009, De Decker et al. 2012). The second parent group raised the latter concern in relation to their anxiety at violent images shown on the news and their tendency to 'switch channels pretty quickly sometimes'. In contrast, Trishna and Krishna's story was neither confusing nor upsetting, making it ideal family viewing.

Finally the NGO groups, in particular, acknowledged that this story was of value to both the media and certain agencies. They were able to appreciate the impact of the twins' story in light of both past and present professional associations:

Sue: *Winner* [this story], absolutely. And I know, because I worked for a children's charity…I lived in Melbourne and I used to use them [the media] *unmercifully* when I was down there. *(NGOs 1)*

These participants knew *why* the story was news, even if it made them somewhat uneasy and a few took a cynical stance towards it, both because of how it rewarded those involved with the 'right' (child health-related) cause and because of how they themselves engaged with the media:

Kathryn: I was going to ask a question: do you think though that those sort of stories detract from a need to make sure that things are happening in Bangladesh and that systems are being developed and that children are being identified, from a public perception?

Martine: I think…that story can't tell people about that. It can't cover both bases. So it has to be a completely different story that tells the story of the greater need and I think that it is easier, if I generalise, for a lot of people to identify with the individual story… the bigger stories are the harder stories to tell. *(NGOs 1)*

The desire to tell more complex narratives about social, economic and political determinants of health in LMICs is an enduring point of professional interest. However, these respondents also observed that there seems to be only so much that any one story can 'bear' in terms of communicating information and educating the public–a principle and concern at work in relation to domestic health stories as well (Chapman et al. 2009). While many participants spoke of a respect for the medical skill that separated Trishna and Krishna, they clearly had reservations about what and who this would exclude: the 'rescue' of identified and named individuals at the expense of countless, unknown others (McKie and Richardson 2003) is key to the ambivalence evident in cases such as this.

It is precisely these 'bigger stories' that an accurate picture of LMIC health – careful, contextual and complex – requires. Even in Australian domestic health news, television items are an average of 97 seconds long (Chapman et al. 2009: 623); providing sufficient detail to adequately situate LMIC stories likely requires a more in-depth, 'series' approach of the kind often seen with nature and history programmes, or perhaps some other innovative, non-news approaches (Scott et al. 2011: 16-31). Yet these aspirations are very likely to be at odds with the operational restrictions of contemporary mass-media environments (in Australia and elsewhere) in which all journalists find it increasingly difficult to balance competing aims such as depth and newsworthiness (Leask et al. 2010), and where resource-intensive foreign correspondence is perhaps more restricted than any other form of coverage (Utley 1997). In addition, the lack of an Australian angle will make many LMIC health stories even less likely to rouse domestic news interest.

The kind of engagement with, and understanding of, international development that can result from this partial media picture has been described as 'a mile wide and an inch deep' (Smillie 1999: 72). Indeed, comprehensive studies with British television audiences of images and ideas from around the world on British television have found that viewers generally perceive LMICs negatively, blaming this impression on television images (Glasgow Media Group and 3WE for Department for International Development (DfID) 2000: 136-8, VSO 2001). Yet these audiences also expressed a pleasure at being able to connect with the lives of overseas 'others'

through television (Scott 2009: 4-5). This inclination has also been noted within large international development NGOs as a desire for direct and meaningful connections between donors and recipients. Where NGOs previously seemed beyond public reproach because of widespread trust in their work, their position as privileged intermediaries is now under threat as a result of the rise of smaller organisations, online resources such as the direct microfinance platform Kiva (2012) and some individuals' wish to go and see – even participate in – such work for themselves (Hewett 2012). Yet alongside these trends is a broad public discomfort with notions of 'the political' in development; NGOs often wish to avoid contentiousness that might antagonise supporters, and legal frameworks constrain these organisations' political activities (Smith 2004: 747). The danger is that, by emphasising the small-scale and the personal, the difficult, structural work of social change – the ultimate context of public health and its social justice concerns – is marginalised.

The focus group exchanges presented in this paper complement earlier content analyses and journalist interviews that explored the way in which a prominent LMIC health news story was told by the Australian media. These groups give an insight into what respondents know, and how, both as individuals and in these interaction. Following a long tradition of media research, they demonstrate that audiences are neither incapable of understanding nor passively accepting of media messages about LMICs. While many participants' knowledge of Bangladesh or the specifics of its health profile were limited, their responses show that they evaluated the media presentation of a story from that country critically; indeed, they seemed to engage with the news treatment of the story in the expectation that it was incomplete – or, on occasion, simply incorrect. However in many groups respondents spontaneously expressed a wish for more information on some element of the story: about Trishna and Krishna, their Bangladeshi parents or where their case fit within the country's broader health context. While participants acknowledged that the circumstances of their lives may not afford the time to seek out such information, this type of detail is not routinely provided in mass-media news precisely on the grounds that audiences do not want it. It remains to be seen how and where a balance might be struck in LMIC health coverage between creating attractive news content and better informing audiences.

Notes
1.   The quarterly *Public Attitudes to Development* survey, conducted on behalf of the UK's Department for International Development (DfID) since 1990, has not been released publicly since the election of that country's Conservative coalition government in 2010.

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Chapter 7 – Selling the story: Australian international development NGOs and health news from the developing world

Abstract

International development agencies and charities often have a major focus on highlighting and attempting to alleviate health problems in low- and middle-income countries (LMICs). In these objectives, they rely strongly on news media reportage of these problems and their solutions. This paper examines the experiences of communication staff from eight large non-government organisations (NGOs) of trying to secure coverage of LMIC health stories in the Australian news media. It reports on how these NGOs perceive current Australian news coverage of LMIC health, how they negotiate its 'media logic' and their attempts to work within and beyond it for better coverage of LMIC health news. Their impressions of LMIC health reporting are broadly consistent with existing literature on the coverage of humanitarian and foreign news. In endeavouring to maximise exposure for their work, the agencies also sought to benefit journalists and news outlets by providing content that matched with existing notions of mainstream content. However, these NGOs are also in the process of working out how to move beyond these outlets and create news content on their own terms. Possible new avenues for the creation of such content are explored.

Introduction

News media coverage can focus attention and funding on health issues, as well as contributing to changes in health-related public attitudes and policies (Chapman et al. 2009: 620). Publicity for such issues, and those beyond health, is frequently facilitated by the advocacy efforts of interested non-government organisations (NGOs), which are increasingly employing the techniques and tools of media and public relations to their advantage in these endeavours (Davis 2003: 30-1). This paper examines the convergence between advocacy by international development agencies in Australia and media attention to global health.

The NGOs under consideration here are *international* and *humanitarian* in their objectives, and engaged in increasingly influential and complex relationships with governments (DeChaine 2005: 50-2). These agencies are major stakeholders in the international development arena, significant recipients of both taxpayer-funded official development assistance (ODA) (AusAID 2012) and private donations. However, such NGOs have been little studied in media and journalism research when compared to the extent of similar investigations in political science. Thus this

paper focuses on large, international development agencies, with their extensive organisational structures, large-scale funding and global reach (Waisbord 2011: 142-5). Unlike past investigations which have looked at these NGOs' general domestic communications (for example, (Cottle and Nolan 2007)), it concentrates on their health-related media work.

This paper forms part of a larger project on the Australian news media's coverage of health in low- and middle-income countries (LMICs) (Imison and Chapman 2010). Previous, related investigations have focused on exemplar news topics from the media corpus – for example, medical tourism (Imison and Schweinsberg 2013) – and sought journalists' (Imison and Chapman 2012) and audiences' (Imison forthcoming) reflections on such coverage. In the present study, my interest was in understanding agencies' practical experiences with LMIC health stories in the Australian media. Thus the interviews sought to stimulate discussion on current coverage, NGO media strategies and relationships, and how respondents felt coverage might be improved.

The ways in which mainstream media outlets in high-income nations present LMICs have long been perceived as problematic. In general, this coverage has tended to highlight only a small number of issues and 'significant' events, in locations deemed to be of strategic and economic importance to their domestic audiences (Shoemaker et al. 1991, Wu 2003). A study of Australian news content revealed a similarly narrow choice of subjects and themes in the coverage of humanitarian issues and a preference for 'official' sources (Bacon and Nash 2003: 11-8). Mainstream media are the major means by which the public are informed about international development-related issues (Henson et al. 2010: 18). Although the importance of online information is increasing exponentially, mainstream sources remain central to efforts at public communication about LMICs. Comprehensive and accurate reporting of LMIC news has crucial value to domestic audiences because of the public trust invested in a growing programme of ODA (due to reach 0.5% of Gross National Income (GNI) by 2017-18 (Commonwealth of Australia 2013: 11)), Australia's enhanced international role as a result of its recent election to a two-year term as a non-permanent member of the United Nations Security Council (Australian Government 2012) and ongoing global efforts to agree the form and content of development priorities after the Millennium Development Goals (MDGs). Despite the complexities in international development and the importance of LMICs to Australia, any case for greater mainstream media interest must be made against a backdrop of decreasing news budgets for

expensive overseas coverage (Utley 1997: 6-7) and the fact that this kind of news has been found to be in short supply generally during times of peace (Allen and Hamilton 2010: 642).

Health is a specific area in which NGOs might seek media coverage as it is an important element of these agencies' work, ranging from it being their core business to one area among many with which they deal in their long-term development, short-term emergency response and/or advocacy programming. The concern for health as part of an international development portfolio is a multi-faceted one: building national capacity, working collaboratively to improve public (and not just individual) health, implementing sectoral approaches in preference to single-disease programming and stemming the 'brain drain' of health workers from LMICs, in order to leverage growing investments in health for the world's poorest people (Garrett 2007). However, the media presentation of global health within high-income nations has often been similarly problematic to the coverage of broader LMIC news. In the Australian media specifically, coverage focuses on a narrow range of countries (with certain regions left virtually uncovered) and specific diseases deemed either 'typical' of LMICs or threatening – and hence relevant – to a domestic audience, with a strong preference for an 'Australian angle' (Imison and Chapman 2010).

In such circumstances, where there is media interest about LMICs in high-income nations, the work of NGOs and news outlets is highly intertwined. While agencies use media exposure to increase awareness about development issues, raise funds for humanitarian work and create constituencies for related policies (Cottle and Nolan 2007: 863), mainstream media news and current affairs programming demands content deemed likely to attract and retain audiences. This relationship, though, can be an uncomfortable one: NGOs develop media profiles in order to communicate their beliefs and actions widely, but this exposure can loosen their control over the way in which they and their concerns are presented (Dogra 2007: 163). While appearing in the news may assist agencies to be recognised as stakeholders and hence receive further coverage, there is little evidence that, in so doing, they successfully change news agendas or challenge normative ideas of 'news'. Indeed, the pressure is on them to co-operate in the *reproduction* of these normative ideas and generate content that satisfies the dictates of mainstream media agendas, a process that has been termed 'news cloning' (Fenton 2009). This paper examines how international development NGOs in Australia perceive current domestic news coverage of LMIC health, how they negotiate its 'media logic' (Cottle and Nolan 2007: 863) and how they attempt to work within and beyond it for better LMIC health news.

Using an agency list compiled by the international development sector's peak body in Australia (ACFID (Australian Council for International Development) 2010) I approached the most senior media and communications staff member at the top fifteen agencies, ranked in terms of funds raised from the Australian public, to request an interview. I allowed each organisation to decide who would be interviewed, depending on availability and personal preference. The large development NGOs are those most likely to maintain media staff – increasingly, former journalists (Braeckman 1996: 122). Despite claims that new media would increase access for other stakeholders in this sector, less well-resourced agencies without established profiles continue to struggle for news coverage amongst competing voices and corresponding decreases in journalists' time (Fenton 2010: 153). In the domestic media's coverage of LMIC health, then, large Australian NGOs will be key news sources (Cooper 2009).

Research-budget constraints precluded the involvement of one agency based outside Australia's mainland southern states, two NGOs did not respond to repeated requests for an interview, another sent written responses for logistical reasons and three agencies declined to participate: one had only a small portfolio of health work and two had recently lost experienced media staff. I conducted interviews with the remaining eight NGOs and AusAID (the Commonwealth agency that manages the disbursement of Australia's ODA budget) between November 2011 and March 2012, in Canberra, Melbourne and Sydney. Seven of the participants were male and two female. All signed standard consent forms prior to interview and were assured of confidentiality; pseudonyms are used to identify the quotes below. Interviews lasted between 49 and 83 minutes and all were transcribed and checked for accuracy against sound recordings.

The interviews were semi-structured and guided by a set of questions developed after close study of the relevant literature and discussion with others in this field (Appendix 1). Based on multiple readings and comparison of the transcripts with these interests in mind, I explore three specific concerns in this paper: namely, agency media and communications staff impressions of how and what the Australian media covers (or does not cover) in LMIC health; participants' negotiation of 'media logic' in their LMIC health-related work; and how NGOs attempt to work within and beyond these limitations in the quest for coverage.

Inclusions and absences in Australian LMIC health reporting

Without exception, respondents spoke of the difficulty in securing a quality and quantity of LMIC health coverage in the Australian media with which they were professionally satisfied. The dynamism, variety and complexity of global health (Garrett 2007) were felt to be barely visible in what was a limited menu of LMIC-related stories. One participant, part of the media team at a large agency, explained it thus:

> *The media view things through a prism that there's only probably four or five aid stories anyway. Then they can view all stories like that. They probably view politics as four or five stories…* (Nick)

There were several dimensions to the perceived limits on LMIC health's news media profile, in terms of both what coverage included and omitted. Numerous respondents explicitly mentioned a media preference for 'bad news':

> *…the bad news is a better seller, you know, to the media. Whereas it's very, very hard to get them to report on the good news, unless it's in the Sunday features pages… the good news gets the feature coverage, the bad news gets the news coverage.* (Carl)

While this participant recognised that 'good news' tended to be uncommon in the Australian media's coverage of LMIC health, 'bad news' offered something discrete on which to report. Nowhere was this more the case than in relation to disasters, during which NGOs became keenly-sought potential news sources:

> *The time that our phones ring hot is when there's a disaster, and the first 48 hours the media haven't got there themselves usually so they assume we might have some insider knowledge.* (Brad)

Another respondent added:

> *…generally speaking the kind of stories that the Australia media would cover are your stories that are extreme. So kids dying in the East African drought, that kind of stuff – which have that health component – or your against-the-odds kind of stories…* (Russ)

These impressions of LMIC health reporting are consistent with what is known about the media coverage of wider humanitarian issues in high-income nations. The seriousness of events

(particularly as determined by the numbers of people affected) must be great or the images available very dramatic to pass journalistic gatekeeping and qualify as 'news' (Bacon and Nash 2004: 37). Just a few locations will be in focus at any one time and media attention subsequently moves on swiftly, offering little opportunity for context or follow-up (Bacon and Nash 2003: 10). In addition, archetypal LMIC health stories are often atypical of such nations' most pressing or widespread health concerns (Imison and Chapman 2013) – especially in the case of stories involving children (Moeller 2002).

Participants also considered domestic relevance key to the attraction of a LMIC health story, a feature of coverage with three distinct aspects. First, the primacy of an Australian presence in the story, usually in the form of an Australian field worker or agency representative:

> *It's got to have an Australian in it, basically… yeah, often they won't want to speak to us unless there's an Australian who can tell the story directly. Unless it's a major emergency and then they'll take anyone...* (Sally)

This remark highlights the perceived importance of a connection between a story's news actors and the audience – summed up by another respondent as 'they [the media] want the Aussie accent to come through quite strongly' – while again underlining the 'special' status of disaster coverage, during which the requirement for an Australian voice would be suspended. It also accords with a previously-noted preference in the Australian media coverage of humanitarian issues for spokespeople who do not come from among those being spoken about (Bacon and Nash 2003: 16), as well as assuring immediately-usable English-language commentary to accompany any story (Imison and Chapman 2012: 100).

The other two aspects of this felt need to demonstrate relevance for domestic media consumers were an inclination to stories about 'the neighbours', as one participant termed them – nations close to Australia – and the deployment of issues with which there was some calendar or celebrity link. These were encapsulated thus by the head of media at one of the larger NGOs:

> *I think it's important to recognise that we're going to have more success with Australian journalists if you can pitch to them stories about health in our region. We know they're particularly interested in East Timor, Indonesia, the Solomon Islands, PNG* [Papua New Guinea] *absolutely… and then perhaps*

pegging them to dates in the calendar. So for example, World AIDS Day, the first of December; we do a
lot of work with – around HIV/AIDS education in PNG… (Charlie)

These observations are consonant with the well-rehearsed 'proximity thesis' that foregrounds the appeal, in areas of news including health, of countries that are culturally or geographically near to our own (Adams 1986: 117-9, Hanusch 2008: 349). However, respondents were ambivalent about approaches to LMIC health stories that employed such tactics for the sake of domestic relevance, especially insofar as they might have other, negative consequences:

…particularly because Australian media are parochial… the story becomes about the Australian person
rather than actually the people themselves. (Russ)

Yet in a crowded and competitive media landscape, and despite their misgivings about the principles on which coverage of LMIC issues is often constructed, NGOs worked to maintain relationships with outlets in order to secure their own profiles and incomes (Bennett and Kottasz 2000: 227-8, Cottle and Nolan 2007: 863-4). This willingness to accede to such content requirements is an indication of the asymmetrical power relationship between agencies and the media (Waisbord 2011: 146). It also confirms the operation of 'media logic' in relation to LMIC health. Next I turn to how NGOs negotiated these processes in their communications.

Negotiating 'media logic' in LMIC health coverage
In their examination of development agency media strategies, aimed at raising awareness, funds and public support, Cottle and Nolan (2007: 864) identified four major ways in which NGO communication has been captured by a pervasive 'media logic': agencies' concern to promote their 'brands'; the importance of guarding against media-initiated scandals that might damage organisational reputation; NGOs tailoring stories to media logistic and content preferences; and their emphasising regionally-specific and personality-oriented elements as appropriate in development-related stories.

Most of these elements were highlighted in the previous section and otherwise evident throughout my interviews. Participants were keenly aware that the importance of coverage meant their agencies internalised media ways of working. They also knew that media outlets' priorities in the international development sphere did not necessarily match those of NGOs (Cottle and

Nolan 2007: 874-5) and so were concerned to negotiate these apparently-irresistible media dictates.

Respondents were looking for media coverage of LMIC health to assist their agencies' short- and long-term objectives. One participant, the media manager at a large agency, encapsulated his aims thus:

> *…to get our share of voice out there, get our name out there, our brand out there to support our fundraising initiatives, or to establish ourselves as an expert in a particular area so that people come to us for comment. Again, a lot of it's linked to raising money to be able to do our development work.* (Brad)

Such coverage, then, was seen as part of a virtuous circle: having a media profile supported fundraising and assisted the NGO to grow in both size and strength, which further enhanced the agency's public standing and future capacity to influence (Cooper 2007: 10). This process, though, did not play out strictly on their terms: while the previous section suggested some of the features of LMIC health stories that were attractive to domestic media outlets because of perceived audience interest, respondents were also attentive to the wider media environment – not least because over half of them had also previously worked as journalists. In the context of discussing time, space and resource constraints in contemporary journalism, the media and public relations officer at one medium-sized agency commented on the role of 'news values':

> *…they're* [news values] *basically a ready-reckoner for hard-worked journalists to make a decision about whether I should cover a story or not. So they default to things like conflict, negativity, disaster, the extraordinary or, on the other end of the scale, the familiar and what people can connect to – the regular, the Red Nose Day every year, all that sort of stuff, the local and domestic. So often global stories don't fit within any of those news values.* (Russ)

While the poor fit of much LMIC health with common news values (Cottle 2013: 235) made these stories unlikely candidates for mainstream media interest, NGOs were conscious that they might be able to use to their publicity advantage the pressures of journalists' work schedules. In considering what 'ideal' Australian LMIC health coverage might look like, the communications manager at another medium-sized agency observed:

…there would be budget to deliver these great features and great stories where there currently isn't. So that's looking at it from a media perspective. I mean, from an NGO perspective, the fact that those budgets aren't there is actually creating a space for us to offer up these stories ourselves, which does mean that more of the… NGO's message can come through in the final story... (Dave)

As his agency already collected its own news-release content and research data, and was expanding its capacity to do so, this participant anticipated that stories chosen for their message and media fit – what he later referred to as 'genuine news-type stuff' – could increasingly bring mutual benefit to NGOs and media outlets. Indeed, the virtuous circle of coverage was not solely about individual journalists and agency staff; working within wider media expectations of LMIC health content might also deliver a wider forum in which to present an NGO's work:

…looking to feature writers to help us to articulate a successful public health project, for example. […] To choose to accept that it might not be a news story and that there might be a better way to tell a health story – through more words, through the feature pages, through the magazines that come in the weekend newspapers… (Charlie)

This respondent prioritised telling stories in a way that did not fit the strict definition of 'news', in order to allow their context to fully emerge. However as another participant acknowledged, this would probably mean such stories were relegated 'up the back somewhere' in a newspaper or placed in a niche publication, and were thus less likely to be seen. This strategy, then, was something of a compromise between the needs of agencies and the news media.

By working within these 'media logics' respondents also sought a number of wider benefits. First, they used the criterion of domestic relevance in news to highlight development-related content for the greatest possible impact. The communications manager at one of the larger NGOs gave the following example:

…many Australians have suffered from extreme drought and everything but imagine what it's like to never have water or water's contaminated. So you can do that comparison as well and people – it's an issue that resonates with people here, I think, particularly in rural areas. So when we have – there's World Water Day, I think, in March and we quite often do some work around that and that usually works. (Tara)

This is an imaginative variant on the 'local angle', the importance of which has been demonstrated for both LMIC and non-LMIC health news (Imison and Chapman 2013: 33-4, Viswanath et al. 2008: 772-3). In satisfying the news value of continuity (Galtung and Ruge 1965: 67) – taking advantage of an issue that already has a place in the news cycle – this story broadens the notion of relevance beyond local fellow citizens to encompass a wider, global community.

Second, respondents wanted to expand journalists' and audiences' understanding of what 'LMIC health' might mean, within the context of stories that also had media appeal:

> *…the health story is, if you like – one of the suite of stories that can be told by aid organisations in times of humanitarian crisis. […] Inevitably as journalists try to extend the lifecycle of the story, they turn to disaster risk reduction [DRR]. Actually they wouldn't call it DRR, we would call it DRR, but they would be asking us, 'hey, how can we prevent this from happening in the future?'. That's the opportunity to talk about disaster risk reduction.* (Charlie)

Assisting news organisations to 'extend' a humanitarian story might also benefit agencies' fund- and awareness-raising efforts. Introducing fresh angles on a situation that journalists were already covering – in this case, the 2010 Haiti earthquake – gave NGOs an opening to detail some of the complexities in LMIC health and ongoing disaster-prevention work which, while vital, would not ordinarily be visible in the news media.

Third, these agencies wanted their media appearances to increase the prominence of the development sector generally:

> *I think there is an argument of just building the pie and by helping people understand effective aid, be it government aid or private aid. I think a lot of agencies do devote time and effort to doing that – just building a case for aid. I think we all benefit from that.* (Nick)

This participant, the co-ordinator of public affairs at a large NGO, was aware that a rising tide lifts all boats: securing coverage of one agency's health-related and other work would be to the strategic advantage of other NGOs domestically, and of beneficiaries in LMICs. He later took this conviction further when, discussing the contemporary global political climate and its consequences for aid, he commented on the negatives of 'isolationism… where we see the threats overseas and we want to turn our back'. Citizens in high-income nations stand to benefit

from greater media attention to LMICs (VSO 2001: 11-4), as do agencies and the issues they represent.

Although able to use 'media logic' somewhat to their advantage, respondents were hesitant about acting within it – even to the extent that it was open to negotiation. The ambivalent relationship between journalists and mainstream media on the one hand, and NGOs and their fundraising staff on the other, with regard to trends in coverage of LMIC stories has been explored previously (Bennett and Daniel 2002: 38-41). In this context, one participant summed up agency efforts in the Australian media thus:

> *I guess you do take a whole bunch of different approaches. We are the lucky in the sense that we still have foreign correspondents – we've got Australian-based media overseas so we go through them a number of times.* […] *You just have to be patient, you need to see what's in the news at any one time and you need to be able to respond and bring what's in your cupboard to the table.* […] *There is a level of coverage and I think the agencies are pretty good in what they do.* (Nick)

While recognising the limitations within which NGOs worked, this respondent considered that agencies did their job well and was grateful for the opportunities that remained to engage journalists with LMIC stories. This, then, would suggest that in order to reach larger audiences with more and richer stories of LMIC health, NGOs need to move beyond the structures and constraints of mainstream outlets. The following section addresses some of the ways in which agencies are beginning to do this.

Working within and beyond 'media logic'

Several participants noted that the potential for NGOs' own content to gain a place in the Australian media was greater now than ever. The increasingly straitened circumstances of many traditional news organisations are creating similar opportunities for agency-generated stories in the media markets of many high-income nations (Abbott 2009). It is worth pointing out however that, insofar as the NGOs interviewed had begun to move beyond 'media logic', these changes occurred largely in agencies' own communication practices, which were not grounded in the routines and norms of mainstream news outlets (Waisbord 2011: 147).

The major domain in which these efforts played out was online, in various forms which the NGOs were still experimenting with and refining. The numerous tools at their disposal in this space had both clear advantages and some drawbacks:

> *It can be really hard because the conversation* [in social media] *is so – as I say, a cacophony often, not a debate. So it can be hard to make those messages resonate but we've done a lot of work on thinking through our strategy on Twitter and Facebook and those sorts of things. But our most effective way of communicating with people who have supported us in the past, and getting new people in, is definitely by email...* (Owen)

This medium-sized NGO had been forced to rethink its communication, to determine what was most effective and had greatest impact with its supporters, an activity that will likely be of enduring value to the agency. However as another respondent noted 'preaching to the converted' was a possible danger, given the narrower audience for online communication when compared to that for mainstream news coverage. On balance, though, online platforms provided a real opportunity for NGOs to communicate directly with various stakeholders groups:

> *…social media allows you to break free of being held captive to mainstream media. So if you're collecting stories you can actually tell the stories yourself and push them out to your own channels and hope that people will share them and push them further and they'll reach a broader audience.* […] *Again it's – anything that's in the mainstream media magnifies your impacts so much more.* (Russ)

As this contribution makes clear, new media bring enormous communication positives – but old media forms cannot yet be discounted, although this respondent's use of the term 'captive' in this context underlines the extent to which that affiliation is not necessarily one of choice. In the relationship between the Australian news media and international development agencies, the balance of power in securing coverage clearly lay with media outlets. One participant expressed the situation thus:

> *…all news is packaged so you have to make it as easy as possible and as relevant as possible.* […] *And also vision and pictures and to be honest, something in which people can relate to because I think in many cases editors and producers think it's a turn-off if people don't want to think about it – they're struggling with their mortgage and petrol prices, the last thing they want to be reminded is about someone in a worse situation overseas.* (Nick)

This approach invites a number of considerations. First, what hope is there for news that is not 'easy'; which is ostensibly important but not intuitively 'relevant' to a domestic audience? Attention – which has been called 'the scarcest good in the new media economy' (Tsui 2009) – needs to be drawn to an NGO and its concerns before individuals, then appraised of its work, can decide to further engage with the organisation or the issues (Beckett and Fenyoe 2012: 1). In relation to international news (including that concerning health), the agenda-setting function of the mass media in high-income nations remains important. Previous research has indicated its decisive influence on the salience of both issues and countries, in the relationship between public opinion and foreign policy (Soroka 2003, Wanta et al. 2004)

Second, the comment above acknowledges a central concern in LMIC-related media ethics (Joffe and Haarhoff 2002: 967), particularly for NGOs (Tester 2001: 106): to have audiences then direct their attention beyond themselves and their immediate affairs toward an engagement with the rest of the world. However, this respondent expresses his hope in a way which suggests that agencies (and journalists) do not expect this to be a simple or one-off process. Another participant described his work as including 'an element of triage' in relation to choice of stories and the search for an appropriate balance between garnering media attention and possibly putting off audiences (and potential supporters) (Smith 2004: 747). Yet news reports are acknowledged as a potential means by which audiences are exposed to notions of global citizenship and of responsibility for 'distant others' (Chouliaraki 2006, Silverstone 2003: 477). Although currently such reports are often criticised as infrequent and incomplete, they are sometimes able to live up to these cosmopolitan expectations, best encapsulated as an 'injunction to care' (Cottle 2013).

Third, that stories which do not fit the preferred media mould outlined above do not receive coverage is problematic, given the mainstream news media's otherwise self-proclaimed role of holding institutions – such as large, international development NGOs – to account (Franks 2008: 32). There are negative consequences for agencies as well, in terms of how they and their concerns are perceived:

> *By not being able to discuss the deeper issues of global poverty, the aid industry is often stuck in the space of talking about emergencies and always appearing 'urgent', and preventative or long-term projects fail to have that dramatic, footage-friendly edge the media is so often looking for. At worst it turns aid into the*

face of a starving child with flies in its eyes, rather than everyday people like you and me who have the misfortune of living in poverty. (Jo)

The context for the kind of mainstream coverage that may contribute to overcoming such narrow and stereotypical perceptions, many of which are especially relevant to LMIC health, has recently become much more difficult in Australia. During the last year Fairfax Media and News Limited, the country's two major newspaper publishers, have announced the loss of around 3000 jobs between them over the next three years (about a third of these journalist positions), as well as further organisational restructuring and the closure of printing facilities (O'Donnell et al. 2012: 14). More recently, both publishers have taken steps to reduce costs by cutting the numbers of foreign bureaux and correspondents – even in the United States and Europe, regions of traditional 'news interest' to Australia (Knott 2013). These trends are likely to further diminish both the quantity of locally-derived LMIC coverage and the appetite of media outlets for the substantial investments that such stories require.

Conversely, these circumstance offer a range of expanded opportunities: for increased exposure of citizen-generated online news content, for media outlets in LMICs to reach global audiences through their own websites and for NGOs themselves to report news, either as their prime focus or in support of their other activities. However, these new possibilities are problematic from the perspective of 'traditional' journalistic ethics or integrity, initiating difficult questions about the reliability and accuracy of news, and audiences' ability to triangulate among media sources (Zuckerman 2009). For their part agencies need to consider, when they are involved in news stories, whether they are acting as advocates or journalists (Cooper 2009). Likewise, accepting NGOs' logistic assistance in the field can force journalists into trade-offs between their professional independence and not wanting to bite the hands that feed them (Franks 2008: 31). What will all this mean in future for the (mainstream and new) media endeavours of international development agencies in relation to the coverage and understanding of LMIC health?

Conclusion

The uncertain and rapidly-changing environment for journalists and mainstream media outlets in Australia is in some ways similar to the situation facing NGOs. This raises numerous concerns for agencies themselves, and suggests several possible avenues for future research. As noted in the previous section, the internet offers agencies a way to communicate their messages more directly; an online presence is now essentially mandatory for NGO engagement with supporters

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and donors. Searle (2009) has observed that, even though most agencies accept this as an element of achieving their aims, many still believe that they can otherwise conduct 'business as usual' – which is the position in which many media organisations also believed themselves until quite recently.

At the same time as online audiences demand greater participation and different kinds of information – often more readily and easily provided by the 'networked NGOs' that took shape after the advent of the internet – well-resourced, traditional agencies find themselves competing for attention in this space with online destinations that are backed by commercial clout and technical expertise (Searle 2009, Tsui 2009). NGOs might well benefit from the combination of a 24-hour news cycle and reduced news-gathering capacity in the mainstream media by being able to promote their own LMIC health stories. But how agencies then help foster constructive 'global conversations' of an appropriate level of complexity for different media audiences, and how these debates might proceed in practical terms, remain unresolved (Chalk 2012: 9). This concern goes beyond media coverage – not least because, as several respondents stated explicitly, such publicity is about the issues and not about their NGOs *per se* – to a broader sectoral interest in new ways to more meaningfully engage citizens of high-income nations with issues of poverty and international development (Darnton and Kirk 2011).

As digital platforms become more important and online services increase their global reach (International Telecommunication Union 2012), it is worth recalling that their most rapid uptake is occurring in LMICs (Reda et al. 2012: 94). Thus the competition for coverage between those, such as development agencies, who have traditionally 'spoken for' others has now become a wider struggle for representation, as individuals and communities in LMICs can increasingly speak for themselves (Cooper 2009). In addition, as large numbers of journalists are made redundant or otherwise cease to work for mainstream news outlets, some are creating and supporting innovative relationships among news organisations, NGOs and others who sponsor news coverage (Abbott 2009) of LMIC health and related issues.

While budgets for international stories shrink in many high-income nations numerous initiatives in non-profit journalism, particularly in the United States, have sought to fill these financial and informational gaps (Enda 2010). The International Reporting Project (IRP) provides for journalists and editors to cover overseas stories under-reported in the domestic media. Based at Johns Hopkins University, IRP also offers space to journalists writing books and access to its

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international relations specialists (2012). Further, the Pulitzer Center on Crisis Reporting promotes engagement with global issues by sponsoring both cross-media journalism – often involving information from and collaboration with development agencies – and a programme of education and outreach for students and other citizens (2012). The Bureau for International Reporting (BIR) has two experienced journalist-staff who report on neglected topics and nations, making their stories available through both traditional news outlets and the BIR's own website (2012). All these schemes are made possible with the monetary backing of American foundations and bequests – a tradition of philanthropy without deep roots in Australia. In health specifically Key Correspondents, supported by the International HIV/AIDS Alliance and a variety of development and media partners, brings together a network of citizen journalists, many of them HIV-positive, from around 50 countries who blog as volunteers on local health concerns (2012). Such organisations may realise unique roles in the changing news environment.

While the internet era is usually conceived of as one of information abundance, international news – especially from outside capital cities – is becoming increasingly scarce (Zuckerman 2009). A greater supply of such news would seem an intuitively-desirable outcome for my interviewees, who worked to raise awareness of global health and wider development issues through the Australian mainstream media. However, they were also aware of the role of audience demand in expanding the availability of this kind of coverage. Reflecting on the difference between 'selling' LMIC health and other types of news content, such as sport, with established audiences and presumed entitlements to media space, one respondent commented:

> …*I have a product that's really valuable and people know it's good, but they really don't want to buy it, you know, they want to buy something else. So you're trying to persuade them why they should buy your product, why they should want it. It is, it's a much harder sell. Ten million babies dying is a lot harder sell than one tennis player stubs a toe…* (Brad)

The extent to which the principal stakeholders in the relationship between Australian international development NGOs and the domestic news media are willing and able to alter how they interact, both in general and with regard to the communication of LMIC health specifically, is a moot point. However as their audiences become increasingly willing and able to seek new forms of engagement from agencies and different types of news from media outlets, changes in these dynamics are probably inevitable and where they will lead remains unresolved.

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Chapter 8 – The framing of the Australian news media's coverage of medical tourism in low- and middle-income countries: a content review

Abstract

Background: medical tourism – travel across international borders for health care – appears to be growing globally, with patients from high-income nations increasingly visiting low- and middle-income countries to access such services. This paper analyses Australian television and newspaper news and current affairs coverage to examine how medical tourism and these destinations for the practice are represented to media audiences.

Methods: electronic copies of Australian television ($n = 66$) and newspaper ($n = 65$) items from 2005-2011 about medical care overseas were coded for patterns of reporting (year, format and type) and story characteristics (geographic and medical foci in the coverage, news actors featured and appeals, credibility and risks of the practice mentioned).

Results: Australian media coverage of medical tourism was largely focused on Asia, featuring cosmetic surgery procedures and therapies unavailable domestically. Experts were the most frequently-appearing news actors, followed by patients. Common among the types of appeals mentioned were access to services and low cost. Factors lending credibility included personal testimony, while uncertainty and ethical dilemmas featured strongly among potential risks mentioned from medical tourism.

Conclusions: the Australian media coverage of medical tourism was characterised by a narrow range of medical, geographic and ethical concerns, a focus on individual Australian patients and on content presented as being personally relevant for domestic audiences. Medical tourism was portrayed as an exercise of economically-rational consumer choice, but with no attention given to its consequences for the commodification of health or broader political, medical and ethical implications. In this picture, LMICs were no longer passive recipients of aid but providers of a beneficial service to Australian patients.

Background

The mainstream news media are central to the formation of public ideas about health and medicine in high-income countries, and about the world beyond our nations' borders (Brodie et al. 2003, Padania et al. 2007). Both broadcast and print coverage in high-income nations tend to provide limited menus of topics and approaches to different areas of news interest, driven by what is logistically and culturally accessible for media outlets, and perceptions of what is personally and strategically important to audiences and governments (Seale 2003, Bacon and

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Nash 2003, Wu 2000, Adams 1986, Hanusch 2008). Previous research that combines a focus on health/medical and foreign news has shed light on the Australian media's portrayal of health in low- and middle-income countries (LMICs), and demonstrated how little is known about similar coverage of LMICs in other national contexts (Imison and Chapman 2010). In relation to the content of Australian LMIC health coverage, much reporting is simplified – to what might be termed a 'disease, disaster and despair' focus – and the imperative of highlighting some Australian domestic element remains especially important (Imison and Chapman 2012).

The Australian media reverses some of these expectations and patterns in its coverage of medical tourism, making this phenomenon a particularly interesting one to examine. 'Medical tourism' is defined here as individuals – specifically those from high-income nations and often with some intention to include a holiday with their travel – crossing national borders to access non-emergency medical services not otherwise available in their home (source) country because of high costs, long waiting lists, limited health-care capacity or regulatory restrictions (Johnston et al. 2010, ESCAP 2009, Hall 2011). Health-related travel has been a characteristic of global tourism since antiquity (Bookman and Bookman 2007). However, it is only relatively recently that travelling for medical services has become a distinct practice, for reasons broadly related to the global rise of the middle class, the increased availability of low-cost air travel and developments in medical technology (Connell 2011a). As a high-income nation, Australia is a prospective source country for medical tourists.

The narrative accounts of Canadian medical tourists indicate that cost was a significant factor among a heterogenous set of motivations that propelled them to seek care overseas (Johnston et al. 2012). Because of the importance of this consideration in medical-tourism decision-making, much of the recent growth in medical tourism has been in LMICs as a result of their lower costs for labour and construction, preferential tax regimes and cheaper or non-existent practitioner insurance (Bookman and Bookman 2007, Turner 2007). Many countries across Central and South America, eastern Europe and Asia now provide medical tourism services, specialising in particular types of surgery or travel experiences (Birch et al. 2007, Canales et al. 2006). This has numerous, potentially positive consequences for destination countries, including the ability to earn foreign income, the opportunity to raise the standard of domestic health-care by helping to underwrite the expansion of public service-provision and improving coverage by enticing emigrant medical practitioners to return (Johnston et al. 2010, Bookman and Bookman 2007, Connell 2011a, Turner 2007). Although widely-cited figures estimate that medical tourism to

Asia will generate US$4.4b in annual revenue for the region by 2012 (Horowitz et al. 2007), there is a dearth of reliable information on the numbers of medical tourists and the economic benefit they provide. Even though the phenomenon appears to be growing globally, there are no robust data for any destination country (Connell 2006, Connell 2013) and analysis of medical tourist numbers, narrowly defined, would seem to indicate that industry estimates are usually overstated (Ehrbeck et al. 2008). In addition, there are also major possible downsides for those nations that pursue medical tourism: the failure of financial and medical-personnel gains to 'trickle down' to advantage the wider population, increased drift of healthcare workers to particular geographic locations and specialties and the chance that contagions and drug-resistant infections may more easily spread across the globe (Ramírez de Arellano 2007, Whittaker 2008, Hall and James 2011, Connell 2011b).

The growth of medical tourism has been assisted by the development of both travel and medical services in LMICs (Shaw and Williams 2002), and their ability to attract international medical tourists relies on the promotion of an image that stresses the quality of available health-care. Exemplary among such services are Bumrungrad Hospital in Bangkok and India's Apollo Hospitals Group, corporate medical outfits that not only offer treatment in their own facilities for international patients but have also begun acquiring and managing hospitals elsewhere in Asia (Ramírez de Arellano 2007, Whittaker 2008). This state of affairs challenges the usual media depiction in high-income nations of LMICs as inherently 'unhealthy' and medically-unsophisticated environments (Imison and Chapman 2010). The limited existing research into the coverage of medical tourism in the English-language media of both destination and source countries has demonstrated that voices of ethical concern have been overwhelmed by medical tourism's dominant market and consumer discourses (Mainil et al. 2011). Although a good deal of academic literature on medical tourism refers to media coverage of the phenomenon as a proxy for public interest, most does not look in-depth at media content (Horowitz et al. 2007, Birch et al. 2007, Milstein and Smith 2006, Turner 2007). This research aims to bridge that gap, reporting on coverage from a large Australian television and newspaper dataset; media-related work to date has focused on Europe and Canada (Mainil et al. 2011). The purposes of this paper, then, are to analyse the content of relevant television and newspaper items, examine how medical tourism and the LMIC destination countries[a] for this practice are presented to Australians in their news and current affairs, and explore the potential implications of this portrayal.

Methods

Television items were drawn from the University of Sydney's Australian Health News Research Collaboration (AHNRC) digital database. The AHNRC dataset includes all health-related news and current affairs items aired on Sydney's five free-to-air television stations (three commercial and two at least partly publicly-funded). The sample extends from May 2005, when the database was established, until the end of June 2011, when analysis commenced. The AHNRC's content and inclusion criteria have been described elsewhere (Chapman et al. 2009). This television dataset comprised all items that mentioned elective medical care overseas, including items about procedures such as overseas surrogacy and living-donor organ transplants ('transplant tourism') whose definition as 'medical tourism' might fall outside classifications used elsewhere in the literature (Hall 2011, Cohen 2010, Participants in the International Summit on Transplant Tourism and Organ Trafficking 2008). That these practices are controversial and either heavily regulated or banned in Australia, yet such stories were still broadcast, indicates that there was deemed to be domestic interest in these topics and thus they formed a legitimate part of our dataset.

In order to examine the fullest possible picture of what Australian audiences were shown about medical tourism, these television data were supplemented with print items extracted from the Factiva database of Australian newspaper coverage for the same time-period. We used the search terms 'medical tourism', 'cosmetic tourism', 'scalpel tourism', 'reproductive tourism' and 'transplant tourism' to locate English-language content that appeared in any non-specialist, non-trade Australian metropolitan or regional newspapers. Excluded were duplicate items, those that made only passing reference to the phenomenon and those concerning inbound medical tourism, since these items invariably focused on what the Australian health system could offer potential patients. Previous research has demonstrated that online news is largely sourced from a small number of existing, traditional news outlets (Paterson 2005). As television and newspapers therefore offer widely-disseminated content which is also supplied to online outlets, web news was not included in the present study.

The selected television and newspaper content was initially coded in relation to patterns of reporting: year and location of broadcast/publication, format and story type (Lowe et al. 2010) (Table 1). Items were classed as being either 'news' or 'feature', with content included in the 'news' category if there was a discrete trigger for medical tourism having become news – for instance, a political announcement, public event or report of research findings. The 'feature'

category included media items that were less dependent on such time-bound prompts for their broadcast or publication; they often included strong human-interest elements or reported on medical tourism broadly as a social phenomenon. News and feature items were then further classified as being either focused on or simply mentioning medical tourism. One item of 'advice' – a travel journalist's response to a reader question about medical tourism – and a letter to the editor were also coded.

We then examined the characteristics of the media coverage by way of a content analysis. The nations, main medical procedures and conditions/treatments mentioned, and any news actors quoted directly (by both type and number) were noted for each television and newspaper item (Tables 2 and 3). A modified version of an existing framework, developed to assess medical tourism websites (Mason and Wright 2011), was then applied to the television and newspaper items. This framework was expanded iteratively by the first author as part of a process of reviewing the coverage and noting important concepts that emerged, while excluding elements of the existing coding schema that were irrelevant to the examination of television and newspaper items – for example, aspects of interactivity. No coding software was used. The broad categories employed were:

- *appeals* – features of medical tourism mentioned in an item, either by the journalist or by a news actor, as attractive for a potential or actual patient,
- *credibility* – dimensions of the medical tourism experience mentioned, either by the journalist or by a news actor, or referenced visually to give it integrity or authority in the mind of a potential or actual patient (Turner 2007) and
- *risks* – aspects of medical tourism mentioned, either by the journalist or by a news actor, as a source of actual or perceived risk, and perhaps as a reason not to proceed with an overseas medical procedure.

Related concepts within each of these categories are discussed, and sample characteristics for both television and newspaper items described in detail, in the next section. The first author coded the entirety of the dataset. A selection of 20% of the items, chosen by a random-number generator from across the television and newspaper corpus, was then analysed by the second author.

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Results

Sixty-seven items of television news and current affairs coverage concerned with some aspect of international travel for medical treatment were identified, from a total of 28 580 items in the AHNRC's database, of which 1355 were specifically about LMIC health. One item about medical tourism inbound to Australia was excluded. There were 90 potential newspaper items identified and then further checked to remove duplicates and assess relevance, as described in the previous section, leaving 65 items for analysis. Due to the numerous aspects of appeal, credibility and risk to be compared for each media item, agreement between authors was assessed by calculating the proportion of concepts on which both authors agreed. A high proportion of agreement was found for both television (81.6%) and newspaper (80.2%) items. For both Australian television and newspaper coverage, media interest in medical tourism peaked in 2007-08 (Table 1), with a further peak in newspaper coverage during 2010-11. News, as opposed to feature, stories focused on the subject were chiefly about the growth in 'transplant tourism', especially in relation to the sources of organs used and the ethics of their collection.

Television coverage of medical tourism was almost entirely focused on Asian countries ($n = 63$) (Table 2). The majority of medical concern in this media content was with cosmetic surgery ($n = 20$), stem-cell treatments ($n = 15$) and a variety of reproductive therapies ($n = 13$) including overseas surrogacy and gender-selective *in-vitro* fertilisation (IVF). Although there were several items about the controversial area of 'transplant tourism' ($n = 9$) more complex procedures and some of their medical consequences, such as novel, drug-resistant infections that might be introduced by returning medical tourists ($n = 2$), were not well-represented overall in the dataset. Patients were the most common 'news actors' (individuals interviewed) ($n = 69$) to speak about medical tourism in television news and current affairs, over 80% of them female ($n = 58$). Among other news actors, 'experts' – medical specialists, researchers and scientists in relevant disciplines and representatives of the medical professions – featured heavily ($n = 68$), around half of them Australian. About three-quarters of the remaining expert commentators were from the LMIC contexts with which the television news items were concerned, the remainder being from other high-income nations. None of those involved directly in performing overseas procedures were Australian, but commentary from domestic professionals was often sought on, for example, the wisdom of travelling for medical treatment. Other stakeholders featured in television stories included medical tourism facilitators and representatives of overseas hospitals ($n = 26$), patients' family members ($n = 22$), political actors in various locations ($n = 8$) and individuals from destination countries such as kidney donors ($n = 13$) and surrogate mothers ($n = 2$).

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'Access to services' was most common among the attractions of medical tourism mentioned in this dataset (referred to in 62.1% of stories). Subsequent appeals included low cost (36.4%), being able to 'feel good' (21.2%), the opportunity to travel (16.7%) and the lack of waiting time (13.6%). As to the characteristics of stories that gave credibility to medical tourism, personal testimonial was the most-used technique (referred to in 50% of stories), which is consistent with the large number of patient news actors. The number of international patients, or reference to an estimate of such figures, was also frequently cited to lend credence to the medical-tourism phenomenon or to a particular destination (42.4%). Finally, of the risks mentioned, 'ethical dilemmas' was the largest single category (referred to in 53% of stories). A sense of uncertainty about medical tourism – for instance, in relation to the quality of treatment, standard of practitioner qualification or sterility of equipment – also pervaded the television dataset (50%).

Without the same obligation as television to match textual content with constantly-changing images, newspaper stories (Table 3) were more wide-ranging in their interest; many items mentioned several countries or types of procedure rather than just a few examples. The broader geographical focus is evidence of this trend, although Asian nations still predominated ($n = 59$). Cosmetic surgery again dominated in relation to medical focus ($n = 29$), even more so than in the television coverage. The newspaper items were generally concerned with interventions of greater or lesser complexity, such as orthopaedic, dental and cardiac surgeries – but the second-largest single group of stories was about the contentious area of 'transplant tourism' ($n = 22$). There were also fewer types of news actors, although the pattern of those represented was similar to that in the television coverage: experts ($n = 56$), about 80% of them Australian, with the remainder split fairly evenly between individuals from LMICs and high-income nations; patients ($n = 27$), medical tourism facilitators and hospital representatives ($n = 23$), government spokespeople or politicians ($n = 16$) and patients' family members ($n = 7$).

The tone of the newspaper dataset was much more a marketing one, with the main appeal being that of low cost (referred to in 53.8% of stories), with travel opportunities (32.2%) and ability to 'feel good' (29.2%) also important. However, access to services (36.9%) and lack of waiting time (33.8%) emerged strongly because of the number of stories about 'transplant tourism'. The newspaper items contained fewer personal testimonials than did the television data (18.5%). Instead, their major means of establishing credibility was via reference to the number of international patients visiting a country or facility for medical-tourism purposes (35.4%). In

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addition, the emphasis in any mention of risk was foremost about the procedures themselves –
uncertainty (69.2%), possible complications (47.7%) – and only then about the ethical
dimensions of the practice (36.9%). This approach, and a certain perception of LMICs, was
perhaps best summed up in one television story when an Australian provider of domestic
cosmetic surgery asked rhetorically during an interview, 'if you can't drink the water there, why
would you let them operate on you?'.

Discussion

This study examined Australian television and print news and current affairs coverage of medical
tourism: its type and format, content – the countries, types of procedures and news actors
featured – and the extent to which the appeals, credibility and risks of medical tourism were
mentioned. This section considers what messages about medical tourism and its LMIC
destination countries were presented in the coverage.

The media portrayal of medical tourism reflects several trends identified in earlier research
concerning the domestic coverage of both LMICs and their health status (Imison and Chapman
2010). First, the topics represented among the 131 media items analysed were concentrated
around a total of just ten major medical foci (Tables 2 and 3): a range of surgical interventions,
reproductive and regenerative procedures, and the threat of novel infections brought into the
country by returning medical tourists. This set of concerns is similarly narrow to those previously
noted in an investigation of the Australian media's reporting of international humanitarian issues
(Bacon and Nash 2003). Geographic attention in both television and newspaper items was
largely on Asian nations, due to their proximity and consequent significance as a cluster of
inexpensive destinations with which Australians already have some familiarity as both 'backyards'
and 'playgrounds' (Ormond 2008). The newspaper data evidenced somewhat more extensive
geographic and medical emphases. Yet this broader focus did not extend to risk considerations,
which remained largely limited to individual patients' personal or legal interests. This latter
observation reflects the findings of a Canadian qualitative study of medical tourists, who spoke
about the ethical dimensions of their particular decision to travel for treatment in terms of what
they perceived as aspects of domestic health provision that had forced them abroad: namely, the
waiting times and systemic limitations which, in turn, justified their 'queue-jumping' (Snyder et al.
2012).

Second, the restricted medical, geographic and risk concerns evident in the Australian media coverage of medical tourism were reinforced by its emphasis on identified individuals who had undergone surgery. That patients featured so prominently among news actors in both television and newspaper coverage is consistent with the use of sources in health and medical news: those affected by a health problem provide an appealing and 'authentic' contrast to the media presentation of statistics or research (Chapman et al. 2009). Yoking such 'newsworthy' but otherwise abstract material to an individual narrative personalises the story, in line with the centrality of 'human interest' to general news and current affairs (Conley 2002); the items in this dataset invariably used medical tourists' experiences as 'hooks' for a wider discussion of the phenomenon. Although not all patient news actors had happy experiences to relate, every story that presented medical tourism in a positive light included at least one delighted patient. Third, the high proportion of Australians among all those interviewed mirrors the inclination toward domestic sources in LMIC news more broadly (Imison and Chapman 2010). There was far less media attention given to those who make certain types of medical tourism possible, such as surrogate mothers and organ donors.

Finally the extent to which the media content sought to establish a sense of personal relevance for audience members, a characteristic that has previously been noted in the Australian coverage of LMIC health (Imison and Chapman 2010), partially explains the patterns of appeals, credibility and risks in the presentation of medical tourism. Among the television items, the attraction of 'access to services' appeared most frequently as a result of the number of stories about stem-cell and reproductive therapies not legally available to patients in Australia, with 'access to 'medical breakthrough'' not much further down the list (referred to in 21.2% of stories). The focus on these procedures, too, made 'ethical dilemmas' (53%) the largest single category of risk evident in the television coverage. Subsequently in both television and newspaper datasets the common appeals of low cost, being able to 'feel good', the opportunity to travel and the lack of waiting time were consistent with the large amount of coverage related to cosmetic surgery, which was presented as a matter of 'lifestyle choice' for those willing and able to pay. Among the newspaper items nearly half mentioned the risk of complications (47.7%), as a result of the interest in certain, more complex (transplant and orthopaedic) surgeries. Portraying medical tourism as an extension of the bargain-hunters' holiday that Australian travellers in Asia have long enjoyed, on which the greatest satisfaction is derived in purchasing desirable goods at the lowest possible price, promotes a kind of medical 'shop-til-

you-drop' approach, with unrestricted access to procedures that are not necessarily required or recommended – and ultimately, a commodification of health care (Whittaker 2008).

Given the various dimensions of uncertainty surrounding medical tourism, we might assume that potential medical tourists approach this healthcare option with heightened perceptions of its associated risks (Mason and Wright 2011). Yet in its presentation of medical tourism, Australian news and current affairs coverage of the practice more often referenced some aspect of the actions of other medical tourists (the numbers who take part, and their personal experiences) than any reliable medical consideration. Mentions of a health facility's international accreditation (referred to in 12.1% and 4.6% of television and newspaper stories, respectively), medical practitioners' biography or education (10.6% and 12.3%) and ease of contacting a health-care provider following a procedure (6% and 4.6%) ranked fairly low down the list of such factors in both television and newspaper items. There is little opportunity for individuals to verify this key information and, at any rate, few medical tourists would have the requisite knowledge to properly assess a hospital's reputation or a doctor's skills for themselves – despite the confident assertion by many patient news actors that they had 'done their research' online before committing to travel. An interview study with Canadian medical tourism facilitators found that most of their 'referrals' came via word-of-mouth or websites (Johnston et al. 2011) – and crucial sources of relevant online information are offered by commercial interests (Penney et al. 2011). Investigations into the presentation of appeal and risk on medical tourism websites have previously noted that testimonials, a common technique in general advertising and used liberally in this Australian media dataset, are of limited value to would-be medical tourists since they provide no insight into the individual-level differences that might influence medical outcomes (Mason and Wright 2011).

Such a presentation is troubling since the notion of 'choice' and the associated power of the healthcare consumer are central to the medical tourism phenomenon (Turner 2007) and feature prominently in the Australian television and newspaper coverage. The mention of diverse and contrasting appeals and risks across the media dataset would appear to reinforce a belief that audiences, as an exercise of their freedom to choose, can make up their own minds. This approach is also understandable in editorial terms, with 'balance' a significant tenet of journalistic practice. However, presenting information from sources of varying legitimacy as though they were equally valid might properly be considered a form of bias (Boykoff and Boykoff 2004) and may leave audience members confused as to their best course of action. The television items

examined here appeared largely on commercial networks, which are under sustained pressure to produce widely-engaging content at the lowest cost (Allern 2002). In this context feature stories, which comprised the bulk of this coverage and that reported medical tourism as a minority practice in Australian social life, make both economic and ratings sense (Imison and Chapman 2010). That the print items were mostly published in metropolitan newspapers reflects the mainly urban distribution of Australia's population. It also suggests that this coverage does not merely give an account of the current domestic reality of medical tourism but is also aspirational, demonstrating to a wide and relatively affluent audience why and how they might participate in the practice.

Since our findings showed that both television and newspaper portrayals placed greater emphasis on the appeals than the risks or factors lending credibility to medical tourism, it was perhaps unsurprising that the ethical interest expressed in this coverage was also largely at the level of the individual Australian patient, their experiences and feelings about the process. Canadian research into medical tourists' own understanding of their health-related travel has demonstrated a disjunction between the system-level ethical concerns of academic literature on the practice and the personal ones expressed by medical tourists; indeed, many of those interviewed were puzzled by questions about any possible larger ethical implications (Snyder et al. 2012). Yet as mentioned above medical tourism has huge, potential medical and political consequences for both source and destination countries. While it doubtless benefits some patients from high-income nations and the large corporate medical outfits that have increasingly arisen to serve this market (Whittaker 2008), the advantages for local populations – including 'direct' providers like surrogate mothers and organ donors – are less certain (Connell 2011b, Turner 2007). In our data one, lengthy television current affairs story and three shorter follow-up pieces examined the gap in quality between the private healthcare offered to medical tourists in India and the public services available to that country's citizens, but these were the only media items to engage with the possible effects of medical tourism for health in LMICs. Four stories – one on an overseas knee reconstruction and three about cosmetic surgery – mentioned some health-system outcomes, but only insofar as they related to subsequent burdens for Australian healthcare.

Presenting medical tourism as simply another option available to the wealthy may inhibit appropriate policy development in source countries as, for example, growing numbers of medical tourists diminish the incentives for governments to expand their domestic health workforces (Helble 2011). Although in recent years private organisations such as the US-based Joint

Commission International (JCI) have accredited health-care facilities in numerous LMICs (Hopkins et al. 2010), medical tourism otherwise remains largely unregulated: Australia and Canada, for instance, have no national health and safety guidelines on patient or practitioner involvement in the practice (Crooks and Snyder 2010). Likewise efforts in destination countries have, to date, been piecemeal: India now has a special medical tourist visa but has otherwise left sectoral regulation to its private medical providers (Shetty 2010). Many medical-tourism destinations have less strict medical liability provisions than source countries, restricting patient options for legal recourse and compensation; some medical tourism facilitators include insurance in their prices and patients may take out their own policies (Connell 2011a, Johnston et al. 2010). In the absence of official, medical directives and within the prevailing framework of medical tourism as a customer's prerogative, the presentation to Australian media audiences of any hazards arising from the practice was a combination of anecdotal, patient evidence and a healthy dose of 'buyer beware'.

Equally instructive in examining the content of any media corpus is the matter of what it does *not* contain. Cosmetic surgery was, until recent times, reasonably uncommon and presented to media audiences as mainly the province of professionally vain female celebrities, whose medical outcomes were sometimes the occasion for a mixture of bemusement and horror (Jones 2008). This cultural dynamic has clearly shifted. Across the television and newspaper items investigated here, cosmetic surgery was the dominant medical focus, yet never once were the – again, mainly female – patients censured for vanity. Instead their decision to do 'something that I've always dreamed about' and fix 'a few imperfections' was portrayed sympathetically, and as largely another manifestation of consumer choice – in this case an economically rational one, since the decision to go overseas was so often presented as being motivated by the lower prices charged for such procedures elsewhere. It is also interesting to consider how medical tourism would be presented in the domestic media if the phenomenon looked similar to its LMIC manifestation: namely, small but growing numbers of wealthy overseas patients travelling to Australia for health-care. A recent scoping study, prepared for the Australian government, on inbound medical tourism gives some idea of the perceived benefits from this practice. Again, they are presented in highly rational, mostly economic, terms: attracting foreign currency, reducing the medical-professional 'brain drain' of health workers and providing extra resources for investment into the local health system (Deloitte Access Economics 2011). The study points out that Australian education is already marketed to international student 'customers' in the same way that medical services now might be.

The context for most of the world's travel for medical care is quite banal: it would appear to take place largely between LMICs themselves, over short distances, across borders and within regions, although there is a lack of valid data on the size and direction of such patient flows (Connell 2011a, Shetty 2010). However, media coverage of the practice for Australian audiences presented it as being primarily about long-distance journeys for non-essential, often cosmetic, procedures. The picture offered in this television and newspaper data of LMICs themselves was similarly distorted: no longer simply passive recipients of external financial and technical assistance these nations were now sources of benefit to Australians, in the form of low-cost, convenient and even enjoyable combinations of health-care and travel. In this, the Australian media's presentation of medical tourism departs from how LMICs are usually covered in mainstream news and current affairs. Rather than attracting attention because of the health problems felt to be 'typical' of such locations – communicable disease, injury and child health, with no emphasis on emerging problems such as chronic disease (Imison and Chapman 2010) – instead it is LMICs' credentialed experts and advanced facilities that are touted to local audiences. The ambivalence and complexity of LMIC destinations courting medical tourists in national self-interest while, to varying degrees, failing to adequately meet the health-care needs of their own citizens (Ramírez de Arellano 2007) is a poor fit with the simpler Australian media narrative of individual choice and personal gain. Medical tourism is likely to continue growing, with increased foreign investment in private health-care in LMICs, improved access to technology in these countries, continued 'word of mouth' about the practice, the intensification of its marketing and persistent cost differentials between source and destination countries (Bookman and Bookman 2007). In addition, many American insurers are moving toward sending patients requiring complex medical procedures offshore in their attempts to reduce the financial burden of employee healthcare (Horowitz et al. 2007). This growth is significant because, although medical tourism has consequences for both social justice and health equity, what it will mean in the longer term for public health is far from settled.

There are several limitations to the current study. Although there was careful and comprehensive quantification of the content categories discussed, this coding could not account for the quality, importance or strength of each of these elements within the television or newspaper or items surveyed. Further, this research could not account for any effects on potential medical tourists' decision-making of the media content examined. Future studies into the media coverage of medical tourism could usefully address each of these areas by continuing qualitative research

with past or potential medical tourists (Johnston et al. 2012) in order to better understand how elements of appeal, credibility and risk played a part in their choice; and undertaking comparative analysis of similar media datasets from other destination and source countries.

Conclusions

The present research explored the content of Australian television and newspaper coverage of medical tourism, and the presentation of both medical tourism and its LMIC destinations. It revealed that this portrayal is in line with broader domestic media coverage of LMIC health, with its narrow medical, geographic and ethical foci, and emphases on Australian participants and commentators as the principal actors through whom the medical tourism phenomenon is understood. In addition the impression of medical tourism advanced to audiences is a quite specific one, of affluent customers for health-care making rational choices based on individual desire for particular services (low cost, ability to travel and being able to 'feel good') and appetite for risk (uncertainty). Within this consumer-focused frame, the patient experience and medical outcome are presented as being of equal importance, and any broader concerns are pushed aside. As medical tourism to LMICs is increasingly perceived as a viable health-care option for citizens of nations such as Australia, understanding its appeals to audiences will become more important.

Endnote
[a] Countries that feature in news items used in preparing this paper are all identified as low- or middle-income countries, as defined by WHO (World Health Organization 2011).

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Table 1: Patterns of reporting in Australian newspaper and television coverage of medical tourism,

May 2005 – June 2011

Television stories (n = 66)

Year	Network type	Programme type	Story type
2005 – 6 2006 – 3 2007 – 22 2008 – 10 2009 – 6 2010 – 17 2011 – 2	Commercial – 44 Publicly-funded – 22	Current affairs – 25 News – 24 Magazine – 14 Discussion – 3	News (main focus) – 7 News (mention) – 0 Feature (main focus) – 45 Feature (mention) – 14

Newspaper stories (n = 65)

Year	Publication type	Source location	Story type
2005 – 6 2006 – 5 2007 – 14 2008 – 12 2009 – 6 2010 – 14 2011 – 8	Metropolitan weekday – 34 Metropolitan Sunday – 21 Community – 4 National – 4 Regional weekday – 2	New South Wales – 26 Queensland – 16 Western Australia – 9 National – 4 Victoria – 4 Australian Capital Territory – 3 Tasmania – 2 South Australia – 1	News (main focus) – 22 News (mention) – 3 Feature (main focus) – 30 Feature (mention) – 8 Advice – 1 Letter to the Editor – 1

Table 2: Characteristics of Australian television coverage of medical tourism, May 2005 – June 2011 *(n = 66)**

National focus (*n*)	Medical focus (*n*)	News actors (*n*)	Appeals (%)**	Credibility (%)	Risks (%)
India – 26	*Cosmetic surgery* – 20	*Patient* – 69 (F: 58; Au: 63)	*Access to services (except for reasons of cost)* – 62.1	*Use of personal testimonials* – 50.0	*Ethical dilemmas* – 53.0
Malaysia – 12	*Stem-cell therapy* – 15	*Expert* – 68 (Au: 36)	*Low cost* – 36.4	*Reference to number of international patients* – 42.4	*Uncertainty as to what is on offer* – 50.0
Thailand – 10	*Reproductive therapies* – 13	*Medical tourism facilitators/representatives of overseas hospitals* – 26 (Au: 2)	*Ability to 'feel good'* – 21.2	*Logo/branding symbol* – 19.7	*Complications* – 34.8
The Philippines – 6	*Transplant surgery* – 9	*Family member/carer* – 22 (F: 6)	*Access to 'medical breakthrough'* – 21.2	*Mention of international accreditation* – 12.1	*Procedural risk* – 22.7
China – 5	*Reconstructive surgery* – 4	*Kidney donor* – 13 (F: 3)	*Travel opportunity* – 16.7	*Surgeon/practitioner biography or education* – 10.6	*Post-operative care* – 12.1
Pakistan and Russia – 2 each	*Orthopaedic surgery* – 3	*Surrogacy clients* – 10 (F: 5; Au: 8)	*High-quality services* – 13.6	*Ease of contacting practitioner post-procedure* – 6.0	*Lack of legal recourse* – 10.6
'Asia' in general – 2	*Antibiotic-resistant infection* – 2	*Other* – 7 (Au: 5)	*No waiting time* – 13.6		*Exposure to novel risks* – 9.1
No country named – 3	*Other* – 3	*'Vox pop'/audience member* – 6 (Au: 6)	*State-of-the-art facilities* – 12.1		*Difficulty in contacting practitioner post-procedure* – 4.5
		Government spokesperson or official – 4 (Au: 0)	*Surgeon/practitioner expertise* – 10.6		
		Politician – 4 (Au: 2)	*Personalised service* – 10.6		
		Surrogate mothers – 3 (Au: 1)	*Access to latest technology* – 4.5		
			Greater convenience – 1.5		

* Counts sum to more than 66, as some items cover more than one medical focus, or include more than one news actor.
** This refers to the percentage of stories to feature mention of the particular appeal, credibility or risk in question.

Table 3: Characteristics of Australian newspaper coverage of medical tourism, May 2005 – June 2011 *(n = 65)**

National focus (*n*)	Medical focus (*n*)	News actor (*n*)	Appeals (%)**	Credibility (%)	Risks (%)
Thailand – 27	Cosmetic surgery – 29	Expert – 56 (Au: 45)	Low cost – 53.8	Reference to number of international patients – 35.4	Uncertainty as to what is on offer – 69.2
India – 19	Transplant surgery – 22	Patient – 27 (F: 19; Au: 26)	Access to services (except for reasons of cost) – 36.9	Use of personal testimonials – 18.5	Complications – 47.7
China – 12	Orthopaedic surgery – 11	Medical tourism facilitators/representatives of overseas hospitals – 23 (Au: 21)	No waiting time – 33.8	Logo/branding symbol – 15.4	Ethical dilemmas – 36.9
Malaysia and The Philippines – 11 each	Dental surgery – 9		Travel opportunity – 32.3		Exposure to novel risks – 24.6
Other – 8			Ability to 'feel good' – 29.2	Surgeon/practitioner biography or education – 12.3	Lack of legal recourse – 21.5
Pakistan – 6	Cardiac surgery – 7	Government spokesperson or official – 15 (Au: 6)	Greater convenience – 20.0		Post-operative care – 21.5
Iraq – 4	Reproductive therapies – 5	Family member/carer – 7 (F: 4)	State-of-the-art facilities – 20.0	Mention of international accreditation – 4.6	
Brazil – 3			Personalised service – 15.4		Procedural risk – 16.9
Colombia, South Africa – 2 each	'Medical tourism' in general, antibiotic-resistant infection and stem-cell therapy – 3 each	Other – 6 (Au: 5)	High-quality services – 15.4	Ease of contacting practitioner post-procedure – 4.6	Difficulty in contacting practitioner post-procedure – 6.2
'Asia' in general – 1		Lawyer – 3	Surgeon/practitioner expertise – 6.2		
No country named – 8	Other – 2	Kidney donor – 2 (F: 1; Au: 1)	Access to 'medical breakthrough' – 4.6		
		Politician – 1 (Au: 1)	Access to latest technology – 3.1		

* Counts sum to more than 65, as some items cover more than one medical focus, or include more than one news actor.
** This refers to the percentage of stories to feature mention of the particular appeal, credibility or risk in question.

F: female
Au: Australian (where 'Au' is not indicated, none of the news actors in that category were Australian)

News actors:
- Expert: specialists in medical and health-related disciplines, researchers/scientists in fields relevant to the story content, surgeons and representatives of medical-professional bodies
- 'Other': individuals who were difficult to classify or who appeared in very small numbers; includes journalists/editors, social commentators and ethicists

Coding categories for characteristics of media coverage on medical tourism (after Mason and Wright 2011)
Appeals: features of medical tourism mentioned in an item, either by the journalist or by a news actor, as attractive for a potential or actual patient.
- Ability to 'feel good': the opportunity for patients to feel better about their appearance or increase confidence in their looks as a result of the procedure
- Access to services not available (for whatever reason – **except cost**) at home
- Access to latest technology: the fact that a facility has the most modern medical equipment/techniques
- No waiting time: the fact that patients going overseas for procedures can effectively 'jump the (real or perceived) queue'
- Greater convenience: the ability to have a procedure performed at the patient's convenience rather than when facilities/doctors are available
- High-quality services: patients leave satisfied with the outcome of their procedure(s)
- Longer hospital stays: the opportunity for greater hospital recuperation time
- Low cost: the lesser cost of procedures, as compared to Australia/elsewhere
- Medical breakthrough: the ability to access a very new treatment or procedure
- Personalised services: how good care is/how well patients are looked after
- Physician or surgeon expertise: patient confidence in their treating doctor's experience and level of education
- State-of-the-art facilities: the quality of accommodation or 'extras' offered by hospitals (such as meals and recreation facilities)
- Travel opportunity: the chance to have a holiday as well as surgery

Credibility: dimensions of the medical tourism experience mentioned in an item, either by the journalist or by a news actor, to give it integrity or authority in the mind of a potential or actual patient.
- Accreditation: that the facility is independently accredited by some body of international standing
- Ease of contacting practitioners post-procedure: medical practitioners making themselves easily available for follow-up in case of questions or complications
- Logo-branding symbol: inclusion of a facility or medical tourism agency's logo
- Physician or staff biography and education: mention of where medical practitioners were trained, or where they may previously have worked
- Reference to number of international patients: mention of how many overseas patients (are believed to) visit a certain country or facility each year

- Use of testimonies: inclusion of case-studies/profiles of satisfied patients

Risks: aspects of the medical tourism experience mentioned, either by the journalist or by a news actor, as a source of actual or perceived risk (and perhaps as a reason not to proceed with an overseas medical procedure).
- Complications: the risk (or actuality) of complications as a result of a procedure
- Ease of contacting practitioners post-procedure: the real or perceived concern that practitioners will not be easily available in case of questions or complications following a procedure
- Ethical dilemmas: expressed concern that a procedure, or some dimension of it, is morally troubling
- Exposure to novel risks: the potential for (or reality of) particular medical risks because of the location in which the procedure was performed
- Legal recourse: the fear (or actuality) that due process may not be available in the case of anything going wrong as a result of an overseas medical procedure
- Postoperative care: concern with regard to the standard or availability of post-operative care
- Procedural risk: explicit mention of risk inherent in the procedure itself
- Uncertainty as to what's on offer: expressed concern as to quality of care, standards of overseas medical training, treatment or care, sterility in foreign medical facilities or the source of biological material (such as organs, eggs or sperm)

Chapter 9 – Conclusion

Having explored various aspects of the Australian news media's coverage of LMIC health – an overview of content from an extensive dataset; an examination of the production, representation and reception of such stories and an investigation of one set of key stakeholders' engagements on LMIC health in the domestic media space – this final chapter offers some general conclusions. Is 'disease, disaster and despair' still a reasonable assessment of such coverage and, if so, might we expect things to change, and how? I will propose overall responses to the questions laid out at the commencement of the thesis and suggestions for future research.

The first question this thesis aimed to answer concerned the scope and context of LMIC health issues in the Australian news media, and the image of health in these countries that such news conveyed. My longitudinal survey of LMIC health coverage demonstrated that it shares many of the features of both health and foreign news. For Australian audiences, the orientation of local health news is heavily medical and individual in terms of both content and sources, not always representative of priorities in population health and focused on issues of personal interest. Geographic proximity, strategic national self-interest, the 'image imperative' and limited scope of media attention at any point in time are all noted characteristics of foreign news and were also variously borne out in later discussions with both journalists and employees of Australian international development agencies. LMIC health news, then, resembles its domestic equivalent in several important respects, with a strong representation of Asian nations and tendency to present an image that conforms to expectations of LMIC health: visually-spectacular accidents and disasters, illnesses that are 'exotic' and uncommon – or news with domestic relevance due to the involvement of the Australian government, travellers or medical practitioners overseas.

Close analysis of specific stories from this larger dataset revealed the narrative reliance of news on some of these key themes. The successful separation in 2009 of conjoined Bangladeshi twins Trishna and Krishna, brought to Australia for surgery that was not available in their home country, was an opportunity for massive and sustained focus on the wonders of advanced medicine and its skilled practitioners, the appealing 'rescue' of two endearing but vulnerable child subjects, and the praiseworthy involvement of numerous groups of Australians. By comparison Bangladesh could only appear hopeless and backward, with the scarcity of other Australian news coverage about the country leaving uncovered most citizens' more mundane health considerations and their contexts. The presentation of medical tourism in the Australian news media offers an interesting counterpoint to this general picture. While its narrow foci and

overwhelmingly Australian emphasis followed the trends outlined above – particularly in the extent to which it glossed over the larger public health and ethical issues at stake for both LMICs and high-income nations – the portrayal of medical tourism differed in depicting its LMIC destinations as providing a straightforward and desirable consumer service that Australian patient-consumers might select.

Second, I posed a question about the determinants and dynamics of this coverage and how it presents Australia and other nations. Interviews with Australian journalists who had covered the Trishna and Krishna story revealed that not only did its content suit prevailing cultural notions and audience expectations but that it had become such big news also, in part, because it fitted with journalistic norms, expectations and work routines. The twins' story was newsworthy and engaging, and unfolded within easy (domestic) reach and with accessible sources, making it enormously attractive in comparison to LMIC health stories taking place at greater emotional or geographic distance. British research about images and ideas from around the world on domestic television interviewed nearly 40 policy-makers, commissioning editors and programme makers, who were strongly of the opinion that audiences did not want to watch programmes about LMICs. Although these decision-makers were aware of television's importance as a means of informing people about the world they understood this genre as 'difficult' and 'challenging' on the basis of ratings and audience research. However, they believed that increased interest in LMIC content could be generated with better quality (but not necessarily quantity) programming that also explained to audiences why overseas stories mattered to them (Glasgow Media Group and 3WE for Department for International Development (DfID) 2000: 150-3). But in Australia and globally, the kind of media outlets to which stories like Trishna and Krishna are organisationally and logistically suited are currently in a period of enormous challenge and change. Journalist numbers, profits and circulations are falling, and long-cherished business models in upheaval. At the same time, there is a proliferation of new media experiments, outlets, producers and modes of engagement. Ultimately, many will prove unviable or unattractive to audiences, but in any case the form and means of the journalism supplying LMIC health stories in the Australian news media seem certain to evolve further in coming years – with its attendant potential for new perspectives that go beyond 'disease, disaster and despair'.

The current features and future shape of LMIC health news are significant because of their political and financial implications for a variety of stakeholders. Insofar as mass media news is one of the most important sources by which Australians learn about LMIC health, it is a major

source of influence on public opinion – the expectations that help shape policy and spending priorities in relation to ODA and disaster relief. A narrow and unrepresentative corpus of media coverage reduces the likelihood that dominant images of LMIC health in high-income nations will go beyond the current menu of 'disease, disasters and despair' – much less foster a popular sense that the health profiles of LMICs are far from homogenous and need to be considered in their specific contexts (Scott 2009: 535). In addition, there is practical and material consequence in this general picture remaining as it is: for governments and local NGOs in LMICs seeking the financial and practical support to meet their changing population-health needs; for citizens of high-income nations in understanding the range and complexity of what LMIC health means and for international development agencies attempting to balance their fund- and awareness-raising goals with some explanation of this complexity to their Australian constituencies.

Consequently, the third question with which this thesis was concerned is how different Australian audiences make sense of the news media's coverage of LMIC health. In considering this problem, I turned again to the story of Trishna and Krishna; having examined its production, representation and reception, this thesis sought to provide a '360-degree view' of a news story – rare in the study of news and unique in relation to LMIC health news. I sought to tease out how three different types of Australian mass-media audiences talked about the three main themes, mentioned above, that had emerged from news coverage of the story. While previous research has suggested, even amid the contemporary proliferation of information on places and lives beyond their immediate experience, that audiences perhaps do not want much more detail on LMIC stories since they report not actively seeking it out (Henson et al. 2010: 19), my focus group participants were thoughtful and engaged with Trishna and Krishna, despite most of them lacking a great deal of prior knowledge about Bangladesh. Indeed other literature argues that, while commercially-driven decisions about what should count as 'LMIC news' induce negative reactions from audiences for the misinformation, partial explanations and assumed understanding such content contains, improving the depth and sophistication of its explanations and providing greater follow-up to these stories can markedly change both audience attitudes and levels of interest (Philo 2002, Glasgow Media Group and 3WE for Department for International Development (DfID) 2000: 136-43). In relation to LMIC health specifically, my own research seems to offer support for this latter point. However, although many studies make suggestions that are aimed at providing 'better' coverage of LMICs in high-income nations (Scott 2009: 538), it is not clear how this ideal might be realised within current mainstream media constraints of form, commercial imperatives and normal expectations of audience attention.

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Finally, this thesis engaged with the question of the experiences of government and non-government international development agencies with the Australian news media in relation to LMIC health. Interviews with media and communications staff from nine relevant NGOs reported on how these agencies perceive current Australian LMIC health news and how they work within and beyond its 'media logic' for coverage that expands public understanding of both LMIC health and development more broadly, and with the greatest possible impact. This study revealed that NGOs are constantly negotiating a series of balancing acts. In order to maximise media exposure for their work they must offer stories or ideas that journalists can and want to use – not always on the agencies' own terms: while the growing need for content offers NGOs unprecedented opportunities for news access, the quality of audience learning and exchange prompted by these presentations can be less than ideal from the perspective of the international development sector. Thus in order to rebalance their unequal relationship with media outlets, agencies are turning to a range of new formats, chiefly online, although this strategy also has its ambivalences and risks. While creating their own online content gives NGOs much more control, it does not offer the same broad audiences as mainstream news. Further, uncertainties remain as to whether traditional agencies can provide the kinds of information and participation that these new audiences expect. The more complex engagement that international development NGOs seek through stories about social justice and human rights in LMICs is currently subsumed beneath simpler, more individualistic and commodified messages about misery and beneficence required by the cultural contexts of high-income nations (Cohen 2001: 179). Newer agency approaches to the media communication of LMIC health, going beyond the norms and expectations of mainstream news outlets, are still developing; they currently involve working out how to convey the accountability and impact of agencies' work, build public trust and cultivate new audiences (Orgad and Vella 2012: 19).

This project suggests several avenues for future research. First, comparative exploration of media coverage on other LMIC health stories and from other high-income nations would add to this body of work. Given that I was able to engage only a limited range of audience groups with the Trishna and Krishna story – most of them highly articulate, sympathetic to and concerned for the twins and their situation – one possible extension of this work might be to conduct focus groups with a much broader range of news audiences on a single story, much as David Morley did in his study of audience responses to content in the British current affairs programme *Nationwide* (1980). Further, it would be instructive to see how and to what extent the general

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patterns and emphases noted in Australian coverage of LMIC health are borne out in other national media contexts. This might encompass examining how mass-media news and current affairs in other high-income nations cover stories that were prominent in the AHNRC dataset (such as medical tourism) as well as what, for these national media and their audiences, is 'important' in LMIC health in the way that the story of Trishna and Krishna was in Australia. Second, there is a dearth of literature on LMIC coverage of LMIC health news. Since much LMIC news reaches other LMICs by way of stories from international news agencies and the media outlets of high-income nations (Paterson 2001), it would be useful to assess what is being said by voices from LMICs themselves – especially as the internet now makes these potential alternatives more widely available. Third, and as noted above, since the mass media in high-income nations is in a time of profound change, it will be interesting to reassess its coverage of LMIC health in five or ten years' time. In addition, given the challenges facing the international development sector, we would do well to re-evaluate over the same time frame its already-complex relationship with domestic media outlets.

Much of the body of this thesis came to be concerned with narratives, impressions and ideas about Bangladesh: the result of a single story from that country, which is so often otherwise absent from the Australian news media. As I was approaching the end of my work, Bangladesh was again in the news after the collapse of the Rana Plaza clothing factory in Dhaka on April 24. Over 1100 people were killed in one of the world's worst industrial accidents, a story that brought together a combination of elements now so common in our globalised world: low-wage jobs that are both a route out of poverty and a source of risk, particularly for young women; sub-standard safety conditions tolerated by suppliers desperate to keep contracts and by retailers in high-income nations wanting to maintain profits; dubious promises of compensation (Burke 2013). It is increasingly difficult to claim that we really 'didn't know' about world news such as this, even in little-covered locations like Bangladesh; resource-related conflicts, the implications of climate change and hostage situations now make the 'foreign' seem less distant, less impersonal. But as Farmer has pointed out, the detailed accounts that provide context to such events, and that need time and space to unfold, are rare in the mainstream news media. For audiences, accounts like these cannot fail to become richer still the more we understand of their background, and are aware of the links between apparently disparate acts and locations (2004: 309). Whether it is brought to us in future by the news media or otherwise this kind of comprehension, fostering an awareness of mutual human obligation and global interconnectedness, will be crucial for our small, and shrinking, world.

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