Exploring the challenges and prospects of healthcare reporting in India's Hinterland

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Abstract

Differential access and utilisation of healthcare services are caused by multiple Social Determinants of Health (SDHs), which requires adequate and informed policy intervention. The mass media, mainly the news media, have been seen as a practical approach in communicating the health anomalies at the policy level. The comprehensive coverage of factors associated with the healthcare system can further lead to addressing inequalities in health. The study was aimed to identify the factors that act against effective reporting of healthcare news from peripheral regions of India. The qualitative method was employed to examine media professionals' persistent challenges and experiences in covering health-related disparities. Sixteen media professionals were interviewed during October 2019 employed in vernacular news agencies all across the north-eastern state of Assam, India. Three themes have emerged from the analysis covering health-related news and barriers to healthcare in the peripheral region and identifying health-related disparities. It is found that an effective reporting mechanism of the health news will positively influence the policymakers and undertake efforts to address the health-related disparities.

Keywords: News Reporting, Health Disparity, Journalism, Bordering region.

Introduction

Inequalities in health can result from Social Determinants of Health (CSDH, 2008). The Social Determinants of Health (SDH) majorly influence the access and utilisation of resources, which results in a lack of equity in health and healthcare. Equity in health and healthcare means that people's needs, rather than their social privileges, guide the distribution of wellbeing opportunities (World Health Organization, 1996). In many studies, the World Health Organisation has demonstrated that there are substantial inequalities in health status and health services among various social classes, exacerbated by a limited, unequal, and unjust distribution of resources in developed countries (WHO, 2015; WHO, 2017). The government has initiated actions to bridge the gaps and move toward equitable health and healthcare, placing equity higher on the policy agenda in the current political and economic conditions. News media communication is considered an essential thread that connects some of these determinants at different levels of health inequities (Henderson & Hilton, 2018; K. Viswanath & Matthew W, 2007; Lundberg, 2020; Shih et al., 2008).

The multifaceted function of communication facilitates the efficient sharing of knowledge among various audiences, and that inequalities in communication could potentially contribute to health disparities (Subica & Brown, 2020; Viswanath & Emmons, 2006). Previous studies have explored the role of communication in reducing, maintaining, and even widening health inequality (Green et al., 2021; Niederdeppe et al., 2013; Sensmeier, 2020); however, the framing of content and effect of communication about health disparities is relatively overlooked (Abelsson et al., 2020; Hodgetts et al., 2004; Wallington et al., 2010).

Traditionally, the mass media presents healthcare information concerning lifestyle and personal habits to stay healthy and fit (Jernigan & Wright, 1996; Yanovitzky & Stryker, 2001). The usage focuses mainly on behavioural change rather than influencing public debate or exerting pressure on policymakers. However, the contemporary form of communication in healthcare can be viewed from two approaches: communication for healthcare awareness among the communities and communication for influencing policy change to enhance the healthcare system (Cooper et al., 2015; Dorfman et al., 2005; K. Viswanath & Matthew W, 2007; Viswanath & Emmons, 2006; Yanovitzky & Stryker, 2001). The former communication approach looks at healthcare from inside the healthcare system, while the latter observe the functioning of health as an external stakeholder, reports it, and influences decision-makers to enhance the efficiency of the health system. The fundamental difference between the approaches is the objective, where the internal approach tends to create awareness for utilisation of healthcare services, while the external approach tends to advocate for a better ecosystem from the government for the healthcare system (*ibid.*).

Notably, the media transmits information to audiences and communicates to affect policy changes (Wakefield et al., 2010). This dual role of communication highlights the importance of quality healthcare and improved health outcomes across the communities. The healthcare news coverage further prioritises the health issues and communicates research findings to the general mass. Recent studies have elucidated that mass media performs a vital role in social control function (Demers & Viswanath, 1999; McHale, 2019), influencing public health issues. Setting media agenda for public health issues comes under the larger periphery of news framing. News frame, as forwarded by Entman, involves selection and salience. The frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and treatment recommendation for the item described (Entman, 1993). Interlinking the concept of news framing in health further shape health inequality messages towards reinforcing support for change (Gollust et al., 2019; Niederdeppe et al., 2013; Wallington et al., 2010). The mass media's framing of health issues involves message or information sharing but communication to influence the decision-makers to act on the growing inequality in health outcomes in the peripheral region.

Therefore, this study attempts to understand the role of news media in covering health-related inequality among the multidimensionally poorer sections in India's peripheral region. In this study, mass media's role is more a facilitator for influencing the decision-makers than only disseminating information to the general mass. In other words, through this study, efforts have been made to shift the balance from individual change to social change, from promoting healthcare information to providing space for debate on healthcare policies. Through this study, the researcher seeks to address two primary research questions:

1. How do journalists frame the health stories about the healthcare system in rural regions bordering the international border with Bangladesh?
2. What are the challenges journalists face while reporting health-related stories of bordering regions in India?

Methodolgy

Study Design

The nature of the research problem needed examination from a qualitative perspective only. The qualitative method was employed as narrative enquiry substantiated by interviews for examining the socio-cultural

perception of journalists, corresponding reporters including editors and editors-in-chief employed in print and electronic news media across Assam in the north-eastern part of India (Table 1 & 2). The respondents were employed using the non-probability sampling technique. A convenient sampling technique is used to select 16 journalists to participate in in-depth and semi-structured. The selection was made considering the circumstances journalists face while reporting health-related disparities, the challenges, and barriers to cover communities in the rural region bordering the international border with Bangladesh.

Table 1: List of Interview Respondents (Print Media)

Name	Organisation	Designation	Gender
J1	*Assamese Pratidin*	Editor-in-chief	Male
J2	*Assamese Khabar*	Editor-in-chief	Male
J3	*Dainik Janambhumi*	Editor	Male
J4	*Assam Tribune*	Editor	Male
J5	*Sentinel*	Editor	Female
J6	*Assamese Pratidin*	Reporter	Male
J7	*Assamese Khabar*	Reporter	Male
J8	*Dainik Janambhumi*	Reporter	Female
J9	*Assam Tribune*	Reporter	Male
J10	*Sentinel*	Reporter	Male

Source: own elaboration

Table 2: List of Interview Respondents (Electronic Media)

Name	Organisation	Designation	Gender
J11	*Pratidin Times*	Editor	Male
J12	Prag News	Editor	Male
J13	News 18 Assam-Northeast	Editor-in-chief	Female
J14	*Pratidin Times*	Reporter	Male
J15	DY365	Reporter	Male
J16	News 18 Assam-Northeast	Reporter	Female

Source: own elaboration

Tools and techniques

The respondents are selected from print, television, and online news media to cover a comprehensive media viewpoint on health and health disparities. A structured interview guide was used to collect information from the respondents. The interview guide contains seven open-ended questions focused on health news and the challenges. After the sample selection, the respondents were contacted over the phone.

Appointments were scheduled, and permissions were obtained from the authority to conduct an in-depth interview with the respondents. The respondents were informed of the aims of the research and ensured confidentiality.

As this study is non-interventional, written and informed consent has been obtained from the participants to conduct the interview. Informed consent has been obtained to maintain the complete anonymity of the

respondents. With the initial contact, three respondents requested to send the interview schedule beforehand to prepare, while others faced the interview impromptu.

The in-depth interview was generally for 25 to 35 minutes and was conducted during October 2019. All the interviews were recorded in the *Assamese* language, later translated and transcribed for data analysis.

Data Analysis Techniques

The crystallisation/immersion method is used to analyse the qualitative data from the transcripts of 16 interviews with the media professionals in our sample. The immersion is the first step to the process, where the researcher immerse themselves in the data collected by reading and examining some of the portions of the data in detail (Borkan, 1999). Crystallisation is the process of suspending examining the patterns emerging from the immersion process to reflect on the analysis experience and identify patterns and themes (Borkan, 1999). The process was followed by the formation of themes based on the structure of the study. Atlas Ti 4.0 enhances the data analysis process, which effectively maintains vast amounts of qualitative data.

Findings

This part of the study presents the data collected from in-depth interviews of the media professionals engaged in the studied area. The participants were from the local news channels operating in Assam, particularly in the studied districts. Correspondents and reporters from the border region were interviewed to understand the reporting phenomenon, later interviews were conducted with the editors and managing editors of the news agencies in the state capital.

The interviews were transcribed and thematised according to the objective. Crystallisation and immersion techniques have been used to identify the themes. Three broad themes related to health inequality among the marginalised have emerged from the interviews conducted with the local reporters, journalists, and editors. The three themes were:

a) *The perspective of the news coverage.*
b) *Factors considered during the selection of stories.*
c) *Challenges in covering health-related news.*

The identified themes provide a broad overview of health-related reporting in the studied area. Although the in-depth interview's primary focus is to explore the functioning of the media professionals, the recorded insights present a comprehensive scenario of media reporting on health-related issues. Most media professionals view health as an additional responsibility, as the news media discourse revolves around political news.

J11 stated:

> "We usually focus more on topical news. So topical can be of any type, political development, economics, or for that matter, health. There has to have events that are directly relevant to health administration, and not the health outcome of the region …."

The media professional perceives that health news only gains coverage in medical emergencies, such as death due to negligence, death due to failure of any healthcare facilities and system, or health in the times of diseases prevalent during the flood and seasonal flu. The space provided to the health-related news is limited and generally focuses on the stories related to the state's centre, i.e., Guwahati.

J13 stated:

> *"We try to attach the health news with the political news and try to look for people or legislators to be held responsible for the system fall out. Moreover, only small space is given to news without any significance."*

The television media participants stated that the news stories related to health from the borderland regions gain a maximum of 20 seconds of airtime. Meanwhile, the print media provides space for health-related information in the "health section" on fitness, nutrition, and primarily lifestyle diseases. The participants view that print media has a minimum effect on policy implementation and policymaking.

J4 stated:

> *"… We look for the location of the event only from the lens of the demographic fabrics of the region. Minorities areas like Hojai, Morigaon, Dhubri, Karimganj, Hailakandi gains mileage only during the election times. Exceptional cases are only selected for the press."*

The factors reported by the participants for the selection of stories is driven by the newsworthiness and location of the event. Reporters from the borderline areas stated that most of their stories are not featured in the print and television news media. The reporters also stated that social determinants of health are not considered worthy until they affect the large population group. The editor states that worthiness is decided on the timeline of the event. Health-related information is never considered topical news, rather developmental news, which has a lesser audience than topical news. The worthiness is also decided on the effect of the problem on the population. It is considered worthy if the events substantially impact the social setting, primarily affecting the state's larger mainstream population.

J1 stated:

> *"… Every news should be worthy for a journalist and editors ideally, but we need to look whom it is affecting the most. If the scale of impact is lesser on the audience, we hardly focus on that news."*

Editors also highlighted that most correspondents and reporters reporting events from remote regions lack healthcare and scientific information intricacies. Most of the time, the technicalities and terminologies involved in preparing stories claim to have created misinformation or partially assumed information. Therefore, limiting the scope for airtime or space in the newspaper.

J15 stated:

> *"… We are not doctors or nurses to understand the complication of any event reported. We move with our camera and boom, take the bytes of the person available at the place of the event and cover the news. We collect the prima facie information of the situation. This is what is expected from the editorial desk… We*

are at least visiting the place of the event, but if you look at the print journalist,

they get second-hand information from police or any closely associated person."

The challenge highlighted by the editors of the news agencies in covering health-related news is the requirement of comprehensive research and knowledge in health. Most correspondents and reporters are less informed when it comes to health, mainly health-related scientific information. The reporters and corresponding directly involved in news story creation lack skilled in understanding the healthcare system. The participants view that disseminating complex information is a significant challenge that media professionals face to broadcast.

J8 stated:

"… It is not our job to google the meaning of any scientific information and draft a

report for the desk. We just have to call the desk and ask to send them the recording

or notes we make while interviewing the doctors."

Journalists and media professionals at the grassroots level stated that it is pertinent to understand its problems. A better understanding of the community's challenges will shape the course of reporting, which will result in more empathetic reporting. Empathetic reporting brings forward the reality of human health in the remotest region. The editors and managing editors believe that emotional stories are somehow getting more space in the airtime, which usually has a positive response from the government. One participant believes that the stories with extensive ground reporting tend to influence more policymakers than a plain news story.

J16 stated:

"… As a television reporter, I believe I have much more freedom in telling a story

with the audio-visual medium than a print journalist. I try to make my stories more

emotional by presenting the overall picture of the environment. For example,

recently, I have come across a young boy carrying his ailing sister in a handcart,

crossing paddy fields and small river streams. I recorded the whole event. It was

very emotional. His brother-in-law stays in some other districts, and due to the

flood, he could not come to see his wife, so this young boy had to carry his sister

all along with a few of his friends to one of the health centres nearby. I have made

the story focus on the lack of ambulance service, road, and no health workers at

the closest Sub-Centres (SCs). I got much appreciation from our editor, and the

Joint Director of Health Services has set up an enquiry on the absence of health

workers at SCs."

Unanimously all the participants view that it is the sole responsibility of the media to highlight the social and economic issues that affect the healthcare of individuals on the borderline. They also accepted that media plays a significant role in empowering and uplifting the communities by focusing and providing adequate time on the remote region's stories. Few editors stated that every television news media should significantly dedicate a series of rural news, where education and health should be prioritised.

Discussion

The underlying inquiry in this study involves understanding media professionals' perspectives towards the health issues, factors usually considered for selecting health stories, and challenges and barriers in communicating health stories. Moreover, it is also pertinent for media professionals to connect with health professionals and coordinate better community healthcare. In summary, through their framing and engagement, media can contribute to better healthcare and can advance equity in health outcomes across the population.

The perspective of media professionals

The perspective of the media practitioners primarily drives the framing of public health issues. The perspective plays a crucial role in shaping public perceptions, performing both as a producer of narratives and as a narrator to the public audience. Media professionals' views revealed that stories related to health inequalities are considered an additional responsibility. Journalists pursue health-related news and information until it is associated with any topical political debate. Media ignorance of health issues and prevailing health disparity cause delays in implementing crucial public policy that could positively impact public health.

The reporting process of a news story is not straightforward; instead, it involves a complicated process. The news content is driven by a communicator approach (Reese et al., 2001) that accentuates the media professionals' psychological factors in reporting information. Theoretically, the media professionals' psychological factors are linked to framing theory, which emerged as to how journalists understand and report different issues. The framing process involves selecting news or information based on media professionals' ideologically charged or politically motivated perceptions. The journalists frame health issues by emphasising certain aspects and sidelining other crucial information. Literature (Cooper et al., 2015; Gollust et al., 2019; Henderson & Hilton, 2018; Kim et al., 2010) on framing in health news highlights that media emphasise the diseases and its consequence. Our study highlights the importance of media in preventive actions necessary for the social determinants that can eliminate the diseases in the first place. Literature suggests that media should primarily approach health from the aspect of controlling the social determinants of health. Meanwhile, the news on health disparities in the media is mostly about health issues than prevention.

The coverage of health issues also largely depends on the type of media. The framing of health news changes with the types of media. Electronic media and print media approach health-related information from the space provided for the piece of information. It is found that television media mostly report health information in the last segment of the prime time news. The information primarily covers the event with the possible consequence rather than the reason for the event's cause.

Meanwhile, in the case of print media, the scenario changes. Newspaper and magazines approach to view the health-related information as per the nature of the event. Topical health issues are covered in the newspaper as a piece of lead news and news in the development news section, whereas fortnight, weekly, or monthly magazines carry the health-related news a long elaborative story. Media professionals view health stories published in magazines as more absorbing for the readers and the decision-makers. The reason cited by the media practitioners is that magazines provide adequate space for a more elaborative depiction of the event with data and illustration.

Furthermore, media professionals highlighted that newspaper runs series of stories on multiple topics, where health is usually prioritised. The series is viewed as very influential as they are published regularly in the entire view section. However, the television media has a particular disadvantage in allocating airtime for a long series of any particular issue.

In short, media practitioners believe that health stories usually do not yield much viewership or readership than political news. The optimum coverage of health-related information largely depends on the media house and media practitioners in particular. The media agency's political economy primarily drives the perspective of media professionals towards development-related information, news, and health-related information precisely.

Factors considered for selection of health stories

Media practitioners search for information uniquely, and the construction of news precludes them from spending much time evaluating the possible source of information, scrutinising the information, and backing up facts and arguments. The whole convoluted process helps construct the news, which caters to a broader audience and readership. Literature has started several preferred angles and the factors that lead to the selection of those angles. Medium's mission, the audience interest and ability to associate to the information, the consensus for the development of stories inside the news agencies, personal ideas as well as biases adding to the selection of stories, and emerging topics from the community usually are the factors that determined the selection of stories (Campbell, 1997; Wallington et al., 2010). Media professionals' view on the medium's mission further elucidates the functioning of the media organisation. Media organisations' functioning is driven by the social, formal, and economic motives that employ media workers to produce content. Considering the political economy of communication, most media houses are owned by leading industrialists and corporate entities, where the sole objective is to generate profit and form content according to the corporate owner's narrative. The media professionals highlighted that critical health, education, and livelihood issues usually take a back seat in the current media ownership regime.

Moreover, media agencies set what the audience would view rather than what the audience wants to view. Theoretically, media hegemony sets the agenda, as highlighted in the agenda-setting theory (McCombs et al., 2014; Mccombs & Shaw, 1972). In short, the media organisation looks into profit-making, especially by targeting engaging audiences to the advertisers. Furthermore, the media agency's size, members of a specific political network, and the ownership pattern are relevant to the journalist's decision. These factors together influence the decision to choose between market-driven content and issue-driven topic.

The ownership pattern of media disrupts the functioning of the media professionals by compartmentalising the health information. Categorising health issues and selecting health news based on media ownership changes how health news is presented and portrayed in most media channels. The news value of health issues allows one to understand the reason behind selecting specific topics while ignoring the others (Harcup & O'Neill, 2017; O'Sullivan & Heinonen, 2008). The selection of specific topics largely depends on the event's proximity to the media house. Events occurring near an easily accessible region are more favoured. The health issues in the peripheral region usually go unnoticed. Media practitioners justify the discriminatory nature as the intensity or effect of the event is usually low, as it only affects a smaller section of the population.

Even though the event occurred in the peripheral region, the event's sources or cause can be directly linked to the centre, where the policy and decision-makers are usually located. The content of media, by and large,

is influenced by the interest of those in power in society. News and issues in the bordering or peripheral region do not dominate the media space, as against the elite ideas that tend to be in the limelight and circulate widely in the social context (De Bruycker, 2019; Gollust et al., 2009; Hodgetts et al., 2004; Kim et al., 2010; Reese et al., 2001).

The media professionals engaged in the studied area stated that ideology and political affiliation of the media houses serve to reproduce and construct content. Previous studies have stated that media usually acts as a vehicle to support the interest of those in power in society (Brisbois, 2018; Christians et al., 2009; Cuilenburg & McQuail, 2003; Lalancette & Raynauld, 2019). In this context, health information is filtered according to the ideological lens, where certain sorts of information are ignored based on diseases and geographical location. Media professionals also stated that newly introduced schemes gain media visibility only if they fit government biases. Moreover, media mostly rely on government sources for health information, lacking critical reflection on the state initiatives. This influences the selection of stories that do not fit the narrative, and health inequality news goes unreported.

Challenges and barriers in covering health-related stories

Media practitioners in the studied region drew attention to a list of challenges and barriers in covering health-related stories, particularly inequality in accessing and utilising healthcare services in the peripheral region. The challenges can be broadly categorised as audience-centric and media-centric from the purview of media practitioners (Fletcher & Nielsen, 2017; Gollust et al., 2019; Harcup & O'Neill, 2017). The studied media professionals describe audience-centric challenges as difficulty in understanding the need of the audience. The journalist stated that the current media scenario, where information is abundantly available on the internet and social media, created a challenge in catering to multiple needs of the audience. It is also observed that the audience's current generation usually picks up news mostly from readily available sources, rather than switching on the television or reading newspapers, thereby pushing the media houses to make developmental news short and sensational. The practice of creating sensational health-related information results in losing the essence of developmental news, therefore, lessen the impact on decision-makers. Media practitioners justify the need for sensationalism to be an essential link to connect with the new set of audiences that are believed to be attracted toward news that carries more of an emotional angle. The journalists stated that confusion occurs when identifying the need and relevance of content to cater to the audience. Media professionals broadly divide the audiences into two categories: audience watching the news for entertainment purposes and audience for information purposes. Media professionals deliberately attempt to cater to both the audience, thereby losing the objective of the message. This calls for the media professionals to identify the target audience and strategise a message to educate them. The educated citizens can make a sensible audience grasp news and acknowledge the healthcare system's growing disparities. The educated audience further ameliorates the media message by pressuring government bodies and policymakers to distribute healthcare resources across the population.

Media-centric challenges that exist from the purview of media practitioners are simplifying healthcare information to the general masses. The dissemination of medical information required understanding basic scientific orientation to give any event's meaning rightly. Familiarity with scientific terminologies and understanding the dynamics of the problem is necessary for both the sender and receiver of the message, i.e., media practitioners as sender and audience as a receiver. The participants indicated that words like inequality and health access disparity are relatively familiar than social determinants of health, immunisation,

and other relevant terminologies. Many journalists cited that most of the events are directly reported by the correspondents present in the field. The event is a very remote region with extensive coverage as with events from the centre. The correspondents present the news in an oversimplified form. This oversimplification of the event is due to a lack of adequate knowledge to articulate scientific communication. Moreover, it is also the media agencies' responsibility to train and develop the correspondents' skills to cover development related news, especially when engaging with the health disparities and other health issues. The communication gap between the correspondents and the healthcare professionals engaged in the field creates disharmony and loses the message's essence. The media practitioners see this gap as a limitation and a barrier that disrupts the communication process.

Critiques also argue that oversimplification of scientific information can lead to losing the message's actual meaning (Lissack, 2016; Roetzel, 2019; Star, 1983). The participants stated that the ability to afford specialised correspondents for the regional media houses is relatively lesser than the national media agencies. This creates deciphering scientific information more difficult with the lack of specialised subject practitioners. Similarly, from the receiver's perspective, decoding health-related information for the general mass might be challenging. Additionally, most senior journalists believed that the level of sensibility towards covering health-related news, particularly news on accessibility and utilisation of healthcare services, is low. It can be further concluded that the media lacks sensibility on covering news on rural healthcare services, thereby increasing the barriers for the environment of equity in healthcare.

The coverage of developmental news, particularly news requiring extensive fieldwork, needs a line of staff who can efficiently bring out a compelling message for the general masses. However, regional media houses run low on adequate staff. This inadequacy resulted in less ground reporting, thereby lacking effectual output to pressure the government and policymakers. Several respondents pointed out that research on health inequalities does not get much attention due to time constraints and busy news routines. Furthermore, the media message lacks effectiveness because of the lack of additional information and research about different social determinants of health. Journalists also highlighted that despite compelling evidence of inequality in healthcare, the media houses refuse to acknowledge the existence of disparity.

Conclusion

The study identified news media to be an essential thread in advancing health equity, combined with the role of the healthcare workforce. It is found that the selection of health news is driven mainly by the perspective of media professionals, the complexities associated with the presentation of health stories, and the importance of the event for a more significant section of society. Effective reporting mechanisms of the health news will positively change the communities' approach towards the public healthcare system. Furthermore, media significantly plays a vital role in engaging healthcare professionals in advocacy programmes. It is pertinent for healthcare professionals and media practitioners to work in sync to communicate to the audience the importance of utilising services. The health executive and administrative bodies should attempt to integrate the implication to cater to the community's health needs in the peripheral region.

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