

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

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and the number of newspapers and magazines that came into circulation.⁵ 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.⁵ 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.¹³

The educational qualifications of journalists is also seen as a weakness^{5,8} with 'journalists [learning] their craft by trial and error'¹⁴ rather than through training. Additionally, 'journalists whose working language is Nepali have a very poor command over English'¹⁵, 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.⁹

Prior research has also focused on assessing standards of journalistic professionalism based on a code of ethics⁷ and press regulation in the 1990s.¹⁰

In terms of newspaper content, studies have found a pattern in newspapers failing to prioritise health stories⁹ in favour of political stories,^{6,7,12} limited follow-up coverage by journalists,⁷ inconsistent use of facts and sources,⁷ and issues of credibility for newspapers.⁸

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.^{11,12} 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.**¹¹

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



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



‘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)

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

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 5th 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 EDCCD, 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 EDCCD 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.



Government and public health officers are frequently quoted as 'doing [their] best' to provide health services and prevent diseases from spreading. There is a pattern within these defensive statements in that they contain caveats: government departments are waiting on others to act first; waiting on changes to infrastructure; and waiting on doctors and patients to respond to instructions.

This theme of a defensive government illustrates how government spokespeople defend the government against any criticisms from national institutions, hospitals and medical practitioners.

Additionally, this defensive stance can be seen as a distancing by health authorities and the government from any responsibility for casualties and failures in 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)

1. Lack of healthcare staff:

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

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.

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.

‘[She] is less concerned about her own struggles and more focused on helping others’ (III woman serves the pregnant, September 2013)

Table 6: Examples from articles illustrating positive public health practices, The Kathmandu Post, Nepal, September 2013-August 2014

Article title	Illustrative extracts
Ill woman serves the pregnant (September 10, 2013)	Timilsina aims to not lose a single life due to lack of care for expectant mothers and their infants, and although marred by disease, she remains merry. "Not a single woman or her child under my care has died," she said with pride, "and I won't break that streak."
Women with HIV inspires others to live (December 1, 2013)	Infected with HIV for the past 11 years, Baniya has been creating awareness against the disease in the district. She has been leading Makawanpur Women Group for HIV-infected People for the past five years. Fifty-one women living with HIV are associated with the group while 68 HIV-infected children are under its care.
HIV-infected man spreads awareness (December 10, 2013)	Nepali, who is said to be the first person to come out publicly as an HIV victim in the district, was of the view that people living with HIV can lead a normal life if they are strengthened psychologically in the society. He also helps health workers carry out health check-up of HIV infected people and distribute them medicines.
Survivors help patient fight cancer (February 27, 2014)	Sharma and Dhakal are chairperson and treasurer, respectively, of the Stoma Service Community established six years ago at the initiation of cancer survivors, doctors and nurses. The community has been providing colostomy and urostomy bags that cost a minimum of Rs 700 in the market for Rs 10. The community members reach hospitals affiliated with the community and help renew the hopes of people battling cancer.

These stories showcase experiences that are contrary to the majority of other stories about the lack of staff, facilities and access to treatment.



Currently the stories about contamination, pollution and sanitation portray a one-dimensional or incomplete picture.

Stories of women visiting healthcare facilities in remote mountain districts for antenatal care could be linked with revisiting the Safe Motherhood Programme policy of providing allowances for institutional delivery. In this way, stories can move beyond being a mere documentation of events to then linking with existing healthcare provision, and advocating for necessary changes to policy and practice.

Coverage of the South Asian Conference on Sanitation is another example of how reporting is largely descriptive. Although the coverage continues the narrative of the government's commitment to providing healthcare, it falls short of fully interrogating the complexities of the challenges faced by the government in tackling sanitation issues.

There is an opportunity within this type of reporting for more informed analysis of the issues that the country faces, for example, by asking government officials to respond in detail to the Millennium Development Goals report that has been quoted in some stories.

Currently the stories about contamination, pollution and sanitation portray a one-dimensional or incomplete picture. These could be linked to analyses of planning and infrastructure, or investment in engineering.

Similarly, stories of failure and inaction by the government need to incorporate a range of socio-cultural and economic determinants such as illiteracy, lack of awareness, and poverty, among others, to understand the crux of the health problems. For instance, a story about the lack of staff at healthcare facilities in a certain district could incorporate an analysis of infrastructure and access to remote areas.



A cycle of blame

The themes of the 'government taking action', and of the 'government failing to act', represent opposing sides of the limited debate about the status and inadequacies of health service delivery in Nepal. On one side is the government defending their progress and action, and on the other patients and medical practitioners provide evidence of widespread failure to invest in health service delivery. This could be viewed as a 'government versus patients and doctors' narrative.

It could be argued that a sustained narrative that places government officials against patients and doctors helps perpetuate a rhetoric and cycle of blame: medical practitioners are quoted as blaming the government; healthcare facilities and staff are viewed as negligent by patients; and the government counters any criticism it faces by using a defensive argument.

It could be argued that the cycle of blame is impeding the national healthcare debate.

The infrequent use of positive healthcare stories is also important. Reporting within the 'positive healthcare stories' theme presents a missed opportunity to tie together public health messages with government healthcare plans and any long-term, positive impact. If investigated in detail, these stories could form the positive face of government interventions.

A sustained narrative that places government officials against doctors and patients perpetuates a rhetoric and cycle of blame



Additionally, the absence of certain health coverage is revealing, and assessing which health issues are not covered in print and broadcast media will therefore be important. This could include investigating the discourses used in editorials, syndicated stories and press releases.

Furthermore, a different approach to reporting would help promote and embed evidence into healthcare reporting. This could include investment in training journalists to access, check and interpret evidence.

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 82,000,²¹ 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 SU and KR 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 analysis²² 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 NM with 'careful reading and re-reading of data'.²³ This formed a co-constructed coding framework. SU and NM 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. SU and NM used NVIVO Version 10 to analyse each article, manage the data and the categorisation process and write the learning paper. The project was devised and overseen by SB.



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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