

# Health reporting in The Kathmandu Post, Nepal. September 2013—August 2014

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## Introduction

The media are important actors in public health. They have the ability to raise awareness of health issues, investigate problems, hold health service providers and governments to account, and advance discussion and debate on health service delivery.<sup>1</sup>

Health challenges are no longer seen as isolated from the social environment.<sup>2</sup> The social determinants of health - inequalities in power, money and resources - have long been linked with high mortality, illness and stress.<sup>3</sup> The Sustainable Development Goals also illustrate how health challenges cut across issues of poverty, hunger, education, gender, climate and sustainable cities and communities.<sup>4</sup> As health and social issues are intrinsically linked, the media's role in highlighting the social determinants of health is crucial; poor quality reporting acts as a barrier to progressing the social and economic development of communities.

As 'media' can encompass print, broadcast and online news channels, our research focused on one channel: print media, and specifically newspapers.

## Previous research about newspapers in Nepal

To date, there have been very few studies about newspaper coverage in Nepal. What studies there have been focus broadly on the regulatory, technological and historical developments of English and Nepali-language print and broadcast media,<sup>5,6,7,8,9,10</sup> with only two solely on health reporting in the Nepali media.<sup>11,12</sup>

The earliest study shows that the demise of state-owned media in 1990, following Nepal's political transition into democracy, was a factor in the rapid growth in commercial print media.<sup>5,11</sup> New legislation following this political transition guaranteed the right to freedom of information, protection from censorship and freedom of expression, marking an important shift in the type of reporting



**Only 10% of health news is placed on the front page and these are often negative stories.**

and the number of newspapers and magazines that came into circulation.<sup>5</sup> The growth in road and airline networks helped Kathmandu papers to circulate more widely than regional ones, resulting in an increase in the readership base.<sup>5</sup> However, institutional weaknesses exist and Kathmandu-based papers have been criticised for representing an 'establishment point of view' and for 'play[ing] it safe' with elite groups.<sup>13</sup>

The educational qualifications of journalists is also seen as a weakness<sup>5,8</sup> with 'journalists [learning] their craft by trial and error'<sup>14</sup> rather than through training. Additionally, 'journalists whose working language is Nepali have a very poor command over English'<sup>15</sup>, which seriously impairs the quality of reporting in English-language newspapers. Furthermore, access to journalism training remains an issue for those living outside of Kathmandu.<sup>9</sup>

Prior research has also focused on assessing standards of journalistic professionalism based on a code of ethics<sup>7</sup> and press regulation in the 1990s.<sup>10</sup>

In terms of newspaper content, studies have found a pattern in newspapers failing to prioritise health stories<sup>9</sup> in favour of political stories,<sup>6,7,12</sup> limited follow-up coverage by journalists,<sup>7</sup> inconsistent use of facts and sources,<sup>7</sup> and issues of credibility for newspapers.<sup>8</sup>

Recent studies on health coverage in the Nepali newspapers looked at the category (news, editorial, columns) and placement (front or inside pages) of health news.<sup>11,12</sup> One study shows that **Nepali-language daily newspapers print health stories more frequently than other newspapers, but English-language daily papers are more likely to place health stories on the front page.**<sup>11</sup>

Only 10% of health news is placed on the front page across Nepali and English language newspapers,<sup>11</sup> and these are often negative stories.<sup>6</sup>



Analysis of the content of Nepali media found that coverage was dominated by stories about communicable diseases, health systems (such as drug shortages, service quality and management problems) and governance (such as facility closures, absenteeism and lack of responsiveness within the health system).<sup>11</sup>

Research also exists on the successful use of mass media to increase engagement to antenatal care using predominantly radio and television<sup>16</sup>, on mass media exposure of urban youth in Nepal,<sup>17</sup> on patients' knowledge of TB via mass media<sup>18</sup>, and on the reporting of neglect and abuse of older people in Nepali press.<sup>19</sup>

A 2013 study lists 340 newspapers, 515 radio stations and 58 television channels operating in Nepal in 2013<sup>20</sup> and shows that the Nepali media 'enjoys a fairly high level of public trust compared to public institutions.'<sup>9</sup> **With the high level of trust enjoyed by media outlets, this places Nepali newspapers in a good position to shape public perceptions of health issues.**

Despite some criticisms around the quality of content, language and credibility of stories, the viewpoint that the Nepali press are held in high-esteem remains dominant.<sup>8</sup>

## Why this study?

A complete picture of health reporting in Nepal does not exist,<sup>7,11,12</sup> and existing research focuses predominantly on Nepali language daily newspapers.<sup>11</sup> Furthermore, existing research does not investigate the discourse used in health reporting in Nepal.

Following the recommendation by researchers to invest in more empirical research,<sup>7</sup> **our study aims to analyse the dominant themes used by The Kathmandu Post when reporting on health issues.**

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# Dominant health themes reported in The Kathmandu Post, Nepal. September 2013 – August 2014.

We found **4 themes** used by The Kathmandu Post in their reporting of health issues:



## Theme 1:

The government is taking action



## Theme 2:

The government is being defensive



## Theme 3:

The government is failing to provide adequate health service delivery



## Theme 4:

Positive healthcare stories



# Theme 1: The government is taking action



**‘We will implement this guideline in all the government hospitals and slowly enforce it in private clinics and hospitals too’** (Government guideline to curb random use of antibiotic drugs, August 30, 2014)

One of the dominant themes used in health reporting is the government's narrative that it is acting on the concerns of patients and medical practitioners by planning, launching and spending money on campaigns and initiatives (Table 1):

**Table 1: Examples from articles illustrating that the government is planning, launching and spending money on campaigns and initiatives, The Kathmandu Post, Nepal, September 2013-August 2014**

Article title	Illustrative extracts
HIV test treatment drive begins in Chitwan (December 12, 2013)	District Public Health Office (DPHO) started its annual campaign against HIV/AIDS at Bichauli VDC in the district from Tuesday. With the goal to reduce the number of HIV-infected people, the DPHO, for the past three years, has been running free health clinics, wherein the people can receive health check-ups, treatment and blood test services.
Vaccination campaign against Hepatitis ‘B’ begins (February 24, 2014)	District Public Health Office (DPHO) and the VDC have jointly launched a campaign to provide vaccination to local people against hepatitis ‘B’ at Kisanpur VDC-1 in the district.
Birthing centres encourage institutional child deliveries (July 2, 2014)	Since the launch of the National Policy on Skilled Birth Attendants in 2006, community-based birthing facilities have been providing basic emergency obstetric care to women like Bholung who cannot travel to hospitals for reasons economic or otherwise.
Dengue a major health risk in Chitwan (July 3, 2014)	Meanwhile, in a bid to prevent further spread of Dengue, the DPHO in Parsa is set to launch a weeklong ‘search and destroy’ campaign in coordination with all the stakeholders.

In its simplest form, this type of reporting signifies direct action by the government in fulfilling its obligations to provide healthcare. Additionally, this type of reporting does not expand on any associated broader health or social issues, for example, healthcare policy implications.



There is some attempt to include aspects of health policy in coverage of the 5<sup>th</sup> South Asian Conference on Sanitation (hosted by the government) by including national targets set for declaring Open Defecation Free Zones:

Despite overall good progress, some countries, including Nepal, still have to increase efforts. The progress report on the Millennium Development Goals (MDG) made public a week ago, shows that the government will have to double its efforts in order to attain the target by 2017...In order to meet the universal sanitation target, 75 districts should be declared open defecation free (ODF) zones in the next four years. So far, 914 out of 3,915 VDCs, and 8 out of 58 municipalities, have been declared open defecation free zones...The MDG report states that disparities between urban and rural areas, as well as in geographical regions too, are the main problem in meeting the goals.  
Regional meet set to make sanitation plans, (October 18, 2013)

However, additional coverage is limited to the efforts made to organise an international conference, rather than provide in-depth reporting on Nepal's progress in attaining the MDG targets for Open Defecation Free Zones:

"All the preparations for the conference have been completed," Abadh Kishore Mishra, joint-secretary at the Ministry of Urban Development and chairman of Inter-ministerial Coordination Committee, said.  
Regional meet set to make sanitation plans, (October 18, 2013)

According to Kishore Thapa, secretary at the Ministry of Urban Development, an expected Rs 25 million is likely to be spent on the meet. "We will leave no stone unturned to make the conference a grand success," Thapa told media persons in the Capital on Tuesday. He informed that the list of participants was finalised and the government had formed committees to manage security, accommodation and field visits...  
Sanitation meet preps in earnest, (September 17, 2013)

The 2017 target for Open Defecation Free Zones is only mentioned 3 times in the 8 articles that report on the conference. Similarly, other important sanitation-related activities are mentioned once with no follow-up coverage: a water and sanitation petition containing over 19,000 signatures (*Sanitation meet preps in earnest, September 17, 2013*); and a treatment plant, partially funded by UN-HABITAT, WaterAid and local government that collects Rs500 from each household connected to the system (*Sewerage treatment plant set up in Kavre, October 10, 2013*).





## Theme 2: The government is being defensive



**‘...the negligence on highways could be an obstacle in meeting the national sanitation target by 2017.’** (Sanitation figures low on major highways, October 22, 2013)

Coverage of campaigns and initiatives often contain disclaimers by government officials as to why certain targets have not been met. This represents a defensive stance, which is typified by statements from official spokespeople assuring readers that the government is doing something to address the health service delivery issue in question. In particular, government and medical spokespeople state that plans are underway, or cite inadequate facilities to defend themselves against accusations of inaction, negligence or failure to act (Table 2):

**Table 2: Examples from articles illustrating a defensive narrative by government officials and medical practitioners, The Kathmandu Post, Nepal, September 2013-August 2014**

Article title	Illustrative extracts
Private hospitals charged with fleecing patients (February 26, 2014)	Some hospitals do not have an intensive care unit, ventilators and other necessary equipment. “We have directed such hospitals to meet the standards,” he said.
Snake anti-venom crisis raises concern (July 23, 2014)	Dr Baburam Marasini, Director of EDCD, said that due to lack of adequate supply of the antidote, they have been delivering the ASVS in quantities that is far less than demanded by various districts in the country.
Dengue found in Valley patient (August 17, 2014)	Dr Yubraj Pokhrel of the EDCD said although they get many cases with dengue-like symptoms, lab tests do not confirm many. “Except for the Bhimdhunga case, the majority of suspected cases were not dengue,” said Dr Pokhrel.
Campaign to curb dengue ‘ineffective’ (August 6, 2013)	Meanwhile, KC claimed that despite repeated awareness campaigns, the tendency of people relying on authorities instead of initiating their own efforts to take precautionary measures has been a major obstacle in their fight against dengue.





## Theme 3: The government is failing to provide adequate health service delivery



**‘Right now, there is no cancer policy, no plan, no vision and no willpower’** (Many in Nepal remain oblivious to cancer risk, February 4, 2014)

Coverage within this theme was highly critical of the lack of healthcare staff, facilities and equipment and was supported by quotes from patients, family members, and healthcare practitioners. 3 particular areas stood out within this theme:

### 1. Lack of healthcare staff:

Stories criticise the government's inability to fill vacant posts resulting in the public being 'deprived of essential medical services for a long time'. Stories indicate that there are clear consequences to the lack of medical staff, primarily that patients have to travel elsewhere and may have to pay for private care (Table 3):

**Table 3: Examples from articles illustrating lack of healthcare staff, The Kathmandu Post, Nepal September 2013-August 2014**

Article title	Illustrative extracts
Bhojpur health post shut down (October 25, 2013)	The health post remained closed after its staffers were transferred elsewhere. Local people accused the authorities concerned of not taking initiatives to fill the vacant posts.
Sankhuwasabha villagers demand health workers (January 17, 2014)	He said their demand for a doctor in the health centre has not been addressed though they took their grievances to the District Public Health Office (DPHO) and even the Health Ministry.
Staff shortage hits health service (March 31, 2014)	Local resident Baburam Poudel added that with the health centre lacking human resources, patients are forced to go to Butwal, Palpa and Sandhikharka for treatment. He said their calls to the District Public Health Office, the Health Ministry and the Department of Health to fill the vacant posts have not been heeded.
Sole staffer deserts health post (July 9, 2014)	People at Kimathangka in the district have been deprived of medical services as the local health post has remained closed after the only Assistant Health Worker, Ganesh Singh, went to district headquarters Khandbari to attend a seminar a month ago but has not returned yet.



## 2. Lack of access to and cost of treatment:

Stories emphasise issues faced by patients, specifically the lack of access to and the cost of healthcare. Access and cost are intrinsically linked within much of the coverage. In these stories, there is a common theme of sacrificing a part of one's livelihood or wellbeing in order to obtain healthcare. All stories highlight that patients are 'struggling to manage' the cost of treatment (Table 4). Affordable healthcare options are never reported by patients.

**Table 4: Examples from articles illustrating the high cost of and lack of access to treatment, The Kathmandu Post, Nepal, September 2013-August 2014**

Article title	Illustrative extracts
Jajarkot hospital lacks rooms, beds (January 29, 2014)	The hospital building is in dire need of renovation as the facility is too small to handle the load of the patients. As a result, many people are forced to seek treatment at private hospitals paying exorbitant charges.
Mugu health posts sans medicines, staffers (February 5, 2014)	People in Jima VDC said local Bumcha Health Post is facing the shortage of medicines for the past three years. They said they have no option other than carrying patients to a private clinic after walking for a whole day.
Labourers at high risk of TB (July 8, 2014)	The sole breadwinner of a family of six, his work as a carpenter requires hard labour. "I did not know that the risks of hard labour could prove so dangerous for the disease I am afflicted with. But the problem is that if I don't work, my family would have to sleep on empty stomach," Deepak lamented.

Government spokespeople, however, counter any complaints about the cost of treatment by merely stating the opposite. This reinforces the defensive theme highlighted earlier, where the narrative emphasises that free healthcare and incentives are available to those who are eligible. This response implies that many patients are either not eligible for free treatment, or do not want to pay for treatment even if they could afford to.



### 3. Lack of healthcare equipment and facilities:

Stories surrounding the government's failure to deliver healthcare promises frequently focus on the lack of equipment and facilities (Table 5):

**Table 5: Examples from articles illustrating lack of healthcare equipment and facilities, The Kathmandu Post, Nepal, September 2013-August 2014**

Article title	Illustrative extracts
Bir docs announce indefinite strike (July 26, 2014)	Around 300 resident doctors, including orthopaedics, general medicine, radiology and surgery, have decided to take the step claiming that the government failed to provide basic equipment such as MRI, CT-scan and X-ray machines at the hospital. The C-Arm machine used during orthopaedic operation and linear accelerator, used for radiotherapy for cancer patient have also been out of order.
Jajarkot hospital lacks rooms, beds (Jan 28, 2014)	Jaya Khadka, a nurse in the hospital, said they have no option other than treating patients under the open sky due to the lack of beds in the hospital. The facility only has 15 beds and that it has no separate rooms for the treatment of patients suffering from leprosy and tuberculosis. The hospital building is in dire need of renovation as the facility is too small to handle the load of the patients.
BP Hospital sans ambulance (February 2, 2014)	The Bharatpur-based BP Koirala Memorial Cancer Hospital has been without an ambulance for the past five months. Though the hospital has two ambulances, they have been locked up in the garage waiting for repair. As a result, people, who come to the hospital from various areas across the country as well as from India, have been forced to pay exorbitant charges for alternative means of transport like privately-run ambulances, taxis and rickshaws. The ambulance service run by the hospital used to charge only a minimum of Rs 25 per kilometre. The hospital administration, however, has not initiated any efforts to repair the ambulances.

Broadly, stories within this theme emphasise a failure to carry out actions and respond to the demands of doctors and patients.

The number of stories on the lack of staff, access and facilities outweigh, and are in direct contrast, to the scant positive health coverage outlined in the next theme.





## Summary of findings

Our findings concur in part with prior research<sup>11</sup> that shows that health coverage in The Kathmandu Post is dominated by stories about aspects of the health system and about governance (access to healthcare, cost of treatment, lack of staff and lack of healthcare facilities).

However, our findings also show that coverage within The Kathmandu Post is dominated by stories of the government taking action, of the government defending their position, and of the government failing to take action. Positive news stories on health are infrequent.

Additionally, health and social issues are closely linked, and our findings show that the prevalent themes in The Kathmandu Post stop short of analysing the connections between the issues reported and the broader social determinants of health.

The common factor is that the reporting remains one-sided in that they contain mostly statements of intention, information about campaigns, or grievances, rather than a rounded investigation of the factors surrounding issues such as disease control, maternal health, access to treatment and training of doctors.

**Reports contain mostly statements of intention, campaign information or grievances**

## Moving towards more rounded reporting

If broader social and health issues were incorporated into the reporting, readers would perhaps be more aware of the challenges faced by the government in addressing health issues.

An example of this from our data are the pre-election stories that describe where major political parties stand on access to healthcare, but do not interrogate the parties on the practicalities of any new healthcare policies. Reporting is limited to outlining election manifestos and descriptions of the government incentive for the Safe Motherhood Programme.











# Methodology

We selected The Kathmandu Post as it was the first commercial newspaper to launch in 1993 after the political transition. It also claims to have a daily circulation of 82,000,<sup>21</sup> which would make it the national daily paper with the highest circulation. Given the high circulation and the long-standing reputation of this broadsheet newspaper, we anticipated that an analysis of The Kathmandu Post articles would identify a broad range of health issues that incorporated aspects of the social determinants of health and coverage of health service delivery.

The data was collected by searching The Kathmandu Post each day for 12 months (September 2013 to August 2014) to look for articles that were broadly about health issues. We defined health articles as those articles that contained any health-related content. Once the articles were identified, we located them on The Kathmandu Post website. There were 185 such articles, represented 0.08% of the total number of articles (all articles – health and non-health) published in The Kathmandu Post over the 12 months.

We conducted a thematic analysis<sup>22</sup> of the 185 newspaper articles to identify patterns. We used an inductive process whereby the articles for the first three months (51 articles) were categorised into themes by SU and NAM with 'careful reading and re-reading of data'.<sup>23</sup> This formed a co-constructed coding framework. SU and NAM used the coding framework to code and analyse the remaining articles, verify each other's categorisation and propose any changes. The initial categorisation yielded 61 provisional categories, which were reorganised into four themes. We used NVIVO Version 10 to analyse each article and manage the data and the categorisation process.



## Strengths and limitations

The strength of the study is that this is the first comprehensive review of the themes prevalent within health reporting in The Kathmandu Post.

There are limitations about the timeframe used (12 months). A further limitation is that there is only one English language newspaper analysed. This study therefore represents only one perspective and may not be representative of how health issues are being reported across all print and broadcast media, though it does provide a glimpse of health reporting trends used by one dominant print media outlet.

## Ethics statement

Ethics approval was not required as we dealt with secondary data. However, a letter supporting this research was issued by the Primary Health Care Revitalization Division, Ministry of Health (MoH), Nepal.



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