A CONTENT ANALYSIS OF GHANA TELEVISION (GTV) AND JOY NEWS TV COVERAGE OF HEALTH NEWS

BY
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This dissertation is submitted to the University of Ghana, Legon in partial fulfillment of the requirement for the award of MA Communication Studies degree

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DECLARATION

I, Gertrude Dorcas Laryea, do hereby declare that this dissertation, with the exception of where due acknowledgement has been made, is entirely my work, produced from research undertaken under the supervision of Dr. Gilbert K. M. Tietaah, at the Department of Communication Studies, University of Ghana, Legon.

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(Student)                                          (Supervisor)
DEDICATION

I dedicate this work to the Almighty God for His unfailing love and boundless grace which have seen me through this course.
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ABSTRACT

Health is important in socio-economic development as well as the well-being of the public globally. The media play a pivotal role in transmitting information and educating the public through message construction and presentation, a role which can be directed in the area of health. Given that television news programs reach millions of audiences and play a substantial role in the provision of information and education; and in the shaping of community concerns, television news coverage of a developmental issue such as health, should be an important focus of study. The purpose of this study therefore was to content analyse health news coverage by GTV and Joy News TV from 1st July, 2015 to 31st August, 2015 to determine how much attention health news received in their news bulletins and how they were framed. The theories that guided the analysis were framing and agenda-setting. Results from the data indicated that 12.6% (199) out of a total of 1,585 stories covered by both television stations were on health. Strike actions among health professionals received the most coverage (38.1%) with health policy, health insurance and Millennium Development Goals/Sustainable Development Goals related issues receiving as low as 1.5%, 2.5% and 1% respectively. Twenty-one percent of the stories appeared in the headlines of both TV stations with 60% of the stories being presented within the duration of 30 and 120 seconds. Health stories were covered using more episodic frames (65%) than thematic frames. The study concluded that the television stations did not attach enough attention to health-related stories and that stories that were covered used more episodic than thematic frames.
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CHAPTER ONE

INTRODUCTION

1.0 Importance of Health

The World Health Organisation (WHO, 1948) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. According to the World Health Organization (WHO n.d.), better health is fundamental to human happiness and well-being. It states further that health makes an important contribution to economic progress, in that healthy populations live longer, and are more productive.

In 2000, 191 member countries of the United Nations (UN) set the target of halving global poverty by 2015 by establishing eight time-bound targets – with a deadline of 2015 – which became known as the Millennium Development Goals (MDGs) (UNDP, 2015). Out of these eight goals, three were health related – Millennium Development Goals (MDGs) 4, 5 and 6. Millennium Development Goal 4 was to reduce child mortality; MDG 5 aimed at improving maternal health; and MDG 6 was to combat HIV/AIDS, malaria, and other diseases. As noted by Dodd and Cassels (2006), health is at the heart of these MDGs, in that better health is key to the global agenda of reducing poverty and is also an important measure of human well-being. They stated further that health is not only represented in three of the eight goals, but that health makes a recognized contribution to the achievement of all the others, particularly those related to education (MDG 2), gender equality (MDG 3) and the eradication of extreme poverty and hunger (MDG 1). This is indicative of the importance of health in socio-economic development.
The Millennium Development Goals brought about progress in several important areas of health such as the remarkable gains made in the fight against HIV/AIDS, malaria and tuberculosis; and other areas such as the under-five mortality rate which has declined by more than half, and maternal mortality which is down 45% worldwide (UNDP, 2015). Despite the progress in these important areas the job remained unfinished for millions of people after the target of 15 years. Thus building on the MDGs the concept of the Sustainable Development Goals (SDGs) was born at the UN Conference on Sustainable Development, Rio, in 2012. The objective was to produce universally applicable goals that balance the three dimensions of sustainable development, namely environment, social and economic.

On 25th September, 2015, at the United Nations Sustainable Development Summit, world leaders adopted the 2030 Agenda for Sustainable Development which included a set of seventeen Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030. Recognizing the interdependence of health and development there is one Sustainable Development Goal (SDG) directly related to health – SDG 3 - good health and well-being. The SDG 3 intends to ensure health and well-being for all including commitment to end epidemics such as AIDS, tuberculosis, malaria and other communicable diseases by 2030. It further aims at achieving universal health coverage, providing access to safe and effective medicines and vaccines for all and scaling up access to affordable medicines.

Health is one of the sectors of the Ghanaian economy “topping the agenda” of developmental challenges, along with others such as education and climate change issues (Gadzekpo, 2010, p. 72, cited in Diedong, 2013). In Ghana, political parties prioritize health due to its national importance. As such the two main political parties, the New Patriotic Party (NPP) and the
National Democratic Congress (NDC), place it high on their agenda in their manifestos because of its national importance. The NPP in its 2012 manifesto stated:

Our focus will be to ensure, in partnership with the private sector, nationwide access to affordable basic, primary and quality healthcare delivery. Additionally, we need to solve the problem of inadequate health facilities and personnel (NPP Manifesto, 2012, p.29).

The NDC 2012 manifesto stated the following:

Our policy will prioritize access, equity, affordability, and inclusion. The NDC believes that a good, efficient, and reliable health care system has a strong transformative economic impact on our nation and the lives of the citizenry (NDC manifesto, 2012, p. 21)

Mass media representations of health issues influence public perceptions of those issues (Patterson, 2015). Kitzinger (2004) noted that through agenda setting and framing processes, mass media coverage influences which issues the public are aware of, and what their attitudes towards those issues are. He stated that public attention towards an issue has been shown to correlate with media focus on that issue. Kahneman and Tversky(1984) noted that media frames have been shown to influence recipients’ appraisals and decision-making. Diedong (2013) stated that the media can affect the public with appropriate information to empower them in their health-seeking behavior and attitudes to achieve better health.

Shen (2004) defined framing as the process by which media elites or communication sources such as news organisations define and construct issues and events. Similarly Entman (2004) asserted that framing is mainly concerned with selecting and highlighting some aspects of issues and events and making connections among them so as to promote a particular interpretation, evaluation and/or solution. Based on these definitions of frames it is clear that the media play a pivotal role in transmitting information and educating the public through message construction
and presentation and this can be directed in the area of health. This role, per Entman’s definition, could be utilized in the area of health where the media could apply their expertise of selecting and highlighting some aspects of health issues to promote a particular interpretation, solution and/or evaluation. Brunner, Fowlie and Freestone (2011) noted that media could be used to advance public health agendas.

Because media have a major role in shaping the social and policy environments, and through them the physical environment, effective media work is an integral part of modern public health practice. Health departments can strategically deploy a variety of media strategies tailored to support the whole spectrum of public health approaches from strengthening individual knowledge and skills to influencing policy and legislation (p. 1).

Brunner, Fowlie and Freestone (2011) stated that “depending on target audience, desired outcomes and urgency of the messages,” media strategies such as credible source communication, risk communication, media advocacy, social marketing and counter advertising could be used by public health practitioners, working together with the media, to target individuals, the public, policymakers and institutions. Such an effort would raise awareness of health issues, bring about behavior change, policy and norm changes, and concurrence with health recommendation as it is in the case of institutions (p. 1-2). In view of the role of the media in advancing public health agendas, Brunner, Fowlie and Freestone (2011) further stated that public health practitioners should learn to have an effective and proactive relationship with the media as an essential part of their public health practice.

The Science Media Centre (2002) observed that the media plays a pivotal role in our culture, influencing both parents and health workers far more than government or science is able to. To this end, a huge duty is therefore placed on reporters and editors to cover stories more responsibly, thereby presenting them in a way that will serve the public good. The implication
for scientists who would want to communicate effectively with the public would then be that they first communicate effectively with the media (SMC, 2002).

This current study seeks to content analyse *Ghana Television (GTV) and Joy News TV’s* coverage of health news to determine if these two stations place health high on the agenda to reflect its importance. Secondly the study seeks to determine how health stories were framed. This is because framing provides the context that shapes how the message is understood and how the facts and science presented are interpreted. Effectively framing the message is key to using media to advance public health agendas. (Brunner, Fowlie and Freestone, 2011, pp. 1-2)

Framing is the lens through which an issue may be viewed which may suggest policy directions to improve health or provide meaning to scientific reports for the public. Health information can be presented in several ways. Brunner, Fowlie and Freestone, 2011 stated that the media, in their coverage of health stories should create a broader understanding of the social and environmental factors that shape community health (thematic) rather than the individual responsibility and behavior approach (episodic) that the media normally presents.

Mass media present in various forms with the most common being newspapers, magazines, television, radio and internet (Liu, 2012). A survey conducted by the Pew Research Center for the People and the Press (2010), showed that people gain information about science and technology mainly from watching television (Liu, 2012). Wang and Gantz (2007) noted that though local television news is an important source of health information for the public little is known about coverage of health issues on local television newscasts. The contents of television as opposed to newspapers were analysed in this study since possibly there has been little
systematic examination of health content on television newscasts in Ghana as was found in Wang and Gantz’s (2007) study.

This study used two television stations with different programme orientations: GTV which has a public service mandate and Joy News TV which is commercially oriented. This presented the opportunity to compare the news frames used by these two media houses. The main objective of the study, then, was to content analyse and compare where appropriate, coverage of health news on GTV and Joy News TV to determine how much attention was given health news and what frames were used by the two stations. To guide this study’s analysis, agenda-setting and framing theories were used.

1.1 Role media plays in health reporting

Attaining good health is important for individuals and national development. Bryant and Thompson (2002) stated that news coverage of health matters takes on considerable significance in having the potential to shape the impressions of average citizens and powerful policy makers alike. The public is placing greater demand on mass media as a main source of information. Gupta and Sinha (2010) noted that there is a greater demand for accurate, relevant and rapid health information by the people. According to Gupta and Sinha (2010) the public health community looks to the media for support, attention, endorsement and are considered a primary source of health and science information.

A study by the Pew Research Center in 2008 noted the important role played by the media in society. They stated that millions of Americans turned to various news media every day for information, and what they learned there made a difference in which issues rose or fell on the national agenda, how the public perceived key issues, and how well they understood important
policy debates. In one model of policy making the media’s role in the policy process was described as that of a “key disseminator” of scientific information (Wilson et al, 2004). In both urban and rural areas television has served as a powerful advocate of healthy behavior (Gupta and Sinha, 2010).

1.2 Background of GTV and Joy News TV

The two television stations used in this study were Ghana News Television (GTV) and Joy News TV. This section gives the background of these stations.

1.2.1 GTV

In Ghana television service took off under the Ghana - Canadian Technical Assistance Programme signed in 1961. In 1965 the Nkrumah government in collaboration with Sanyo of Japan established Ghana television. The Ghana Broadcasting Corporation Television Service (GBC-TV Service) was inaugurated on the 31st of July, 1965. The name was changed to Ghana Broadcasting Corporation in 1985. It is the only public service broadcaster in the country, and with its nationwide reach, provides the Ghanaian public with information, education, and entertainment. Though then President Kwame Nkrumah hoped the birth of GBC-TV Service would promote programmes that are Ghanaian in nature, the nature and content of programmes, production formats and techniques of GBC television have been adapted to suit the demands and needs of the Ghanaian society. This served as one of the motivation factors for the introduction of commercial broadcasting for both radio and television on 1st February, 1967. Due to the expansion and improvement project undertaken in 1985, ninety-five percent of Ghana has access to GTV broadcasts (Ansu-Kyeremeh and Karikari, 1998). This saw the transmission of television
from black and white to colour and this novelty was extended to the entire country. Possibly today GTV may be reaching every part of the country.

1.2.2 Joy News TV

Joy News is one of the television channels on Multi TV, owned by the Multimedia Group Limited in Accra. The Multimedia Group Limited is a Ghanaian media and entertainment company established in 1995. Joy News TV is a dedicated 24 hour news and current affairs television channel. The channel provides informative, educative and entertaining content through their local and foreign news bulletins, current affairs, talk shows and documentaries.

1.3 Purpose of Study

Over the years, the media have disseminated different types of information, including health information, to the public. The trend has and continues to change with news items being reported on various health issues; with examples being outbreak of diseases such as cholera, ebola, H1N1 influenza; immunization activities, health policy, labour unrest, regulatory issues and fake drugs among others. As health has and continues to be a priority in every economy globally, the media have been considered as an effective tool in providing educative and informative news items on health and health-related issues.

The purpose of this study was to study systematically how two television stations, GTV and Joy News TV covered this important area of human development, health, from 1st July, 2015 to 31st August, 2015. Many studies have taken a narrow look at news coverage of specific health issues such as breast, cervical and skin cancers and second hand smoking among others. This study examined the coverage of health more generically, as reported in the evening news of these two
TV stations to ascertain if, and how, health as a public issue receives news attention and treatment. Using the agenda setting theory, the study looked at whether by the amount of coverage and the importance given health news, the latter was elevated or relegated compared to other topics. The study looked at the subject matter addressed in the health news, the sources and the frames used. The framing theory was used in the study to determine if health news was framed in such a way as to give it a broader perspective.

The purpose, then, is to provide empirical evidence on the role of television in contributing to public awareness and education on health and wellbeing.

1.4 Problem statement

Health information has been identified as very critical for human development and well-being. To be useful, however, such information must be widely available and accessible. On a account of the potential to reach and teach millions of audiences on preventive health and lifestyle practices, television seems particularly well placed for informing, educating and shaping public attitudes on a wide range of social development issues, including health. The media, and television for that matter, have the capacity to set the agenda on, and frame stories about, health by giving salience to such issues. According to Bryant and Zillman (2002), news media are important sources of health information which focuses on viewers of all ages. Through television and other media, knowledge from health experts can quickly and easily be disseminated to the public (Milio, 1985 cited in Bryant and Zillman, 2002). Media coverage of health issues in news often provides how people can reduce their risk of contracting a particular disease. The dissemination on the causes, effects and in most cases preventive measures have subsequently been promoted along the lines of the media globally.
As important as health is to the socio-economic development and well-being of a nation it is expected that the media, and television for that matter, would report on health related issues to inform and educate their viewers. Given that television news programs reach millions of audiences and play a substantial role in shaping community concerns and behaviour, television news reports about health should be an important focus of study. With particular reference to Ghana, however, this expectation cannot be taken for granted. As far back as 1996, Denkabe and Gadzekpo noted that the Ghanaian media did not give enough attention to developmental issues like health as they did issues like politics and sports. If, 20 years on, underreporting of health news as noted by Denkabe and Gadzekpo (1996) is still the case in Ghana, this should raise scholarly concerns about the nature and quality of health information carried by the Ghanaian media. This is because of the central role of the media in enabling the realization of the SDGs on health and wellbeing generally. It is also important in the context of the greater demand and need for accurate, relevant, rapid and impartial public health information and education by the citizens, and also a growing reliance of the public on mass media as the main source of information on health. Given that inaccurate or misleading information on health could have potentially morbid, or even fatal, consequences there is an even greater need to pay attention to such factors in reporting on health. The empirical literature, however, suggests little evidence about the coverage of health news on television. Furthermore, it is important to know the kind of health stories that are being reported and how they are framed because framing provides the context that shapes how a message is understood and how the facts and science presented are interpreted. This study therefore sought to determine the extent of attention given health news.
1.5 Research Objectives

Broad Objective: This study seeks to content analyse health news coverage by GTV and Joy News TV.

Specific objectives

1. To determine how much attention health news received in the news bulletins of GTV and Joy News TV.
2. To find out the categories or type of health issues addressed
3. To find out how the two stations frame health news
4. To establish the sources of the news stories

1.6 Research Questions

RQ1: What is the extent of coverage (given to) of health news by GTV and Joy News TV?

RQ2: What types of health stories are covered?

RQ3: What is the level of prominence given to the health topics covered?

RQ4: What types of frames (episodic or thematic) are used for the health stories?

RQ5: Who are the health stories attributed to?
1.7 Significance of Study

Wang and Gantz (2007) noted that local television news represent an important channel for the dissemination of health information. According to them in the US there is little research on health content featured in local television news. There may be a similar situation in Ghana. This study will therefore contribute in filling that information gap thereby contributing to the body of knowledge in this field.

Television provides the public with important information and education on health-related issues. It effectively increases public awareness about health, and has a significant influence on people’s thinking and decision-making about health (AbuSabha, 1998; Mebane, 2003; Stuart & Achterberg, 1997). If the public depends on the media as a main source of information and education on health related issues, giving feedback to the media on the type of content they provide would be useful information for them to know where their weaknesses, strengths and opportunities may be. This makes this study important because it can be used to improve practice.

Though some research on media framing has been carried out in Ghana, few studies focused on health coverage. This research is thus significant because it will fill the gap in media research in framing of health issues in Ghana. The gaps identified in this study can inform health professionals and policy makers to have it on top of their agenda to work closely with the media in the dissemination of health news. Overall this study will inform research and policy makers and improve practice.
1.8 Operational Definitions

**Coverage:** the act of informing and educating the public of issues of interest to them which is health in this case.

**News story:** it is a discrete report presented by a news anchor or reporter that covers an event (in or out of the studio).

**Health story/issue/news:** any report on television addressing or related to the mental, physical, and social well being of a person or public. They would include specific diseases or symptoms as well as the institutional and policy factors and structures that support health delivery.

**Source:** the person who supplies the journalist with the relevant information.

**Prominence:** making health news more conspicuous than other news.
CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0 Introduction

This chapter is divided into two sections. The first section is about the theoretical framework used for the study which includes agenda-setting theory and framing. It discusses the assumptions and precepts of the theories. The second section discusses studies related to the current study. Together both the theoretical framework and the literature review provide a conceptual and scholarly basis that guided this study.

2.1 Theoretical Framework

In understanding media coverage of medical and health issues two important theoretical approaches that are considered are framing theory and agenda-setting theory (Picard and Minhee, 2011). This current study was guided by these two theories.

2.2 Agenda Setting Theory

Agenda-setting theory posits that media coverage elevates or relegates topics and information by whether coverage is given, the amount of coverage, and the importance it is given compared to other topics (McCombs and Shaw, 1972; Dearing and Rogers, 1996 cited by Picard and Minhee, 2011).

McCombs, (2004) stated that when the media choose to cover a topic and significant attention is given it the topic is given salience to the public and seen as needing attention or requiring some action. These topics receiving significant coverage by the media get transferred to the ‘public
agenda’ as needing response or action. Further to giving topics attention, paying little attention or down playing or omitting certain topics tend to reduce their importance in the minds of the public. Such topics are consequently moved further down the public agenda. It is therefore critical to understand that what influences news choices is what creates the agenda. Readers and viewers learn not only about a given issue, but also how much importance to attach to that issue from the amount of information in a news story and its position. Cohen (1963) stated that the media “may not be successful in telling their readers what to think, but are stunningly successful in telling their readers what to think about” (p. 13).

A critical analysis by McFarlane (2011) clearly identified that many people rely on the news media for their health-related information. Subsequently, policy makers also obtain considerable amount of information from the media in relation to the development and implementation of various health related policies. A submission by Bryant and Thompson (2002) also argued that news coverage of health matters takes on considerable significance that has the tendency to manipulate and shape the ideas and views of any individual, be it an average citizen or an influential policy maker. Studies by Bryant and Thompson (2002), McFarlane (2011), McCaw, McGlade, and McElnay (2014) among others have also shown that the news media tend to increase their coverage of health concerns as they affect the society’s mainstream and/or the greatest number of people in their audience.
2.3 Framing

Severin and Tankard (2000) observed that news media tend to frame issues in various ways. They further noted that the concept of framing is useful for examining media coverage of news. The field of health communication and media studies is replete with studies on media representation and framing of health issues. Framing is thus a major theoretical approach for studying coverage of media content including health.

A frame can be defined as “a central organizing idea for news content that applies a context and suggests what the issue is through the use of selection, emphasis, exclusion and elaboration” (Tankard, Hendrickson, Silberman, Bliss, and Ghanem, 1991 cited by Severin and Tankard 2000, p. 277). Severin and Tankard (2000), stated that particular devices sometimes suggest framing of news stories, with some examples of these devices being headlines, leads, pull quotes (quotes taken from an article and set in large type), and nut graphs (key paragraphs in articles telling what they are about). These devices may be categorized as advanced organizers. According to Ausubel (1960) the concept of advanced organizers is based on the idea that the information stored in the heads of people is organized hierarchically with specific information being grouped under broader principles (pp. 267-272).

Framing theory argues that the construction of media reports and the presentation of the information provide readers, listeners, or viewers a perspective with which to view, interpret, and react to the news or information (Pan and Kosicki, 1993; Reese et al., 2003). Much of the criticism that medical and health care researchers and practitioners level against medical and health coverage involves whether the framing of the stories was appropriate and the agenda set was justified.
According to Bystrom and Dimitrova (2014), the communication media are a dominant feature of our day to day life and available both in domestic and public environments. The communication media has the intention of engaging people, conveying and disseminating information in the bid to produce reactions among its viewers and listeners as well as readers alike. This has significantly justified its continual production. Sometimes the main message is clear to the audience but it is also likely that some other meaning is produced in audience mind unconsciously. The purpose of these messages is to engage an audience and influence his/ her way of thinking about certain subjects. In view of this, the media has played a significant role in terms of influencing the lifestyle of its audience in several ways.

Entman (1993), stated that “to frame is to select some aspects of a perceived reality and make them more salient in a communication text in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation for the item described” (p. 52). As Takeshita (2006) points out, “salience is a word with two meanings.” The first one is the idea of perceived importance, a measure which was found to be more theoretically valuable than the second one (“top of mind”) which was closer to the idea of accessibility (p. 277). This is because perceived importance was found to mediate the subsequent effect of framing while accessibility did not (Nelson, Clawson, and Oxley 1997). According to Brunner, Fowlie and Freestone (2011) framing provides the context that shapes how the message is understood and how the facts and science presented are interpreted. They stated further that effectively framing the message is key to using media to advance public health agendas. According to them framing should be moved away from the individual responsibility and
behavior approach that the media normally presented, to the creation of a broader understanding of the social and environmental factors that shape community health (p. 2).

2.4 Related Studies

The area of media coverage of health issues has been studied by previous scholars (Wang and Gantz (2007); Gupta and Sinha (2010); York (2000); Schwitzer (2004); Oso and Odunlami (2008)). This section reviews some of these studies.

A study by Wang and Gantz (2007) content analysed 1,863 news stories that aired on four English-language channels and one Spanish channel in seven U.S. markets during a composite week in 2000. They noted that about 10% of news stories focused on health topics. Specific diseases and healthy living issues received the most frequent coverage. Health news stories generally were less than 1 minute long. Their study was guided by agenda setting, cultivation, and social learning theories. Wang and Gantz (2007) noted that agenda setting and cultivation of understanding of a given health issue were likely to require lengthy news stories and repeated exposure to those stories. They pointed out that since health is one of the many beats covered in local newscasts, health was not likely to receive a large slice of news time and would therefore be brief. They further argued that because many health news stories are complex and technical in nature, health news may need more time than other topics to be truly beneficial to viewers.

According to York (2000), the location of any news story within a newscast is indicative of its importance by those creating the newscast and this plays a role in agenda setting. York stated that generally, news stories were arranged “more or less in order of importance” (p. 160). Important health news stories may gain placement early in a newscast thereby exerting greater influence on viewers’ health agenda. In this study placement of health story in the headline and
its position in the headline were both coded to determine the importance of a health story. The duration of a health story was also an index of salience.

Wang and Gantz (2007) added that it was important for news programs to have their own health segments to make it easier for audiences to attend to health information. They were of the view that these segments represented a promise to viewers that there would be a health segment at this specific time, every day on this particular television channel. This kind of regularity may facilitate agenda setting as it increases exposure and attention to health news.

Viewers want a broader array of health topics addressed, including coverage of good and bad doctors, as well as health insurance and nursing homes (Potter & Gantz, 2004). This study covered broad topics in health rather than concentrating on a particular disease. A content analysis on local health news by Schwitzer (2004) also showed that topics such as health policy received very little coverage which is similar to coverage of health policy in the current study.

In Wang and Gantz’s (2007) study, a composite week, rather than a single calendar week of newscasts was used to minimize the potential impact of seasonal variability, special programs and unanticipated major events. For each of those days, each station’s early morning, noon, early evening, and late evening newscasts were examined. Unlike Wang and Gantz’s (2007) study, this study did not use a composite week sampling technique but evening news of every weekday’s newscast over the two month period. The three-month study by Wang and Gantz (2007) yielded newscasts which lasted 67.5 hours long out of which a total of 3 hours and 8 minutes of news stories was devoted to health content. The average health news story lasted 59.7 sec. About 45% of the stories were less than half a minute; 70% lasted less than 1 min. The shortest story was 11 seconds and the longest was 4 min 3 seconds.
In this study the shortest health story was up to 30 seconds with the longest being above 6 minutes. Stories about topics such as new health policies or laws, new health products, and new scientific research findings related to health tended to be brief.

Another study by Gupta and Sinha (2010) examined health related messages that appeared in print media (Newspaper and Magazine) and electronic media (Television and Radio). Unlike the study done by Wang and Gantz (2007) in which television news was followed continuously for three months that by Gupta and Sinha (2010) followed the radio and television news continuously for one week. Gupta and Sinha (2010) concluded in their study that the political subject was the most preferred area of news in all types of media. Gupta and Sinha (2010) citing Weber (1990) and Oso and Odunlami (2008), supported the assertion that the health beat was not high news yielding beat compared to politics or the economy.

Based on the conclusion of a research by Oso and Odunlami (2008), they noted that the newspapers did not give prominence to the selected health issues. They reasoned that the stories were not given front page prominence and that spaces given to health news were small. This conclusion is consistent with conclusions drawn by the other researchers. The above studies also showed that health news relied mostly on experts (Wang and Gantz 2007, Gupta and Sinha 2010).

Leask, J., Hooker, C., & Catherine, K. (2010) noted that journalists’ sources of information for stories were both passively (e.g. media contacts, media releases) and actively acquired (e.g. calling local medical experts and health professionals, medical journal contents). According to
them the best people to interview for health stories were seen to be accessible, independent, highly respected in their fields, and preferably doctors.

All journalists needed access to expert sources who could rapidly respond to requests for background information, interviews or verification and who could condense information into ready-made sound bites (Leask, J., Hooker, C., & Catherine, K. 2010 p.4).

Comparing this study to what Leask et al (2010) noted concerning journalists’ sources of information, with the exception of the wire service/GNA and in-house journalists all the other sources were actively acquired.

Iyengar (1991) hypothesized that depending on how news stories are framed viewers may attribute responsibility for both the cause of and solution to a social problem differently. He noted that for effective communication about social issues to take place there was the need for a basic understanding of typical media frames and their effects (Iyengar, 1991). He discussed two types of frames – thematic and episodic frames. He found out that episodic frames focused mainly on individual and discrete events. Thematic frames on the other hand focused on trends over time, highlighting contexts and environments. According to Iyengar, this distinction is important in a sense that the two types of frames have very different effects on how a given problem is viewed and whether the public would see the need for an individual-level or broader social or institutional solutions.

Organizational differences were also found as national papers put more emphasis on thematic framing than regional papers. Benjamin (2007) emphasized the importance of telling thematic stories to advance public discourse on important social issues. She noted that the more episodically social issues were framed the less likely governments will be held accountable. According to Benjamin (2007) the media has a tendency to feature episodic stories; as such it is
up to communicators of health to craft and promote thematic stories that bring the public perspective back into the picture.

Onyeizu (2014) conducted a similar study in Nigeria. This study sought to establish the extent to which the media were working to set public agenda for the health sector so that it could mobilize both the government and citizens towards achieving a healthy state. The research methodology used was content analysis and the purposive sampling technique was adopted. The Guardian and The Punch newspapers were chosen based over a 24-month time period. A total of 554 health reports were found and analysed on the selected health issues. The single disease that garnered the most media attention was HIV/AIDS, and the most reported genre was straight news stories. He concluded that the newspapers in tandem with studies by previous researchers did not give prominence to health issues. The review of the studies above will afford the current study a basis for comparison.
CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter deals with the method used in gathering and analyzing data for the study. It describes and explains the sampling design, data collection technique, procedure and instrument; and analysis. A content analysis of GTV and Joy News TV coverage of health news was carried out.

3.1 Research design

To determine how health news was covered on television, a content analysis focusing on evening newscasts of GTV and Joy News TV was conducted. GTV was selected because it has a public service mandate, has a national reach and viewership and has been in existence since 1965. Joy News TV was selected for the study because it has characteristics that place it at the opposite end to GTV of the typology of TV broadcast stations; namely, it has a commercial orientation, it is a cable TV, fairly new and one of the leading television networks in Ghana. Joy News TV has been in existence since 2012 and as such lent itself for comparison with GTV based on differences in their mandates and existence.

3.2 Content Analysis

Over the past decade, content analysis has been used as a major method for analyzing media content. There have been several definitions of content analysis, (Wimmer and Dominick, 2011). Using Kerlinger’s (2000) definition, content analysis is defined as “a method of studying and
analyzing communication in a systematic, objective and quantitative manner for the purpose of measuring variables” (Wimmer & Dominick, 2011, p.156 citing Kerlinger, 2011).

To be systematic means that the content to be analysed is selected according to explicit and consistently applied rules with all content under consideration being treated in exactly the same way. Objectivity means the analysis is devoid of the researcher’s biases such that the analysis should yield the same results if the study is replicated by another researcher (Wimmer & Dominick, 2011). According to Wimmer and Dominic (2011) operational definitions and the rules for classification of variables should be clear and comprehensive so when other researchers repeat the process the same decisions would be arrived at. The goal of content analysis is an accurate representation of a body of messages and this is achieved through its quantitative nature. Wimmer and Dominick (2011) noted that quantification aids researchers in their quest for precision and gives them additional statistical tools which are useful during interpretation and analysis.

Content analysis is usually conducted for one of five purposes, which are, describing communication content, testing hypotheses of message characteristics, comparing media content to the “real world”, assessing the image of particular groups in society, and establishing a starting point for studies of media effects, (Wimmer and Dominick, 2011, pp. 157-159). In this study content analysis was used to describe the content of health stories in the evening news bulletins of GTV and Joy News TV over a two-month period. Steps involved in content analysis (which need not follow in the order given) are:

1. Formulating the research questions or hypotheses, defining the universe in question, selecting an appropriate sample from the population and selecting a unit of analysis. The others are constructing the categories of content to be analysed, establishing a
quantification system, training coders and conducting a pilot study, coding the content according to established definitions, analyzing the collected data and drawing conclusions (Wimmer and Dominick, 2011, p.160).

Within the academic literature content analysis is useful because it helps to systematically analyse. This method will be used to ascertain coverage of health news by the two television stations, GTV and Joy News TV.

3.3 Sampling Design

The universe for this study was all stories telecast during the evening news within the two month period on both TV stations. Similar to a study by Bystrom and Dimitrova (2013) where television transcripts were used, the transcripts for all television news stories aired in the evenings between July, 2015 and August, 2015 were examined. In this case, therefore, the study was done using stories that spanned the two month period. The months of July and August were purposively selected for purposes of currency of data. Specifically, in the absence of a publicly available archive of broadcasts from the two stations, the transmissions had to be tape recorded by the researcher. July and August were the two most recent months prior to writing and presenting the report of this study.

The focus of the study was on television news coverage of health stories. All weekday evening newscasts on the two television channels within the two-month period were examined. Weekend newscasts were excluded. Specifically, therefore, the sample included all weekday evening newscasts from 1st July, 2015, to 31st August, 2015. The procedure yielded 199 (12.6%) health news stories out of a total of 1,585 stories that were aired during that time frame (July and August, 2015) on the two television news stations. All 199 health stories were subjected to coding using a coding sheet.
3.3.1 Inclusion and exclusion criteria

Stories in all weekday evening newscasts with the central thrust on the subject of health were included. Stories in which health was only incidentally mentioned but not principally or substantially (that is, at least half the content) on the subject of health as operationally defined (Chapter 1) were excluded. Weekend newscasts and other stories on crime, natural disasters, accidents and politics among others were all excluded.

3.4 Data Collection Technique, Procedure and Instrument

Fundamental to any content analysis is the category system used to classify media content. The categories used to classify the content of the health stories were the type of health stories, type of disease(s), appearance of health stories in the headlines, position of health stories in the headlines duration of story, types of frames used and source of story. These were analysed with reference to variable factors such as title of article, type of TV station, date of telecast, number of stories in bulletin, and number of health stories in the bulletin.

3.4.1 Unit of analysis

The unit of analysis is the individual health news story. Health stories were defined as stories in the telecast that covered any of the following broad topics: specific diseases such as hypertension, diabetes, cancer, kidney disease; provision of health facilities and any form of logistics donated to the health facility; labour unrest among health professionals; health insurance issues; health policy; pharmacy related issues; Millennium/Sustainable Development Goals. The rest were regulatory (Food and Drugs Authority, Ghana Standards Authority); lack of health professionals; public health issues/health education and promotion; appeal for support for
treatment of a particular disease; training of health professionals, and public health hazard and stories which did not fall into any of these broad categories which were categorized as “other”.

3.4.2 Coding

Coding, according to Wimmer and Dominick (2011) is the process of placing a unit of analysis into a content category. Two ways of establishing content categories are emergent coding and a priori coding. Emergent coding establishes categories after a preliminary examination of data. A priori, on the other hand establishes the categories before data are collected (Wimmer and Dominick, 2011). This study used the emergent coding. The provision of a coding guide in addition to the coding sheet yielded a consistent coding framework which reduced the potential for subjective judgment by coders to the barest minimum. Minor adjustments were made to the coding guide and sheet to increase its specificity.

The categories were operationalised as follows:

- **Title of story:** this referred to the heading of the story which is read out before the full stories are telecast.

- **Type of TV station (GTV or Joy News TV):** two television stations were used. So the specific TV station which telecasted the health story is what is referred to as “type of TV station.”

- **Date of telecast:** this referred to the specific day of the month that the health news was telecasted.

- **Number of stories in bulletin:** this referred to the total number of stories, both health and all other stories in a bulletin.
- **Number of health stories in bulletin**: this was with reference to stories in which the central thrust was on the subject of health.

- **Type of health stories covered**: this referred to the actual content of a specific health topic or issue.

- **Type of disease(s) covered**: this referred to a health story on a specific disease.

- **Appearance of health stories in the headlines**: This referred to where the health story appeared in a bulletin. The headlines are titles or headings of stories that have been selected as important that the reporter reads out before the main bulletin. There is a correlation between the position in the bulletin and attention or importance accorded a story. In the study a story appearing in the headline is considered as having received attention.

- **Position of health stories in the headlines**: this referred to the order in which a health story appeared in the headline. An example is whether a story appeared in 1st, 2nd, or 3rd positions.

- **Duration of story (seconds)**: this was the length of time in seconds that a specific health story was telecasted.

- **Frames (thematic or episodic)**: these refer to how the two stations represented the various health stories. The two frames used in the study were episodic and thematic frames. Episodic frames focused mainly on individuals and events without context. Thematic frames on the other hand focused on trends over time and presented a broader background to the story.

- **Sources cited**: this referred to the person/persons or agency from whom or where the reporter received the information for the story.
3.4.3 Inter-coder Reliability

A content analysis that is objective must have measures and procedures that are reliable. Levels of agreement among independent coders, coding the same content with the same coding instrument are referred to as inter-coder reliability, Wimmer and Dominick (2011). Based on this two independent coders were trained on the coding instrument for two days to assist in the coding. These assistants coded approximately 10% subsample of both the total number of stories (1,585 stories) in the bulletin yielding 160 stories and total number of health stories (199 health stories) which yielded 20 health stories to establish a level of agreement between them.

This was to ensure that the coders understood the coding process. It also served as an opportunity to revise definitions and clarify all ambiguities. One of the methods used in the calculation of inter-coder reliability in terms of percentage agreement is the Holsti (1969) formula (Wimmer and Dominick, 2011, p.172). According to the Holsti formula, Reliability = 2M/N1+N2, where M is the number of coding decisions on which two coders agree and N1 and N2, the total number of coding decisions by the first and second coders, respectively. First, Holsti’s formula was applied to 160 ((10.1%)) randomly selected stories out of the total of 1,585 stories telecasted for both stations for the two month period. This was to ascertain percentage of agreement between the coders as to what constituted a health story. The results are presented below:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Holsti’s formula</th>
<th>Percentage Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stories in bulletin</td>
<td>2(155)/(160+60)</td>
<td>0.97(97%)</td>
</tr>
</tbody>
</table>

Subsequently the formula was applied to 10% of the total number of 199 health stories selected. This yielded a subsample of approximately 20 randomly selected health stories. The results are presented as follows:
Variable | Holsti’s formula | Percentage of Agreement
---|---|---
Type of health story | 2(19)/(20+20) | 0.95(95%) |
Type of disease | 2(20)/(20+20) | 1(100%) |
Appearance in headline | 2(20)/(20+20) | 1(100%) |
Position in headline | 2(20)/(20+20) | 1(100%) |
Duration of story | 2(19)/(20+20) | 0.95(95%) |
Type of frames | 2(18)/(20+20) | 0.90(90%) |
Sources | 2(19) (20+20) | 0.95(95%) |

Wimmer and Domminick (2011) noted that most published content analyses usually reported a minimum reliability coefficient of about 90% or above when using Holsti’s formula. In addition, they presented Neuendorf (2002) guidelines for the interpretation as follows: coefficients of 0.90 or greater as being nearly always accepted, 0.80 or greater as being acceptable in most situations and 0.70 as being appropriate in some exploratory studies. It can be inferred from Neuendorf’s (2002) guidelines that percentage agreement between the two independent coders for this study was acceptable.

3.5 Data Analysis

The data collected were entered into SPSS (Statistical Package for Social Scientists) version 20.0. Data were analysed using descriptive statistics; an approach which allows data to be organized in such a way as to give meaning and help in examining phenomena from different
angles. The findings were then presented in the form of frequency tables, cross tabulations and graphs.
CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.0 Introduction

This chapter presents the findings or data that were generated from the content analysis conducted on the health stories obtained for the study. The data analysis identified a total of 1,585 news stories within the period of July, 2015 and August, 2015. A total of 199 news items were analysed using the SPSS (Version 20) program. The results of the data analysis were presented with the aid of tables and graphs. To make the findings more meaningful it discusses the findings in relation to previous literature and theories. The study was guided by the following objectives: To determine how much attention health news received in the news bulletins of GTV and Joy News TV and find out the category or type of health issues addressed. It also sought to find out what types of frames were used by the two stations and establish the sources of the news stories.

4.1 Presentation of Findings

These are the findings obtained from the content analysis of the health stories by the two media organizations, GTV and Joy News TV. The findings contain both univariate and bivariate analyses of the variables. The bivariate variables consist of a cross – tabulation of two variables, based on the research questions.

4.1.1. Total Number of Health Stories

Total number of stories recorded in the news bulletin for Joy News TV and GTV and the number of health stories within July, 2015 and August, 2015.
<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF STORIES IN THE BULLETIN</th>
<th>NUMBER OF HEALTH STORIES IN THE BULLETIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>17.8090</td>
<td>2.5513</td>
</tr>
<tr>
<td>Mode</td>
<td>23.00</td>
<td>2.0</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>5.53271</td>
<td>1.21300</td>
</tr>
<tr>
<td>Range</td>
<td>22.00</td>
<td>5.0</td>
</tr>
<tr>
<td>Minimum</td>
<td>9.00</td>
<td>1.0</td>
</tr>
<tr>
<td>Maximum</td>
<td>31.00</td>
<td>6.0</td>
</tr>
<tr>
<td>Sum</td>
<td>1585.00</td>
<td>199.00</td>
</tr>
</tbody>
</table>

Table 1: Total number of stories in bulletin and number of health stories

Research Question 1: The first question that the study sought to answer was: What is the extent of coverage (given to) of health news on GTV and Joy News TV? The table above shows that out of a total of 1,585 stories, 199 (12.6%) were health stories. The total number of stories per bulletin ranged from 9 to 31. The health stories in a particular news bulletin ranged from one to six, with the latter being the highest number recorded. The extent of coverage of health stories is 12.6%. This figure is slightly above the 10% coverage in the study by Wang and Gantz (2007). The average number of health stories was approximately three (2.6). The average number of stories in a bulletin was almost 18 (17.8). It can be inferred from the averages that close to one out of six stories was a health story. Kitzinger (2004) noted that through agenda setting and framing process mass media coverage influences which issues the public are aware of. He stated further that public attention towards an issue has been shown to correlate with media focus on that issue. The finding that only about 13% of stories were coded as relating to health suggests that health was not necessarily a frequent or common news beat. This is understandable considering the many competing subjects of the news routine. In other words it is a reflection of
the broader issues regarding news value, news gathering and production processes and the local context; such as Ghana’s particularly political news environment in which politics and governance tend to dominate the news content.

4.1.2 Health Stories Covered

Research Question 2: The second question that the study sought to answer was: What is the extent of coverage (given to) of health news on GTV and Joy News TV?

The categories of health issues covered (fig. 2) included the following: specific disease, provision of health facilities and logistics, labour unrest among health professionals, health insurance issues, health policy, pharmacy related, Millennium Development Goals (MDG)/Sustainable Development Goal (SDG) related, regulatory issues (Food and Drugs Authority (FDA), Ghana Standards Authority, GSA); health promotion / education; appeal for support for treatment of a specific disease; training of health professionals; and public health hazard. Health issues received a slightly high reportage from the media in Ghana compared to a study by Wang and Gantz (2007) in the US, who found out that only 10% of the stories they sampled were health stories.

Among the health issues that received media coverage within the study period of the two media organizations, labour unrest among health workers received the most media coverage, with 38% of the stories. The second issue which was covered by the two media organizations was reportage on certain diseases, which accounted for 15.7% of the total health news stories. Appeal for medical support, stories on health promotion/education and provision of health facilities received moderate coverage with 10.2%, 9.6% and 8.6% of the stories respectively.
<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specific disease</td>
<td>31</td>
<td>15.7</td>
</tr>
<tr>
<td>Provision Of Health Facilities/Logistics</td>
<td>17</td>
<td>8.6</td>
</tr>
<tr>
<td>Labour Unrest Among Health Professionals</td>
<td>75</td>
<td>38.1</td>
</tr>
<tr>
<td>Health Insurance Issues</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>Health Policy</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Pharmacy Related</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>MDG Related</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Regulatory (FDA,GSA)</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Health Promotion/Education</td>
<td>19</td>
<td>9.6</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Appeal For Support For A Particular Disease</td>
<td>20</td>
<td>10.2</td>
</tr>
<tr>
<td>Training Of Health Professional</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>Public Health Hazard</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2: The health issues covered by the media

Stories on MDG/SDG related issue (1%), health policy (1.5%), public health hazard (1.5%) health insurance issues (2.5%), received very low media coverage. Health stories placed under the “other” category were those stories which did not fit any of the stated categories. Examples of such stories were on mental health, reproductive health and indecent behavior by health staff.

Similar to a study by Schwitzer (2004) health policy received little coverage. McCombs (2004) noted that when the media choose to cover a topic and significant attention is given it the topic is given salience to the public and seen as needing attention or requiring some action. These topics receiving significant coverage by the media get transferred to the ‘public agenda’ as needing response or action.
### 4.1.3 Comparing Health Story by the TV Station

Cross – tabulation between the various health stories and the TV stations (Joy News TV and GTV).

<table>
<thead>
<tr>
<th>Health Story</th>
<th>GTV</th>
<th>JOY NEWS TV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A particular disease</td>
<td>20</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>13.9%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Provision of health facilities/logistics</td>
<td>13</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>11.0%</td>
<td>5.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Labour unrest among health professionals</td>
<td>29</td>
<td>46</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>24.6%</td>
<td>58.2%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Health insurance issues</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Health policy</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Pharmacy related</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2.5%</td>
<td>3.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>MDG/SDG related</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>.8%</td>
<td>1.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Regulatory (FDA,GSA)</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>.8%</td>
<td>6.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Health promotion/education</td>
<td>19</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>16.1%</td>
<td>.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>2.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Appeal for support for a particular disease</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>.0%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Training of health professional</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3.4%</td>
<td>2.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Public health hazard</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>.8%</td>
<td>2.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>79</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Table 3: Cross tabulation comparing Health Story by the TV Station*
The cross tabulation analysis above shows how the two media organizations covered the individual stories. *Joy News TV* gave more attention to the labour unrest within the health sector with coverage of 58.2%; compared to *Joy News TV*, GTV devoted 24.6% of their health news to the labour unrest among health professionals, which was less than half the coverage by *Joy News TV* on the same issue. That notwithstanding, the 24.6% coverage was also the highest coverage by GTV on the various health related stories. In effect both TV stations gave their maximum attention to labour unrest among health professionals, though in different proportions. The two stations, in line with the agenda-setting theory elevated the story on unrest among health professionals by the coverage given it (McCombs and Shaw, 1972; Dearing and Rogers, 1996). The coverage given by the two stations on the labour unrest among health professionals corroborates Entman’s (2004) assertion that framing is mainly concerned with selecting and highlighting some aspects of issues and events and making connections among them so as to promote a particular interpretation, evaluation and/or solution.

Whereas 16.1% and 16.9% of health stories covered by GTV were on health promotion/education and appeal for support for a specific disease respectively, *Joy News TV* did not cover any of such stories. This may bring to the fore *Joy News TV*’s commercial orientation as against GTV’s public service mandate. The differences in how GTV and Joy News reported the specific diseases were not significant because the former devoted 16.9% of their health stories whilst the latter devoted 13.9%. Although stories involving regulatory agencies in the health sector did not receive adequate media coverage, 6.3% of such stories was done by *Joy News TV* while GTV covered below 1% (0.8%). However it is worthy of note that a global topical issue such as Millennium Development Goal/Sustainable Development Goal related issues received
the lowest coverage among all the topics covered by both TV stations; GTV reported less than 1% (0.8%) with Joy News TV covering a little above 1% (1.3%). Issues on health policy were not given enough coverage as well by both television stations with coverage of 1.7% and 1.3% by GTV and Joy News TV respectively. These health stories which received low coverage were relegated at the expense of the story on labour unrest among health professionals. McCombs (2004) noted that further to giving topics attention, paying little attention or down playing or omitting certain topics tend to reduce their importance in the minds of the public. Such topics are consequently moved further down the public agenda. It is therefore critical to understand that what influences news choices is what creates the agenda.

4.1.4 Type of Disease(s) Covered
Frequency of the various diseases discussed by the TV stations included the following: cardiovascular, breast cancer, malaria, Ebola, HIV/AIDS, viral hepatitis, kidney disease, other forms of cancer or tumors such as retinoblastoma, brain tumour and lymphangioma, bird flu, rabies and backbone disease. Diseases or conditions captured under “others” were hernia, issues on obesity and anorexia.

From the figure 1 below, kidney disease was the most reported disease with a little more than one-fifth of the stories. Ebola and cancer / tumour was each made up 14.6% of the diseases covered, while other diseases such as cardiovascular (6.2%), malaria (4.2%), HIV/AIDS (6.2%), backbone diseases, rabies and breast cancer (2.1%) were also covered.
In the table below it is worthy of note that though kidney diseases were recorded as the most prevalent disease covered by the media, none of these stories was covered by Joy News TV; all were covered by GTV news. Joy News TV devoted approximately one-third of their health news stories to ebola but the latter reported on only 10% of its news on that disease within the period under study. Similarly, bird flu received one-third of Joy News TV’s coverage on diseases whereas GTV reported only below 5% of its content.
4.1.5 Cross tabulation of disease covered by TV Station

Cross – tabulation between the various types of diseases identified and the TV stations.

<table>
<thead>
<tr>
<th>TYPE OF DISEASE</th>
<th>TV STATION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GTV</td>
<td>JOY NEWS</td>
<td>TV</td>
<td>Total</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.7%</td>
<td>0.0%</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>0.0%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>11.1%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Ebola</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.3%</td>
<td>33.3%</td>
<td>14.6%</td>
<td></td>
</tr>
<tr>
<td>Hiv/Aids</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.7%</td>
<td>0.0%</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>11.1%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.6%</td>
<td>0.0%</td>
<td>20.8%</td>
<td></td>
</tr>
<tr>
<td>Other Forms Of Cancer/Tumour</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.9%</td>
<td>0.0%</td>
<td>14.6%</td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.3%</td>
<td>11.1%</td>
<td>10.4%</td>
<td></td>
</tr>
<tr>
<td>Bird Flu</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>33.3%</td>
<td>8.3%</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.1%</td>
<td>0.0%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Back Bone Disease</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.1%</td>
<td>0.0%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>9</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

*Table 4 cross tab between the television station and the type of disease covered*
4.1.6 Appearance of Health Story in the Headlines

Research Question 3: What prominence is given to the health topics covered? The health stories that appeared as headline stories were identified as follows:

<table>
<thead>
<tr>
<th>Appearance in Headlines</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>42</td>
<td>21.3</td>
</tr>
<tr>
<td>NO</td>
<td>155</td>
<td>78.7</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5: A table showing the appearance of stories in headlines

The prominence accorded the health stories were measured from a number of indices namely appearance in the headlines, position in the headlines and the duration of the stories. The appearance of a story in a headline is an indication of its prominence. This is in accordance with the tenets that underlie the agenda setting and framing theories. Proponents of this theory believe that the media are strategically positioned to make certain matters more prominent than others.

For this study, the measure of prominence was dependent on the above-mentioned criteria. About one-fifth (21.3%) of the stories appeared in the headline. It can be said that not much prominence was attached to the health news stories. This finding is consistent with Oso and Odunlami (2008) who concluded in their studies that media tend to pay more attention to politics and other issues than health issues. However, among the stories that featured in the headlines, 87% were presented in the first and second positions. This means, though the media do not seem to place emphasis on health issues, whenever health issues were to be covered, the media attached salience to them.
The duration of the stories were used to determine how detailed the health stories were presented. It follows the assumption that detailed news story tend to have longer duration than the shorter ones. To this end, the study established that more than 75% of the health stories were broadcasted between 30 seconds to three minutes. Only less than 15% of the stories had duration above three minutes. Even in this limited category, it was only *Joy News TV* which reported all the stories over more than three minutes. *GTV* did not provide stories of such duration.

4.1.7 Comparing TV Stations and Appearance of Health Story in the Headlines

Cross – tabulation between the TV stations and the health stories appearing as headlines.

*Joy News TV* placed more stories in the headlines than *GTV*. *Joy News* placed 35.4% of their health stories in the headlines. *GTV* placed 11.9% in the headlines that is one third *Joy News TV’s*.

![Graph showing the cross tab between the TV stations and the headlines](image)

*Fig 2: Graph showing the cross tab between the TV stations and the headlines*
4.1.8 Position of Health Story in the Headlines

The positions of health stories in the headlines were given as first, second, third, fourth and fifth.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST</td>
<td>21</td>
<td>48.8</td>
</tr>
<tr>
<td>SECOND</td>
<td>17</td>
<td>39.5</td>
</tr>
<tr>
<td>THIRD</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>FOURTH</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>FIFTH</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Table 6: Positions of health stories in headlines*

From table 5, half of the health stories appeared as the first headline news item while almost two-fifth was second placed. The rest were placed in third, fourth and fifth positions. According to York (2000), the location of any news story within a newscast is indicative of its importance by those creating the newscast and this plays a role in agenda setting. Yorke (2000) noted that important health news stories may gain placement early in a newscast thereby exerting greater influence on viewers’ health agenda.
4.1.9 Comparing Position of Health Story in the Headlines and the TV Station

Joy News TV placed 52% of its stories as first headline news than GTV (43%). GTV on the other hand, placed almost three-fifths (57.1%) of its health stories second in its headlines while Joy News TV placed slightly below one – third (31%) of its stories in second position. Joy News TV set the agenda for the labour unrest more than GTV. This they did through repetition of that story and placement in first position. But in terms of general coverage of health stories, GTV set agenda on health more since it has a health segment, so they may report on health on a daily basis but not necessarily place in the headline. In connection with the creation of the health segment Wang and Gantz (2007) in their added that it was important for news programs to have their own health segments to make it easier for audiences to attend to health information. According to them this kind of regularity may facilitate agenda setting as it increases exposure and attention to health news.
4.1.10 Duration of Story

The duration of the stories are presented in seconds as follows:

More than half (56%) of the stories were presented within the duration of 30 seconds and 120 seconds. Slightly above one-fifth (21%) of the stories had between 120 seconds and 180 seconds for the duration of the stories. The rest of the stories were recorded over thirty seconds, apart from only 6% of the stories which were below 30 seconds.

Fig 4: *Pie chart showing the duration of health stories*

The figure shows the distribution of story durations with the following percentages:
- Up To 30 Secs: 29%
- Between 31 and 60 Secs: 8%
- Between 61 and 120 Secs: 6%
- Between 121 and 180 Secs: 21%
- Between 181 and 240 Secs: 6%
- Between 241 and 300 Secs: 27%
- Between 301 and 360 Secs: 1%
- Above 360 Secs: 1%
4.1.11 Comparing TV Station and Duration of Story

Cross tabulation between duration of the story and the TV stations.

<table>
<thead>
<tr>
<th>Duration of Story</th>
<th>GTV</th>
<th>JOY NEWS TV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 30 secs</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>9.3%</td>
<td>.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Between 31 and 60 secs</td>
<td>50</td>
<td>7</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>42.4%</td>
<td>8.9%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Between 61 and 120 secs</td>
<td>32</td>
<td>22</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>27.1%</td>
<td>27.8%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Between 121 and 180 secs</td>
<td>21</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>17.8%</td>
<td>26.6%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Between 181 and 240 secs</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>3.4%</td>
<td>13.9%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Between 241 and 300 secs</td>
<td>0</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>.0%</td>
<td>13.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Between 301 and 360 secs</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>.0%</td>
<td>3.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Above 360 secs</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>.0%</td>
<td>5.1%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>79</td>
<td>197</td>
</tr>
</tbody>
</table>

Table 7: Duration of Story and TV Station Cross Tabulation

GTV had relatively shorter health news stories, as 70% of the stories from them had duration between 30 seconds and 120 seconds. None of the stories from Joy News TV was presented below 30 seconds, which is a sharp contrast to that of GTV which had close to one-tenth (9.3%) of its stories recorded under that time. None of the stories from the state-owned media outlet was captured within six minutes and above. This contrasts sharply with Joy News TV, which had
approximately 14% of its news being within six minutes. Wang and Gantz (2007) noted that agenda setting of a given health issue was likely to require lengthy news stories and repeated exposure to those stories. Only a little below one-tenth of Joy News TV’s health news stories were within the 30 second to 60 seconds time frame; almost two-thirds of their stories were captured between a minute and four minutes.

4.1.11 Frames of Health News

Research Question 4: The fourth question was: What types of frames (episodic or thematic) are used for the health stories? There are two main frames – episodic and thematic. Cho (2003, p.118) asserts that this type of story framing analysis is important because it demonstrates whether media strive to cover an issue as important as health with a broad societal perspective rather than treating it as a mere incident or at an individual level.

The frames of the health and health–related news were identified as Thematic or episodic.

The chart above shows that close to two-thirds of the stories on health news was episodic (65%). Episodic frames focused mainly on individual and discrete events. Thematic frames focus on
trends over time, highlighting contexts and environments. However, only a little above one-third of the stories covered were thematic. The frames with which news stories are reported determine the extent and context within which the stories were reported. Iyengar (1991) postulated that episodic frames are case study or event-oriented reports, whereas thematic framing considers health stories within the larger socio-cultural context. This means that stories that are framed thematically tend to be more detailed than the episodic ones. The study uncovered that more of the stories used episodic frames than the thematic frames. The emphasis on episodic frames is a clear departure from Benjamin (2007) who advocates for more attention to be directed to thematically-framed stories to increase public discourse on the matter. The episodic stories were mostly appeal for financial support to undertake medical treatment, donations and presentations to health facilities. The graph below shows that almost three out of five stories by Joy TV News were episodic, while two-thirds (58.5%) of the stories by GTV was episodic. Slightly more than two-thirds of GTV stories were thematic while only a little above a quarter of the stories by Joy News TV was thematic.
4.1.13 Comparing TV Station and Frame Type

![Diagram showing comparison between TV stations and frame type]

Fig 6: Cross – tabulation between frames of the health and health – related news and the TV stations

4.1.14 Sources of Health News Stories

Research Question 5: The fifth question was: Who are the health stories attributed to? Sources have enormous power to construct stories (Cho, 2006). The sources of health news stories identified included government officials, politicians, interest groups and NGOs, Health professionals (Expert sources), Wire Services / GNA, in house journalists, celebrities, patients or their carer. In some stories there were no sources. Those sources which fell under “others“ could not be placed under any of the sources mentioned earlier. Examples of such sources were residents, students and a staff of a company who were interviewed. Others were a chief and leaders of professional groups such as Ghana Medical Association (GMA) and Pharmaceutical Society of Ghana (PSGH) who spoke during their labour unrest.
The study uncovered that health professionals and experts were identified as the major sources of health stories (27.2%). This is in line with what Leask, J., Hooker, C., & Catherine, K. (2010) noted. According to them the best people to interview for health stories were seen to be accessible, independent, highly respected in their fields, and preferably doctors.

Government officials (19.3%), politicians (10.2%), patients (9.4%) and health-based NGOs (19.3%) were also found as sources of health new stories. The use of health experts as informational sources on health stories is consistent with the study findings of a number of the literature reviewed in previous chapters (Gupta and Sinha, 2010; Leask, Hooker & Catherine, 2010; Wang and Gantz, 2007) providing further affirmation.

Fig 7: Sources of Health News Stories
4.2: Analysis of findings

Since stories carried in the news tend to be event driven, it is not surprising that the industrial action that hit the health sector in recent times received high media coverage. Labour unrest mainly stemmed from the strike actions declared by the Ghana Medical Association (GMA), Pharmaceutical Society of Ghana (PSGH), as well as the junior doctors. The labour unrest stories mainly ranged from picketing by junior doctors, strike actions by GMA and the PSGH and complaints of unpaid salaries by nurses among other issues. Apart from the labour unrest among health professionals, other issues engaged the media’s attention, but they were not accorded the same attention as the labour stories, appeal for medical support for patients with specific diseases to undergo treatment, health promotion and education as well as donation of medical equipment to health facilities. Very little attention was paid the following stories – health insurance issues, public health hazard, MDGs/SDGs issues and health policies. A cross-tab analysis revealed that the two media organizations differed significantly in terms of the attention they accorded the various individual stories. *Joy News TV* placed far more emphasis on the labour unrest in the health sector than *GTV*. On the other hand, *GTV* covered all the stories on appeal for medical support and health education, whereas *Joy News TV* covered none of these stories.
CHAPTER FIVE

CONCLUSION

5.0 Introduction

The aim of the study was to carry out a content analysis of health news coverage by GTV and Joy News TV from 1st July, 2015 to 31st August, 2015. The objective was to determine how much attention health news received in the news bulletins of GTV and Joy News TV and to find out the subject matter of the health issues addressed. The study also sought to find out how the two stations frame health news and establish who the sources of the news stories were. This chapter presents a summary of the findings and conclusions of the study, the limitations and recommendations made based on the findings. This was carried out against the backdrop of the important role played by health in the well being of the citizens. The theories underpinning the study were framing and agenda-setting.

5.1 Summary of Findings

The first objective was to determine how much attention health news received in the news bulletins of GTV and Joy News TV. Out of a total of 1,585 stories, 199 (12.6%) were health stories. With an average of approximately three (2.6 number) health stories in a bulletin of close to 18 (17.8) stories which gives a one to six ratio, coverage may be said to be relatively low. The minimum and maximum numbers of stories were nine and 31 respectively with one and six being the respective minimum and maximum numbers of health stories. Health news can therefore be said to have received little attention.
The next objective was to find out the category or type of health issues addressed. These were specific disease, provision of health facilities and logistics, labour unrest among health professionals, health insurance issues, health policy, pharmacy related, Millennium Development Goals (MDGs) related stories. The rest were regulatory issues (Food and Drugs Authority (FDA), Ghana Standards Authority (GSA)); health promotion / education; appeal for support for a specific disease; training of health professionals; and public health hazard. Labour unrest among health professionals received the maximum coverage of 38.1% for both TV stations. However a cross tabulation of TV station coverage of the category of health story showed that *Joy News TV* seemed to set the agenda for labour unrest among health professionals with coverage of 58.2% as against that of *GTV* whose coverage was 24.6% - less than half the coverage of *Joy News TV*. It is worthy of note that coverage of all issues on health promotion and education as well as appeal for support for treatment of a specific diseases were carried out by the state owned *GTV*. Though labour unrest among health professionals received the highest coverage for both stations, issues on health insurance (2.5%), health policy (1.5%), pharmacy (3%), MDG/SDG (1%), regulatory (3%) and public health hazard (1.5%) received very low coverage.

The various diseases covered by the TV stations included cardiovascular, breast cancer, malaria, Ebola, HIV/AIDS, viral hepatitis, kidney disease, other forms of cancer/tumour, bird flu, rabies and disease of the backbone. Kidney disease was the highest at 20.8%.

The appearance of a story in a headline is an indication of its prominence. With respect to this, only one-fifth (21.3%) of the stories were captured in the headlines of the bulletins of both TV stations. It is worthy of note that *Joy News TV* carried about a third (35.4%) of their health stories
in their headlines with 51.7% being first headline news. GTV on the other hand had 11.9% of health stories carried as headline news with 42.9% of them being in the first headline. About 60% of the stories were presented within 30 to 120 seconds duration.

The third objective was to find out how the two stations framed health news. With respect to the type of frames used, close to two-thirds (65%) of the stories on health were episodic. Episodic frames focused mainly on individual and discrete events. However, only a little above one-third (35%) of the stories were thematic. Thematic frames focus on trends over time, highlighting contexts and environments.

The fourth objective was to establish the sources of the news stories. These sources included government officials, politicians, interest groups and Non-Governmental Organizations, health professionals (expert sources), wire services / Ghana News Agency and in house journalists, celebrities, patients / carers and no sources. Expert sources were used most (35%) by both TV stations.

5.2 Conclusion

The media play an important role in transmitting health information. It is therefore important to investigate health coverage in a developing country like Ghana. This study looked at how the Ghanaian media covered issues relating to health. The study was underpinned by the agenda setting and framing theories.
The findings presented above led to the conclusion that the two television stations gave a relatively low coverage to health-related stories. The health stories were approximately just 13% of the total stories covered which is low. Additionally, this study identified that health stories in the media focused on a few health issues such as labour agitations among health workers and coverage of specific diseases compared to equally-important issues such as health insurance issues, health policy, public health hazards and Millennium Development Goal/SDG related issues which received low coverage.

Today more than ever the media has assumed a dominant role in national life and this research contributes to the process of assessing and unearthing how television covers health content. Television news helps people to learn about health issues.

5.3 Limitations of study

The study was useful because it brought to the fore the extent of coverage of an important developmental issue like health, how stories were framed and the subtle differences in coverage between two television stations with different ownership. Though content analysis was enough for the purposes of this study, findings would have been richer if this method was complemented with another research method, such as a survey or a focus group discussion with some viewers to know if health issues being covered presently are helpful to them. Information on how and where viewers seek health information would be useful and should be looked at in future studies.

The study was limited to GTV and Joy News TV as the only media source because of time restrictions. A more representative picture of media coverage of health could have been painted if some selected media sources such as radio, print and some online news sources were used.
The time frame of two months was too short for the findings of this study to be representative of coverage of health stories on television in Ghana. Finally, due to the poor archival system of the two stations it was very difficult getting footages to view and manual searching for bulletins made data collection very cumbersome and often time-consuming.

5.4: Recommendations

Based on the findings of the study it is recommended that TV stations promote more health issues in their prime time news telecasts. Furthermore, these two stations – and television stations in Ghana generally – should endeavour to include more health stories in their headlines as and when they occur. It is also recommended that public health professionals should be more proactive in using the media, especially television, for the dissemination of information and messages relating their field of practice.

Media practitioners and health professionals must work collaboratively to disseminate as much information as possible on kidney health including early reporting to curb the rise in kidney diseases as per the findings.

It is recommended that in the coverage of health news media use more thematic frames to provide viewers with a wider perspective, focusing on trends over time and highlighting contexts and environments.

Considering the difficulty in accessing footages due to the poor archival systems of the two stations it is recommended that television stations work towards an effective, efficient and robust archival library which would be an important resource for all who would need their data.
For future studies it is recommended that a triangulation of quantitative and qualitative content analysis be carried out, to allow the latter provide more depth to the analysis. Such future studies could also consider expanding the number of stations and/or include other media such as radio, newspapers and internet-enabled platforms and applications.
APPENDIX I

CODING SHEET

1. Title of article (slug) ____________________________________________

2. ___________ TV station

   1= GTV
   2= JOY NEWS TV

3. __ __/__ __/__ Date of telecast

4. ____________Number of stories in bulletin

   Please Specify _________________________________________________

5. __________Number of health stories in bulletin

   Please Specify_________________________________________________

6. ____________ Type of Health Stories Covered
1=A particular disease
2=Provision of Health Facilities/Logistics
3= Labour unrest among health professionals
4= Health Insurance Issues
5=Health Policy
6=Pharmacy related issues
7=MDGs
8=Regulatory (Food and Drugs Authority, Ghana Standards Authority)
9= Lack of health professionals
10= Public Health issue/Health Education and Promotion
11=Other (please specify) ____________________________________________
12= Appeal for support for treatment of a particular disease
13= Training of Health Professionals
14= Public Health Hazard

7. ____________Type of disease(s) covered

1=Cardiovascular (hypertension)
2=Diabetes
3=Cervical cancer
4= Breast cancer
5=Prostate cancer
6=Malaria
7=Cholera
8. ______ Appearance of health stories in the headlines

1 = Yes
2 = No

(If “No” please skip to No. 10)

9. ______ Position of health stories in the headlines

1 = 1st
2 = 2nd
3 = 3rd
4 = 4th
5 = Not applicable (NA)
10. _______ Duration of story (sec)

1= Up to 30sec
2= Between 31 and 60 seconds
3= Between 61 and 120 seconds
4= Between 121 and 180 seconds
5= Between 181 and 240 seconds
6= Between 241 and 300 seconds
7= Between 301 and 360 seconds
8= Above 360 seconds

11. ____________ Frames

1= Thematic
2= Episodic

12. ____________ Sources cited

1= Government officials
2= Politicians
3= Interest Groups/ NGOs
4= Health professional (expert source)
5=Wire Services/GNA, in house journalists

6=Celebrity

7=Patient

8=No source

9=Other (please specify) ________________________________
APPENDIX II
CODING GUIDE

INSTRUCTIONS

Please, find below explanations for expressions and symbols used for the different items on the coding sheet.

Title of story: Write down the title of the story.

TV Station: Choose the number beside the name of the TV station that is being coded – GTV is indicated as “1” and Joy News TV as “2”.

Date of story: This indicates the date the news story was telecast. The dates should be designated as day followed by month and followed by year as in the sample below:

Date of story: 30/07/15

Number of stories in the bulletin: write down the number of stories, both health and non-health stories that make up the bulletin e.g. “10” means ten stories altogether.

Number of health stories in the bulletin: this indicates the number of health stories ONLY with respect to all the other stories. For example “1” means out of all the stories in the bulletin there is just one health story.
**Type of health story:** this item indicates what particular health item is covered, “1” means story on a particular disease, for example hypertension or ebola.

**Type of disease covered:** if it is a disease that was covered this item specifies the particular type of disease, for example “1” represents cardiovascular disease, “2” diabetes etc.

**Appearance of health story in the headlines:** find out if a health story was part of the headlines. You have two options. Write “1” in the space provided if the answer is “Yes” and “2” if the answer is “No.”

**Position of health story in the headlines:** if the answer to the above is “Yes” indicate where the health story is located in the headlines. Please, indicate the number “1” for first in the headline, “2” for second.

**Duration of story:** this is the length of time measured in seconds used in reporting each health story.

**Frames:** Write “1” if a particular health story is thematic, that is if it emphasizes broader, societal trends and promotes shared responsibility.

Episodic frames focus on a case study or an individual to illustrate an issue.
Sources cited: This part indicates who is quoted or referred to as the source of the news story. The story must be attributed to a person, an office or an agency. Indicate in the blank space the number that corresponds to the source cited.

For Government sources indicate “1”, for Interest groups and NGOs indicate “3”; for health professionals indicate “4”; etc; If there is more than one source in the story indicate all the sources on the corresponding space and separate by them commas.
BIBLIOGRAPHY


