

National Media Coverage of Health Issue in Jamaica: *Whose Agenda?*

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One role of media is to better serve society through objective representation of serious health issues affecting the lives of citizenry. Health is a subject of fundamental importance to citizens in any society and takes on even greater magnitude in the poorer developing countries of the world. As health spirals downward, so does poverty, which, in succession, only leads to even further declining health. Theoretically, media in such countries carry an even greater burden for playing a meaningful role in addressing debilitating health issues. However, the economic model employed by many media globally leads them to routinely choose the “organizational bottom-line” rather than exercising social responsibility. Implicit in the decision to adopt the economic model is the perception that the alternative cannot or will not return similar economic gains. This erroneous basis for such a choice is shortsighted as it overlooks the long term, and the far reaching economic, social and global implications of national health challenges.

Socially responsible media operations, on the other hand, can help in the retention of audience loyalty and presence over time. Important health-related information brought into and kept in focus by the media gives salience to such issues. The public benefits from such activities by gaining access to information which may save lives and/or serve to improve the quality of life, and thus the attitude of the audience toward the media. Additionally, keeping salient issues in view serves to influence the policymaking decisions of those responsible for addressing health issues. These policies in turn positively impact the health, economic and social issues which may previously have suffered as a result of health concerns. Sick people do not constitute a desired audience and cannot be considered a contributing factor to the longevity and profitability of media.

This report highlights the results of a study which compares the main health issues facing the population of Jamaica with the actual coverage of these issues by the national media in Jamaica. The study included information from the World Health Organization and Pan-American Health Organization (WHO/PAHO), the Ministry of Health in Jamaica, media archives, and interviews with personnel representing the main newspaper, television and radio organizations in Jamaica. We researched the main health issues affecting the Jamaican population, interviewed the media personnel regarding, criteria used for the determination of

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and, the health issues that are carried by their respective media, and researched the health issues actually carried by these media over the last four months. Finally, we compared the actual coverage of health issues with the actual main health which the population is faced. Based on the interview responses, we found considerable variation in the issues carried by respective media houses, and in the criteria used to determine coverage. The study suggests important factors which media may wish to consider in making decisions regarding a business model. These suggestions are based on our main finding - that coverage of health issues by the national media was not representative of the health issues of the country – which therefore begs the question relative to the national media of the country, “Whose agenda?”

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The physical, emotional, spiritual and mental health of any society has far reaching financial and functional implications for various aspects of life - at the individual and societal levels. On the individual level, all these aspects of health affect the level of contribution the members can make toward the development of one's self, family and wider immediate community, thereby affecting self esteem and sense of worth, toward one's own family and for one's self. Financial challenges which can result from less than optimal health can also affect the quality of life. At the community level the situation is exacerbated by the function of numbers. The more people that are affected by poor health, the worse will be the effect on the society. The financial and human capital costs to the society result from attempts to treat illnesses, and the stress on the system caused by fewer contributing members. Social responsibility dictates that organizations contribute toward reducing the burden of health on the populations from which these organizations benefit. However, some are in a better position than others to contribute in this way.

Role of Media in Health

The combination of mass media and journalists results in a unique potential to influence the health of members of the societies in which they operate. The nature and ubiquity of

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electronic and print media position these media as having more Reach than any other information source.¹ More people have access to more choices of the numerous electronic and print media today, then any time in history. Furthermore, because many media clients target specific segments of the population, the media therefore gains direct access to such segments.

Journalists, working within the framework of the media environment influence, not just individuals, but policy. Journalists, through media, can provide “illumination and a focus of attention that is enormously powerful, particularly when the spotlight can be held in place. Mass media can provide the first step in public awareness and change and may be effectively utilized by governments, advocates, and others in setting their agendas.”²

Although some health issues arise from genetic predispositions, many are a function of choice. Even in cases of genetic predisposition, the choices made by individuals can affect healing, quality of life, and even prevention. Media influence can facilitate the success of many advertising and communication programs which often play a role in the health-related decision making process of audience members. To this extent, mass media have a responsibility to the public.

Media also have the ability to influence policy. Both media and journalists affect policy and the public through agenda setting - involving the interrelationships among media agenda, public agenda and policy agenda.³ This process, however, requires salience,⁴ which is achieved through the manifestation of media posture, relative to the issue. Keeping important issues

¹ Reach is an advertising term. It describes the proportion of the target audience population potentially exposed to one or more scheduled messages – Fred S. Zufryden, *Measuring Media Reach and Frequency Elasticities of Demand*, *Current Issues & Research in Advertising* (1986), Vol. 9 Issue 1, p119.

² Sheri Gorin, and Joan Arnold. *Health Promotion in Practice*. San Francisco : John Wiley & Sons, Inc., 2006, p88

³ J. W. Dearing, & E. M. Rogers, (1996), *Agenda-setting* (Chapter 1). P 3, Thousand Oaks, CA: Sage, page 5

⁴ Salience is described by Dearing as the degree to which an issue on the agenda is perceived as relatively important” Dearing, pg 8

topical can gain attention of, and action from, policy makers, whose decisions affect access to information relevant to disease prevention and cures.

Agenda setting does not result from the receipt of one or a few messages but from the aggregate effect of many messages which although they may be presented differently, deal with the same topic.⁵ – Therefore problems that are not publicized and kept visible cannot be considered “public” issues. This would require mass media exposure,⁶ which, if it exists, will, for example, keep the subject of HIV/AIDS topical as it remains on the public agenda.

Depending on the duration and ferocity of exposure or public opinion regarding the issue, legislators and other policy holders may be influenced to change policies which may, for example, allow all persons testing positive for HIV/AIDS to receive treatment, free of cost for as long as such treatment is needed.

This study concerns the social responsibility of journalists in conjunction with media to the public in general. More specifically, the study examines this responsibility in relation to influence in the area of health of the population of Jamaica using the evidence of media records and publications of the health issues that have been covered and broadcasted. This evidence is examined against objective information from official sources regarding the main health related issues with which the Jamaican population is faced.

Methodology

Three types of sources were utilized for this study. The first source comprised of official organizations such as the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the Ministry of Health in Jamaica. They provided information on the

⁵ J. W. Dearing, & E. M. Rogers, (1996), *Agenda-setting* (Chapter 1). P 3, Thousand Oaks, CA: Sage 14-15

⁶ Ibid.

cultural, geographic and other factors that have impacted the health issues affecting the Jamaican population.

Second, the study was informed by archival data regarding the health issues actually covered by the various media. For some media, information about actual coverage was available on official company websites. In other instances, the media houses provided archived data on the programs that included health issues.

The third source of information was interviews with six personnel from five media-houses. Three interviews were conducted face-to-face, two were done by telephone and one by e-mail. Interviews were designed to ascertain information about (a) the decision making process within the media houses (this affects the programs that are carried by each medium), (b) the five main issues that had been covered over the past 12 months, and (c) the sources from which the media houses obtain information regarding the health issues that actually affect the population. A copy of the questionnaire is provided in Appendix (i).

In the analysis that followed, a three step process (1) determined the decision making process of the media, based on their responses to questions, (2) compared of the health issues covered by the media (as shown by archival information), with main health issues affecting the Jamaican population, as per information from official national and international sources, and (3) compared the media's reported information sources with the sources used for this study.

So as to understand the Jamaican health and media landscapes, I conducted research to find out about the cultural, geographic, historical, and other factors that may impact the health situation (healthscape) in the country and possibly give some insight into the media landscape (mediascape) of the country and region. This information is presented along with the relevant findings from the primary information sources.

Results

Jamaica's Healthscape

Healthscape, as used in this document, is a description of the health environment. It includes an examination of the factors that may impact, and the existing, health in Jamaica. Further details about the health conditions are also explored.

Jamaica, the largest English-speaking country in the Caribbean Sea, is situated 579 miles (932 km) from the southernmost tip of Florida and has a population of 2.8 million. Despite this proximity to the United States, Jamaica shares more in common with neighboring Caribbean countries. It is one of 15 member countries within the Caribbean Common Market and Caribbean Community (CARICOM). In 1973, under the treaty of Chaguaramas, the Caribbean Common Market (CARICOM)⁷ replaced the Caribbean Free Trade Association (CARIFTA) which was formed in 1965 in an effort to establish economies of scales and a larger voice for these small Caribbean countries.⁸ The shared culture and history of these countries are even further integrated by geography resulting in very similar social, including health, manifestations of this integration.

The country is import-export dependent, with tourism and other exports being the main source of income. These are subsidized by private remittances from abroad. For the period 1999–2000, central Government deficit was 5% of GDP. The country has an 86% literacy rate among those 15 years and older. The life expectancy is 73 years, for men and 77 years, for women. Latest statistics from PAHO show that 16% of the population was below the poverty line in 1998.⁹

⁷ (CARICOM Secretariat 2007)

⁸ Ibid.

⁹ PAHO/WHO Health of the Americas Report 2007, Vol. 1

Health Issues

There was some disparity in the information that was available regarding the top health issues of Jamaica. Cancers, cardiovascular disease, and intentional injuries were named by all sources (WHO, PAHO, Ministry of Health) as being in the top issues. However, HIV/AIDS, diabetes, diarrhea, and neuropsychiatric were not consistently included. The various sources named one or more, but not all, of these as being among the main issues.

According to the PAHO/WHO¹⁰, the number one health issue affecting Jamaica is comprised of various types of cancers. Number two, cardiovascular diseases is followed by diabetes mellitus as number three. Intentional Injuries (assaults and homicide), and HIV/AIDS were listed as issue numbers four and five, respectively.

The American Journal of Public Health¹¹ lists these diseases as among the priorities on the agenda for the Caribbean Corporation of Health. Other priorities include chronic diseases, human resources, development, strengthening health systems, mental health, environmental health, family and community health, communicable diseases, and food and nutrition. The five main issues affecting the Jamaican population - cancers, cardiovascular diseases, diabetes, intentional injuries, and HIV/AIDS - are discussed below.

Cancers

Overall statistics for specific conditions from PAHO/WHO stated that in 1999, malignant neoplasms (cancerous tumor) were a leading cause of death (93.2 per 100,000 persons). Prostate cancer caused 30% of cancer deaths, whereas, lung caused 17%, and stomach 9% of male deaths (resulting in death rates of 28.9, 15.9, and 9.1 per 100,000 respectively). For females, cancer deaths were attributed as 18% to breast, 14% to cervix uteri and other unspecified uterine, and

¹⁰ PAHO/WHO Health of the Americas Report 2007, Vol. 1

¹¹ Bernadetta Theodore-Ghandi, & Gillian Barclay, American Journal of Public Health, 2008

8% to colon and rectum (resulting in death rates of 15.8, 12.9, and 7.1 per 100,000 population respectively). Breast and cervical cancers were the main types of cancer affecting women, while prostate, trachea, bronchus, lung and stomach cancers were the five most common causes of cancer death among males in this age group.¹²

Cardiovascular Diseases

Cardiovascular disease was named “the second leading cause of death” (84.6 per 100,000 of the population). In spite of the “commendable progress in recent decades in terms of all the classic indicators of population health in the region,”¹³ chronic non-communicable diseases (CNDs), of which cardiovascular diseases are a type, are the major contributor to overall morbidity and mortality in this Caribbean region. Cardiovascular diseases (high blood pressure, coronary heart diseases, stroke), diabetes and cancer accounted for 51 per cent of the deaths in the region in the latter part of the 1990s. According to the Pan American Health Organization (PAHO), the level of occurrence of chronic non-communicable diseases within the CARICOM region is very close to that of developed countries.¹⁴

The CARICOM Secretariat 2007 report added that in 1999, cardiovascular disease was the leading cause of admission among persons 60 years and older, followed by diabetes mellitus. Other main non communicable diseases affecting the elderly were hypertension, arthritis, overweight, and diabetes. Ischemic heart diseases, cerebrovascular disease and diabetes were named as being among the leading cause of death of both sexes in the Non-Latin Caribbean (of which Jamaica is a part).

¹² (CARICOM Secretariat 2007)

¹³ Ibid.

¹⁴ PAHO/WHO Health of the Americas Report, 2007, Vol. 1

Diabetes Mellitus

The report stated that diabetes was an important cause of mortality, and represents a significant burden on health services. According to PAHO/WHO, the occurrence of diabetes was reported in the 2000 Healthy Lifestyle Survey Report as sharply increasing with age, and found in 6.3% of males and 8.2% of females.¹⁵ The report also stated that approximately one third of those classified as being diabetic were not being treated and 60% of those who reported being on medication did not have their condition controlled.

Intentional Injuries

Intentional injuries are those injuries arising from intended violence against someone. Growing levels of domestic and political violence have been named as the reasons for these injuries in Jamaica. According to PAHO/WHO, the country has experienced an “alarming upward spiraling of its crime rate”. They report that homicides have moved from less than 200 per annum in 1970s to 1,674 in 2005, or 63 per 100,000 population. This increase is said to affect males and females, and all age groups, ‘but particularly children, the elderly, and women.’ The PAHO/WHO report also stated that according to data from the Jamaican Injury Surveillance System, which is based in hospital A&E units, males accounted for 59% of outpatient visits in 2005, and that fights/arguments were responsible for 76.4% of the cases.¹⁶

HIV/AIDS

According to the CARICOM secretariat, youth, between 10 - 19 years old, displayed rates of HIV infection that were three times higher in adolescent girls than boys. AIDS was noted as being among the five leading causes of death in this age group.” Between 1993 and 2000, the number of people living with HIV had increased from below 10,000 to above 20,000 and

¹⁵ PAHO/WHO Health of the Americas Report, 2007, Vol. 1

¹⁶ Ibid.

continued to rise beyond 2000. Death due to AIDS were reported to be 1,000 in the year 2000, but by 2004, this number had increased to 1,500 and remained at approximately that level until 2007 (Appendix (ii)).¹⁷

A Health of the Americas document stated that at the end of 2005, 3.2 million people in the Americas were infected with HIV and that 60% of these people live in Latin America and the Caribbean. According to the report,

Of the 10 regions with the highest HIV prevalence worldwide, the Caribbean ranks second, and, while the disease is concentrated in certain populations in the rest of the Region, in the Caribbean it is generalized throughout the population. The groups most affected by HIV are men who have sex with men, sex workers, and those who inject drugs.¹⁸

PAHO also stated that Jamaica “had the highest HIV/AIDS mortality rates in the Americas, at 37.7 per 100,000 of the population among the general population.”¹⁹

Overall Health

Plans have been put in place to address these major health concerns. PAHO recently participated in a multi-sectorial process of developing a new National Development Plan 2030, providing the framework for the health component. The National Strategic Plan for Jamaica was designed by the Ministry of Health again, with input from PAHO. This plan, for the years 2006 – 2010, noted that:

Based on a national development perspective, the most important challenges to the health sector over the period 2006-2010 is the need to reduce/control the spread of HIV/AIDS, reduce maternal mortality and control the lifestyle diseases. The approach of the population to health is illness and hospital oriented. It follows that the cause and effect principles of engaging in risk behavior related to lifestyles are pursued unabated, until signs and symptoms become acute/gross.²⁰

¹⁷ WHO World Health Statistics, 2008

¹⁸ PAHO/WHO, Health in Americas – Regional, 2007, Vol. 1, Washington DC

¹⁹ Ibid.

²⁰ National Strategic Plan 2006-2010, Ministry of Health, Government of Jamaica, 2005

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The plan concluded that, based on the above, Health Promotion must “continue to be an important strategy. The National Strategic Plan for Jamaica also stated that:

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The Media is vital in helping to promote the health of the population through improving awareness of health and health matters. Coverage of public health needs as well as achievements is integral to the role of the media. However, responsible journalism is important, especially in obtaining and using valid information without exaggeration or suppression to suit particularism. The health sector will continue to forge relationships with the media.²¹

In reporting further on some of the main causes of death, the PAHO/WHO report²² stated that, non-communicable chronic diseases - cardiovascular diseases, cancer, diabetes, and chronic pulmonary obstructive diseases - cause two of every three deaths in the general population of Latin America and the Caribbean and almost half of all deaths in the under-70-year age group. In addition to leading to premature deaths, these diseases cause complications and disabilities, limit productivity, and require costly treatments. Together with genetic disposition and age, risk factors contributing to these diseases include poor diet, physical inactivity, smoking, and alcohol abuse; other factors range from hypertension, to high cholesterol, to overweight and obesity.²³

This information for the Caribbean area is important because the cross-cultural influences among countries of the region are further magnified by the sheer proximity and migratory practices within and among these nations. Because of the increasing permeability among borders, diseases once thought to be extinct in certain areas have once again started to reemerge. These include tuberculosis, malaria, dengue, plague, yellow fever. Concurrent with this reemergence, relatively new communicable diseases - such as HIV/AIDS, SARS, and more recently, West Nile fever and the new variant of avian influenza (H5N1) are proving to be causes for concern.²⁴

²¹ National Strategic Plan 2006-2010, Ministry of Health, Government of Jamaica, 2005

²² PAHO/WHO, Health in Americas – Regional, 2007, Vol. 1, Washington DC

²³ Ibid.

²⁴ PAHO/WHO, Health in Americas – Regional, 2007, Vol. 1, Washington DC

Jamaica's Mediascape

Mediascape, as used in this document, is a description of the environment in which the media operates. Relevant findings from all information sources of the research are also included.

Jamaica has many media options for circulating health news. Printed media include two national daily newspapers, the Gleaner and the Observe, a weekly national newspaper, the Sunday Herald and an afternoon daily tabloid. Additionally, many biweekly and monthly publications include community newspapers and foreign newspapers and periodicals. Electronic media, include 16 radio stations, the top two of which are IRIE FM and RJR, and three television stations, the top two being TVJ and CVM.

The government of Jamaica also seeks to inform and educate the public through its Jamaica Information Service (JIS) about the policies, programs and institutions. A goal of the JIS is to reflect the views and concerns of Jamaicans about government policies, programs and institutions.” The public relations department of the JIS is responsible for:

Conceptualizing and executing public education programs aimed at promoting a better understanding of Government policies, programs and institutions. Various audience-relevant communications strategies are employed and the skills of the other divisions within the JIS are drawn on, in support of the programs being undertaken. These strategies include providing strategic public information advice to Government ministries and agencies, and implementing facilities for feedback from the public about Government's policies and programs.²⁵

Along with the general mass media, the JIS plays a vital role in providing important information for the Jamaican population. The extent of the department's focus on health related issues is therefore pertinent to this study. Working closely with government while, at the same time being semi-autonomous adds the advantage of access to added insight regarding government policies and priorities.

²⁵ JIS website: <http://www.jis.gov.jm/>

As is the case in the developed world, media plays a very important role in the lives of the citizens of the Caribbean. According to Anna Cristina Pertierra and Heather A. Horst, larger Caribbean countries such as Jamaica, have a long “long history of involvement in media at national and transnational levels.”²⁶ They also added that there is “much evidence of the role that mass media and information communications technologies (ICTs) have played in everyday life across the Caribbean region for almost as long as mass media have existed.” With this, and the foregoing in mind, interviews were conducted to establish the health focus and some operational aspects of importance to this study.

Interviews

Health Issues Covered by Media in Jamaica

The following are the results of interviews carried out between October 21 and November 6, 2009.

Personnel that determine healthcare issues carried by media houses

Among the six persons interviewed, there was little difference in the answers given for the question about who makes decisions regarding the health issues that are covered and reported on. The consensus was that there was not one person responsible for health issues. Among those who make such decisions are, (a) editorial personnel - the editor in chief, duty editor, technical editors, (b) programs manager, (c) news personnel - news manager or director (d) Other managers - general manager, marketing manager, and station manager. The approval of the vice president for broadcast services is needed only when there is a major undertaking which would require significant human and other resources or where there may be legal implications for the company.

²⁶ Anna Christina Horst, Heather A. Pertierra, Thinking about Caribbean Media, International Journal of Cultural Studies, 2009, Vol. 12(2), p 99-111

Final Decision

The final decision as to what is carried/published was stated as being dependent on the origin of the proposal to carry an item. The general response was that the personnel who have authority to decide upon issues for coverage usually have sufficient autonomy to make the final decision on coverage, unless the resource requirement is excessive. If more resources than are readily available are needed, then approval moves upward along the chain of command.

Basis for the decisions as to which issues are covered

The following were stated as the bases for coverage decisions:

- News
 - Stories that are topical (current) at any point in time
 - Determined by the number of persons affected by a particular issue; Higher priority is usually given to issues that more people, than to issues that affect fewer people.
 - Severity of an issue – more severe issues typically involve loss of lives, or property but may also be determined by the number of people affected and issues that severely affect living conditions.
- Issues needing exposure for funding - For example, breast cancer walks
- Attention needed to get the public involved.
- Emergencies – community, national, international.
- Government requests.
- Issues relating to social responsibility (as perceived by the media personnel).
- Audience characteristics that demand coverage of certain issues - An example of this is the Rastafarian religion. This segment forms a significant proportion of listenership for a

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particular radio station. This segment is very health conscious and therefore listens, mainly for health related issues like natural healing methods, etc.

- Corporate decision for long, specific term focus on a particular issue.
- Capacity in term of news gathering - Coverage which demands high levels of resources e.g. personnel, equipment, funding is decided based on availability.
- Need to inform the public - Trends regarding health issues.
- Keeping government agencies and personnel accountable and transparent: To ascertain viability of promises made to the people, and effect of promises on the public

Five main health related issues (topics) that media houses had covered/publicized in the last 12 months

Table 1. Number of Media Houses that had Covered the Five Main Health Issues

Topic	Number of Media that Covered Topic
H1N1	3
Cancer	1
HIV/AIDS	2
Road Safety	1
Diabetes	1
Hypertension	1
Mental Illness	1
Corporate Sponsorships	1
Hand Foot and Mouth	2
Malaria	1
Dengue	1
Health Administration	1

Respondents were asked about the topics which they covered in the last 12 months. Table 1, shows the results. Of the five media houses represented, three representatives stated that they had been covering H1N1-related issues, and two spoke about the recent outbreak of a new disease – hand, foot and mouth - in children under 10 years old in certain geographic areas. Two

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persons mentioned HIV/AIDS. One person, each, mentioned the other issues, as shown in the table above.

Public health information source used by media house to get information regarding the main health issues affecting Jamaica

The final question related to the sources utilized by the media houses to ascertain information regarding the health issues with which the Jamaican population is faced. The responses to this question included: The Ministry of Health (Jamaica) - Some people commented that this source was not very reliable as the Ministry sometimes does a cosmetic job. It was also felt that the Ministry does not trust the media; Medical Journals; Peer reviewed journals; CDC; WHO; PAHO; Statistical Institute of Jamaica (STATIN); Appeals from individuals which may lead to additional research in a particular illness; Jamaica Information Service (JIS); Family Planning Board; Jamaica Cancer Society; Heart foundation of Jamaica.

Frequency of Health Issues Covered by Media

Information from the media houses and from archival data was summarized (Table 2) to show frequency of coverage of the main health issues, as revealed by official sources (Ministry of Health, Jamaica and WHO/PAHO).

Table 2. Frequency of Issue Coverage

Issue #	Health Issue	Times Carried July – October 2009	Times Carried January – October 2009
1	Neoplasms (Cancers)	149	299
2	Cardiovascular Disease	69	106
3	Diabetes Mellitus	30	14
4	Intentional Injuries	34	99
5	HIV/AIDS	46	133
Other	H1N1	48	54

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Frequency of coverage is represented in two time periods because some media houses were unable to provide data beyond four months (July – October 2009). This column, therefore, represents the frequency of coverage for all five media houses for the previous four months. The January – October, 2009 column, includes all data from all media houses (inclusive of July – October data). The data in this table shows that, except for cancers and cardiovascular disease, the health issues that are covered by the media are not reflective of the severity of the main issues affecting the population, as reported by PAHO/WHO. Diabetes, for example, which was named as the third most prevalent issue, was covered less frequently than matters pertaining to intentional injuries and HIV/AIDS. The coverage of diabetes mellitus, intentional injuries, and HIV/AIDS do not reflect the relative positions of these diseases. These and other findings are discussed in more detail below.

Discussion

There was conflicting data regarding the severity of the main health issues affecting Jamaica. Cancer-related messages were carried most frequently, followed by cardiovascular-related messages. There was generally little coverage for health issues. Overall, even the issues that were most often covered were not frequently covered. Consider the frequency with which each health issue was covered/ by the five media houses between July 1 and October 31: For cancer, there were 149 incidents of messages pertaining to this issue. That approximates to 1.2 messages per day among the five media.²⁷ For cardiovascular, diabetes, intentional injuries, and HIV/AIDS related issues, the approximate daily coverage was 0.56,²⁸ 0.02,²⁹ 0.28,³⁰ and 0.37³¹ messages, respectively.

²⁷ 149/123=1.2

²⁸ 69/123

²⁹ 30/123

³⁰ 34/128

It is not clear what would drive the decisions for these media houses to carry coverage of the issues as indicated above, as opposed to being more representative and more frequent, especially given the real relative severity of the health issues. The health burden is in any country weighs heavily on its human, economic and infrastructural resources. This burden becomes more problematic in poorer developing countries where resources are scarcer than in developed countries. What, if any, are media's responsibilities in such instances? Should these health issues and a sense of social responsibility not carry additional weight in the decisions as to what issues are covered? In the real world, this seems to not be the case. Below are some possible explanations.

Possible Explanations

One challenge forwarded by Denzer as a possible explanation for journalism efforts that fall short of this expectation of being socially responsible is that journalists consider themselves inadequately trained with respect to understanding medical issues and statistics. She feels that although the profession should demand better training for health journalist, clinicians and researchers can help by offering to provide advice on the broader context, referring journalists to credible colleagues, who may provide different perspectives, pointing out study limitations, and just generally, helping journalists gain a better grasp of medical issues. It is Denzer's opinion that to bring meaningful health news to print, will require input from many expert sources.³² The extent to which healthcare journalists are inadequately trained is beyond the scope of this paper but the issue does have a bearing on the level of contribution which such journalists can have on any given health issue.

³¹ 46/123

³² Susan Denzer, Communicating Medical News - Pitfalls of Healthcare Journalism, New England Journal of Medicine, 2009, Volume 360:1-3

Another explanation is shown by example in a recent article, written by Gary Schwitzer, Associate Professor of the University of Minnesota, on the State of Health Journalism in the US. This article, which was based on a review of the literature and informal interviews with more than 50 journalists, stated that some healthcare journalists are faced with the challenge of doing an effective job in light of reduced budgets, and personnel, leading to disturbing trends in the content of health journalism.³³ Some of these challenges, according to Schwitzer, include feeling pressured to ensure the quick production of stories, (resulting in the compromising of quality), increased reliance on stories from non-traditional sources, and the influence of commercial interests and PR firms on coverage. The Kaiser Family Foundation also reporting on the study stated that 94% of those interviewed, reported that bottom line pressure in news organizations is seriously hurting the quality of the coverage of healthcare issues, and that 39% reported that they have been laid off or say they think it's very or somewhat likely that their position will be eliminated in the next three years.

Yet another challenge regards the choices media have to make regarding programming and how this translates to audience size, advertising dollar, and profitability. There are those that fear they will lose audience members if the decision is taken to include additional social programs in favor of entertainment. Such a position reveals an organization that may be short-sighted and driven more by capitalistic than social, or even responsible, motives.

Some thoughts to the Media

It is understandable that all businesses exist to be profitable. It is not a recommendation of this study that media sacrifice economic viability in favor of social considerations. The

³³ Gary Schwitzer, Kaiser Family Foundation/ Association of Healthcare Journalists, Survey of AHCJ Members, March, 2009

following thoughts to media consider, among other factors, the possible challenges mentioned above.

The responsibility of healthcare journalists goes beyond presenting issues to the public. When they pay no attention to the complexities, contexts, and existing realities relevant to the public health issues, the resultant messages are deficient.³⁴ In order to be effective therefore, journalists must be armed with sufficient and accurate knowledge.³⁵ It is also Denzer's view that the news media have a responsibility to hold themselves to higher standards to encourage doctors and patients to act on the basis of their reporting. She added that these journalists should be more interested in an agenda for communicating health information messages that are perceived by the public as being clear and actionable, rather than carrying out our other agendas.

According to Coombs and Shaw's (1972) agenda setting theory, the media may not be successful in telling people what to think but they are more successful in telling people what to think about. In other words, media can influence the relative importance that individuals place on respective issues. Application of this theory to health communication suggests that media have a role to play in educating the public about health issues that may be affecting society at significant levels.

In cases like Jamaica, health journalists and the media have the responsibility to (a) keep up with changes in health trends in the geographic area of interest, (b) attempt to convey the message to the public in such a way that brings salience to the major health issues that burden the country, (c) keep the message in view of the public and policy makers until the agendas of both the public and policy makers reflect consonance with the media's agenda, and (d) report on any progress which may have resulted from policy

³⁴ Susan Denzer, *Communicating Medical News - Pitfalls of Healthcare Journalism*, *New England Journal of Medicine*, 2009, Volume 360:1-3

³⁵ *Ibid*

changes and public response to such policies as necessary. This communication of positive results can further help to persuade any dissenting parties. Furthermore, the public may not realize that a particular issue is a wide social problem unless there is sufficient exposure.

To be perceived as public issues, problems must be covered in the mass media. Dearing and Rogers define an issue as a social problem that has been given mass media coverage. They add that attention to an issue represents power to influence the decision process regarding that issue. This is, regardless of whether the attention is brought to bear on the issue by the media, the public, or policy makers.

If, therefore, the public depends on media to inform them about issues and the media do not define the social problem or potential problem as an issue, then, by their actions (or lack thereof), the media, is (a) squandering the power it has to make a positive contribution to society and also to potentially save people from a lot of pain and suffering, (b) robbing the public of the opportunity to solve or ward off potential problems, and (c) foregoing the opportunity to influence what may be much needed policy. To be irresponsible in these regards does not, however, absolve media of their responsibility to society.

“Many developing countries have mortality patterns that reflect high levels of infectious diseases and the risk of death during pregnancy and childbirth, in addition to the cancers, cardiovascular diseases and chronic respiratory diseases that account for most deaths in the developed world.”³⁶ As has been established, Jamaica is not very dissimilar. Based on the sources utilized by some of the media personnel interviewed, it is not surprising that there seems to be a severe underrepresentation in media coverage of health issues affecting Jamaica. Some

³⁶ World Health Organization (WHO), 2009 Report, http://www.who.int/whosis/whostat/EN_WHS09_Table2.pdf

media said that they investigated and reported on issues, depending on what was brought to their attention by their audiences. While there is merit in representation on behalf of the public, this should not be the primary source of information. Media houses need to assume the position of the eyes, ears, and voice of the public. If they wait for the public to bring issues to them, then, they will spend more time addressing issues about which the public is already aware, rather than educating the public in areas about which they may not have sufficient knowledge.

Media should also consider the practicing social responsibility relative to health as a marketing strategy to audiences. There are many ways to justify the inclusion of much needed education about serious health issues to one's audience – the beneficiaries. However, it is understood that media must employ creative methods to disseminate health information without unduly risking loss of audience or sponsorship. Many corporate advertisers wish to be perceived by the public as being socially responsible and so, such organizations may be happy to sponsor such messages. Additionally, there are entertaining methods of educating the public about health issues. One method used in some developing countries, including Jamaica, is entertainment education (E-E). E-E and other formats can be employed more widely by media for the purpose of educating their audiences without risking audience size. EE, for example, is used most widely in promoting HIV/AIDS educational messages.

The alarming increase in the incidence of HIV/AIDS in Jamaica in the last 17 years, underscores the need for not just stringent policies to cap this increase but also for media agenda to reflect the recognition of the (a) growth rate and (b) potential impact on the nation. Many countries have used mass media campaigns to help control the problem. (Chelala 2009) Media support is also needed for governmental efforts such as the first meeting of the Ministers of Health and Education to Stop HIV in Latin America and the Caribbean which was held in

Mexico City in August 2008. Efforts such as this must be supported by media so as to enhance success probabilities. In attendance at that first meeting were seventeen health ministers and twelve education ministers from the region attended, as well as vice-ministers from 33 countries. One of the fundamental objectives of the meeting was to work towards “educating people in a way that promotes social inclusion and tolerance and prevents the stigma and discrimination faced by thousands of people living with HIV.”³⁷ This is just one example of the need for media support, which was, and continues to be, vital to achieving educational and other objectives.

In the case of cancer, it has been established that lifestyle choices (diet and activity level) are related to the development of cancer. Given the role of the media in helping facilitating the advertisements of products that are unhealthy, one recent study,³⁸ a literature review of 7000 studies, becomes immediately germane. The study confirmed the link between diet, physical activity, and the development of cancer and other non-communicable diseases (NDCs), such as diabetes mellitus.

Media and journalists, therefore have a civic duty to act in the interest of the public they serve. Specific recommendations to this end are found in another report, the 2009 *Policy and Action for Cancer Prevention* which was developed as a result of the previously mentioned literature review report. Specific recommendations, aimed at achieving and sustaining increased coverage of well being and chronic diseases, included the need for media to emphasize news, features and campaigns designed to promote health and prevent cancer. Some other recommendations were that media executives should furnish the resources and authority for

³⁷ Cesar Chelala, HIV/AIDS Managing a Pandemic, Americas, 2009, Mar/April Vol. 61 Issue 2, p20-27

³⁸ Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective is available at <http://www.dietandcancerreport.org>

editors to access public health expertise, and that media should advise clients against campaigns that promote unhealthy diets and physical inactivity.³⁹

Given the personal and economic costs associated with cancers, HIV/AIDS, and other diseases found to be of highest burden in Jamaica, mass media is probably losing opportunities to play an important role in relation to health related decisions and attitudes of individuals within the Jamaican population. Referring to one disease in particular, Li Li et al. espouse the role of media in the dissemination of health information. She contends that boosting the content and penetration of campaigns through media can be important in successfully disseminating knowledge.⁴⁰ For example, in a study conducted in China, it was found that where at least one source is mass media, exposure to multiple sources of HIV information was significantly related to HIV.⁴¹

Jamaica, like other countries in the region must formulate its own program for communicating with the public about this issue. Despite the cultural and environmental similarities that exist among the peoples of Latin American and the Caribbean, the nations display some differences in cultures, religions, customs, and socio-economic levels. As mentioned before, globalization has aided the spread and development of many diseases. It is therefore imperative that media form a coalition that will utilize its power in contributing to solutions regarding social issues such as cancers, HIV/AIDS, cardiovascular diseases, diabetes and other health issues in countries of the region.

Combined, the ready availability of media in Jamaica, the commitment of audiences to their respective media choice and the proven ability of media to influence attitudes presents a

³⁹ World Cancer Research Fund (WCRF)/American Institute for Cancer Research (AICR). Policy and action for cancer prevention. 2007.

⁴⁰ Li, Li., et al., MASS Media AND HIV/AIDS in China, Journal of Health Communication, 1991, Vol. 14, Issue 5, p424-438

⁴¹ *ibid*

situation in which Jamaica's media is well poised to impact the health landscape. The potential for media priming effect – the short term impact of exposure to the media on subsequent judgments or behaviors,⁴² can help prepare audiences for, and in so doing improve the effectiveness of, subsequent health related campaigns. Media in Jamaica need to reexamine their collective agenda in light of the prevalence of the main health issues affecting the country.

Limitations of the Study

Research for this study did not include information about other health related topics (other than the top five identified) that were carried by the media. Collating all that information from archival sources would have resulted in extending the study beyond the intended scope of this project. It was not possible therefore, to determine the relative weight that media gave to the issues that were covered in the study, to total health issue coverage.

Archival information from the media sources was made available according to what was readily accessible, internally or through publically available archives. The short term periods covered in the study may therefore be somewhat skewed.

Further Research

Additional research designed to capture all health programs/messages over a longer period could present a more complete picture of the health related activities of media in Jamaica. Also, a historical study that identifies changes in media coverage over time could possibly serve to provide further insight regarding the decision making processes of media in that country.

⁴² D. R. Roskos-Ewoldsen, B. Roskos-Ewoldsen, & F. D. Carpentier, Media priming: An Updated synthesis. In J. Bryant & M. B. Oliver (Eds.), *Media effects: Advances in theory and research 2009*, (3rd ed., pp. 74-93). New York: Routledge.

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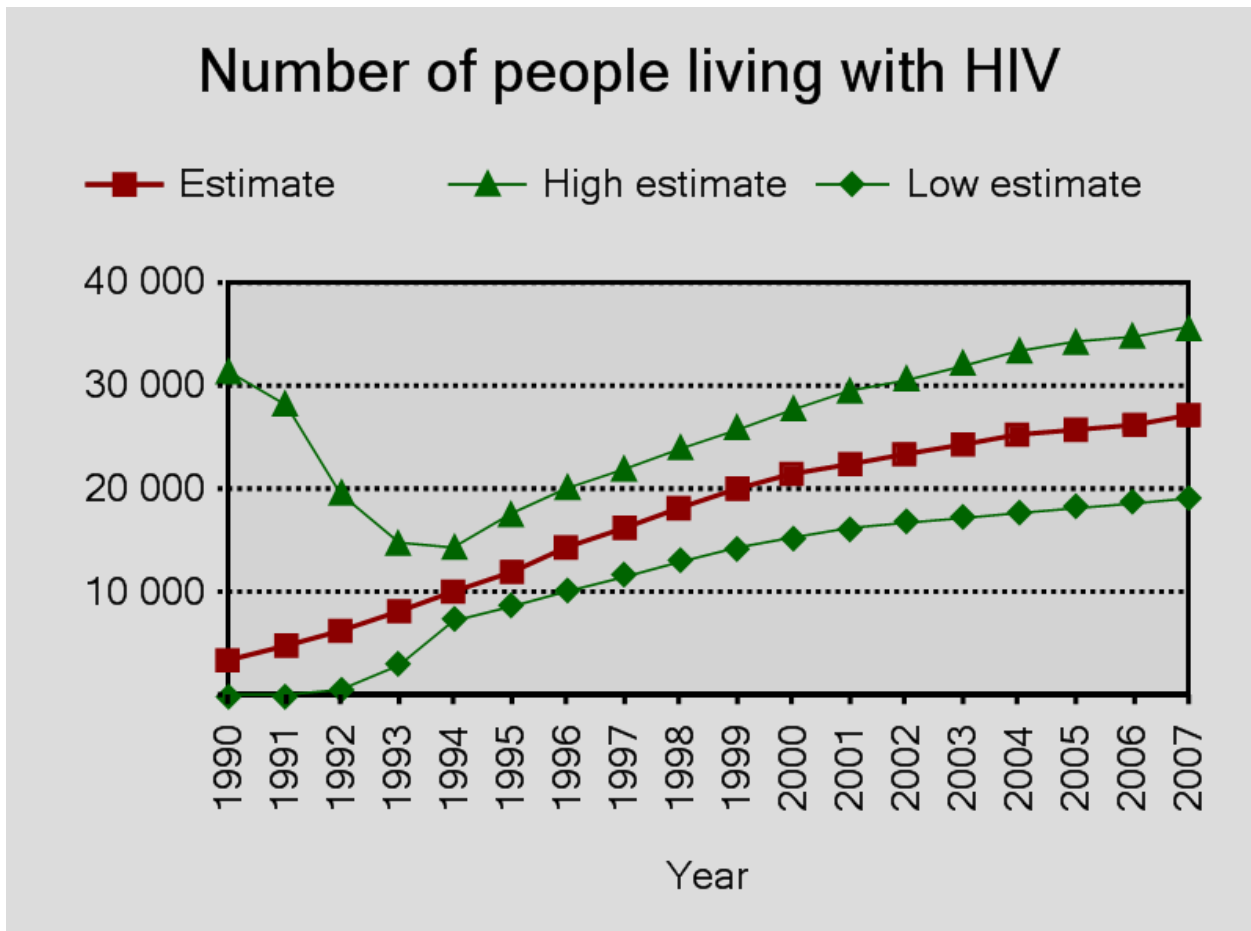
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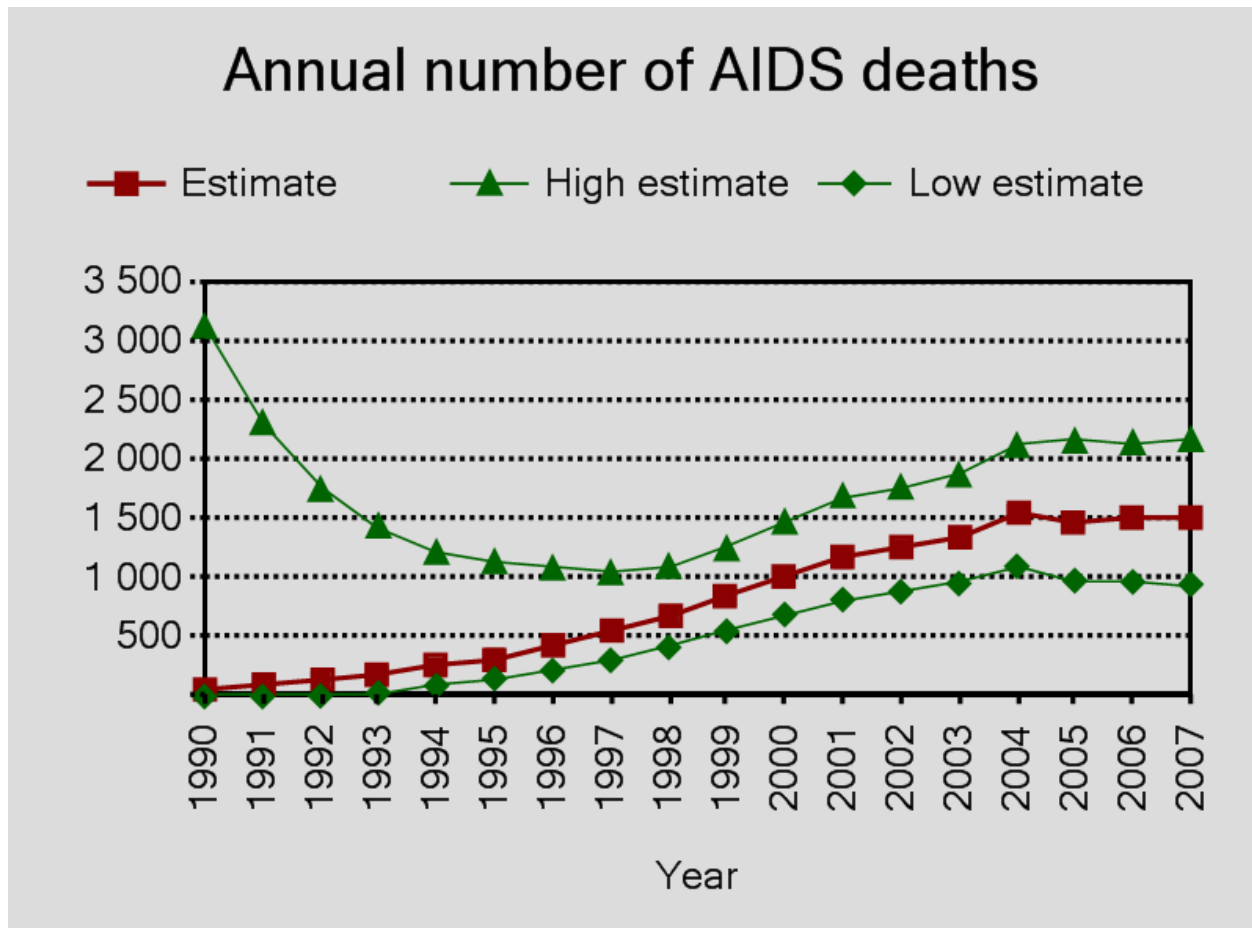
QUESTIONNAIRE FOR MEDIA HOUSE PERSONNEL

- Who are the personnel that determine what healthcare issues are carried by your media-house? (*We do not need names, just the titles or positions that these persons hold*)
- What is the title (position) of the person who makes the final decision as to what is covered?
- What considerations form the basis for the decisions as to which health issues are covered?
- What are the five main health related issues (topics) that your media house has covered/publicized in the last 12 months?
- What, if any, public health information source is used by your media house to get information as to the main health issues affecting Jamaica?

Appendix (ii)



Source: WHO, 2010. Retrieved from website:
http://apps.who.int/globalatlas/predefinedReports/EFS2008/short/EFSCountryProfiles2008_JM.pdf



Source: WHO, 2010. Retrieved from website:
http://apps.who.int/globalatlas/predefinedReports/EFS2008/short/EFSCountryProfiles2008_JM.pdf