AGENDA SETTING FOR MATERNAL MORTALITY IN NIGERIA:

A COMPARATIVE STUDY OF THE MEDIA AGENDA FOR

MATERNAL MORTALITY AND HIV/AIDS

Racheal Agbonkhese
School of Journalism, Media and Cultural Studies
Cardiff University

This thesis is submitted to Cardiff University in fulfillment of the requirements for the
Degree of Doctor of Philosophy
October 2014
Dedication

This thesis is dedicated to

The Anonymous Woman

Who lost her life in child birth
Although many may only know you as a number
Your name and person is forever etched on the hearts of those you left behind

Obi Isichei

Your strength, Your Courage, Your Friendship…
All that you were and had hoped to be
Will never be forgotten
Acknowledgement

I thank my family: my parents, my siblings, their spouses and my cousins. You have supported me through everything, constantly proving your love and commitment. I have felt many emotions, through happy and difficult times but because of you, I have never felt alone.

I thank my supervisor, Professor Jenny Kitzinger. When I took ill and wondered if I could finish my thesis, living up to your expectations and rewarding your investment in me became a source of strength. You were never too busy and never too tired to greet me with a smile. You have shown me by example what a true teacher should be: supportive and inspiring.

I thank all my friends who I hope will be with me for life. I thank Amanda Kruger, Janet Harris, Jacquelyn Reeves, Leizel Longboan, Boitelo Lesotho, Bimbo Dosunmu, Donnie Matheson, Steve and Hilary Matheson, Roger and Lucinda Caddenne, John and Shirley Masters, Michael and Jane Waite, Yemisi Osinuga, Gabriella Glogoska Banasik, Tina Oduwaiye, Rachel Ogbonna, Tola Bademosi, Dafina Paca, Angela Gorman, Sikiya Adekanye, Chinedu Oranuba and Vennat Omigie. At no time have I ever been without joy or laughter and ten lifetimes would still not be enough time for me to repay your friendship.

I thank all the staff of the school of Journalism, media and cultural studies. Special thanks to Elliot Pill, Nick Mosdell, Cerys Parker, Paul Bowman and Simon Cottle. Your contributions in knowledge are inestimable but your greatest contributions were your faith in me.

I thank the Nigerian University commission for its financial support at a very difficult time. I also thank professor Friday Okonofua, a friend and mentor. I thank all my friends at the Population Council, especially Mayowa Ogunyale and Emmanuel Eban for all your support.

I thank my friend and partner, Dr. Kevin Okoeguale for all his work on proofreading this massive volume of text! And doing so cheerfully, in spite of my incredibly absurd timelines. I am in your debt for your kindness and for spurring me on to the finish line.

Above all, I thank the Lord Jesus Christ for bringing me through a very wonderful and sometimes difficult time. When all else fades away, the light of my faith in you continues to shine brightly, overcoming my doubts and fears and reawakening my sense of courage.
ABSTRACT

In countries like Nigeria and similar contexts in Sub-Saharan Africa and Asia, maternal deaths remain prevalent and the current political will and corresponding interventions remain insufficient to significantly address the problem. One way of generating the required political priority is through the mass media, which has been credited with the capacity to influence social and political conversations and set the policy agenda by raising the salience of an issue on its own agenda.

This study investigates the processes and factors which influence the media agenda for maternal mortality and comparatively, HIV/AIDS in Nigeria. It utilizes content and frame analysis of newspaper coverage to establish the media agenda for both issues. It also utilises in-depth, semi-structured interviews: 1) with NGOs and other advocates to determine the factors which influence the state of maternal health and source strategies for media engagement; and 2) with senior reporters and health editors, to investigate the factors which influence the media agenda for health issues especially maternal mortality and HIV/AIDS.

The results show that the state of maternal health in Nigeria has been influenced by epidemiological factors, cultural and religious factors, gender and socio economic class and strategic factors such as donor politics and priorities. Content analysis of newspaper coverage indicate that news coverage of maternal mortality is significantly low, when benchmarked against HIV/AIDS and that a wider range of framing approaches (including a political and multi-disciplinary approach) are employed in coverage of the latter, compared to the former.

The study results also suggest that most maternal health advocates do not take a strategic approach to media engagement and that there is poor collaboration and lack of trust between NGOs and the media. Interviews with media personnel show that that the lack of trust and collaboration between the media and NGOs has resulted in a lack of stakeholding, and media engagement is largely at the level of events reporting. In addition to the above, the results show that the media agenda is predominantly driven by funding, political issue champions, celebrities, expert sources, epidemiology, global health days, events, and human interest stories.

Keywords: maternal mortality, agenda setting, media agenda, framing, media advocacy
# Table of Content

## Chapter 1: Introduction

1.1 Background .................................................................................................................. 10
   1.1.1 The Premise- it’s been a long time coming ......................................................... 10
   1.1.2 Motivation for the thesis; Real women, real Mother and real lives .................... 11

1.2 Justification .................................................................................................................. 12
   1.2.1 Maternal Mortality: An unfair balance ............................................................... 12
   1.2.2 Maternal Mortality in Nigeria : Victim and Perpetrator ....................................... 13
   1.2.3 A case for political action: Its not Rocket science ............................................. 15

1.3 Framework for this study ............................................................................................ 15
   1.3.1 Agenda setting-Media as a tool for setting public and political agenda ............. 16
   1.3.2 How agenda setting occurs ............................................................................... 17
   1.3.3 Media advocacy and public Health ..................................................................... 20
   1.3.4 Pre-agenda setting: Setting the media agenda .................................................. 21
   1.3.5 Setting the media agenda for public Health: A strategic function ...................... 23

1.4 Summary of Methodology ......................................................................................... 24
   1.4.1 Research design ................................................................................................. 24
   1.4.2 Rationale for research design ............................................................................. 25
   1.4.3 Research Questions ........................................................................................... 28

1.5 Structure of the thesis ............................................................................................... 31

## Chapter 2: Literature Review 1: Maternal Mortality

2.1 An overview of maternal mortality ............................................................................ 37
   2.1.1 Statement of problem ......................................................................................... 37
   2.1.2 Measuring maternal mortality: A peculiar challenge ......................................... 39
   2.1.3 Maternal Mortality: A human rights problem .................................................... 45
   2.1.4 The role of stakeholders ..................................................................................... 49
   2.1.4.1 Why NGOs matter ....................................................................................... 50
   2.1.4.2 The relationship between Northern (NNGOs) and southern(SNGOs) ............ 52
   2.1.4.3 NGOS, states and donors: A complex relationship ....................................... 55

2.2 Conclusion .................................................................................................................. 59
   2.2.1 Generating political priority for maternal mortality .......................................... 59
   2.2.2 Why political priority is imperative ................................................................... 59
Chapter 3: Literature Review II: Agenda setting

3.1 Introduction
3.1.1 A historical review
3.1.2 How does agenda setting occur
3.1.3 Real World Indicators (RWIs) and the agenda setting process
3.1.4 Agenda setting as a zero sum game
3.2 An overview of the media agenda
3.2.1 The pre-agenda setting phase
3.2.2 Who puts an issue on the media agenda
3.2.3 The role of the Real World Indicators (RWIs), Trigger events and the inter-media media agenda
3.2.4 Who influence whom: Media versus policy makers
3.2.5 Mass media as political actors
3.2.6 Media as a semi-independent institution
3.2.7 The role of the press in society
3.3 Second level agenda setting
3.3.1 Defining second level agenda setting
3.3.2 The fundamentals of framing
3.3.3 Framing as a social contract
3.3.4 The convergence of agenda setting and framing
3.4 Criticisms and Limitations of agenda setting
3.4.1 Criticisms of agenda setting theory
3.4.2 Limitations of agenda setting
3.5 Conclusion

Chapter 4: Literature Review III: Media and public Health

Introduction
4.2 Media advocacy and public Health
4.3 The media as principal definers of issue
4.4 The NGO-media relationship
4.5 NGOs and epistemic authority
4.6 NGO public relations strategy
4.7 Media agenda setting in practice
4.7.1 Case study 1: inherited breast cancer
Chapter 5: Methodology

5.1 Introduction

5.2 Background

5.2.1 Research design

5.2.2 Research questions

5.2.3 Epistemological and ontological considerations

5.2.3.1 The nature and study of reality

5.2.3.2 Positivism and constructivism

5.2.3.3 Comparing Qualitative and Quantitative research

5.2.3.4 Strength and criticism of Quantitative research

5.2.3.5 Strength and criticism of Qualitative research

5.2.3.6 Justification for the mixed method approach

5.3 Research methodology

5.3.1 Quantitative content analysis

5.3.1.1 Summary of method

5.3.1.2 Sample/ sample size

5.3.1.3 Other coding parameters

5.3.1.4 Data collection/Analysis

5.3.2 Frame analysis

5.3.2.1 Framing and agenda setting

5.3.2.2 Sampling

5.3.2.3 Summary of method

5.3.3 Semi structured qualitative interview

5.3.3.1 Why Semi structured interview
Chapter 6 (Results 1): Factors influencing the state of maternal health in Nigeria

6.1 Introduction...........................................................................................................176
6.2 Socio-cultural factors..........................................................................................176
   6.2.1 Gender and socio-economic class: “If your wife dies, you can get another”……177
   6.2.2 Cultural and religion: “It was destined to happen”.............................................180
6.3 Epistemological factors.......................................................................................183
   6.3.1 The first point of incidence.............................................................................183
   6.3.2 Death or survival of victims “once you are death, you are death”...............184
   6.3.3 Infectiousness/prevalence: “maternal mortality does not spread”.................185
   6.3.4 Complexity of interventions............................................................................187
6.4 Strategic factors.................................................................................................189
   6.4.1 Donor politics/Priorities: “He who plays the tone dictates the tune”............190
   6.4.2 Operational challenges..................................................................................193
   6.4.2.3
Conclusion................................................................................................................195

Chapter 7 (Results 2): Content Analysis

7.1 Introduction...........................................................................................................202
   7.1.1 Sample: Sample size and sampling approach...............................................202
   7.1.2 Coding sheet..................................................................................................202
7.2 Size of article.......................................................................................................203
7.3 Format..................................................................................................................204
   7.3.1 Size of Format...............................................................................................205
Chapter 8 (Results Chapter III): Frame Analysis

8.1 Introduction........................................................................................................... 228

8.2 Framing maternal mortality news........................................................................... 229
  8.2.1 Frame 1: The science healthframe................................................................. 229
  8.2.2 Frame 2: The development frame................................................................ 231

8.3 Framing HIV/AIDS news....................................................................................... 234
  8.3.1 Frame 1: The human interest frame............................................................ 234
    8.3.1.1 Helpless victim sub frame................................................................... 235
    8.3.1.2 Martyr/Hero sub frame....................................................................... 236
    8.3.1.3 The Human Rights/freedom fighting sub frame................................. 236
    8.3.1.4 The discrimination sub frame.............................................................. 238
  8.3.2 Frame 2: Battle and impending apocalypse frame.......................................... 238
    8.3.2.1 Integrating the human interest angle.................................................... 241
  8.3.3 Frame 3: Global challenge/ Global responsibility.......................................... 241
    8.3.3.1 The African population sub frame....................................................... 243
  8.3.4 Frame 4: The health science frame............................................................... 244
  8.3.5 Frame 5: The multi-disciplinary approach frame.......................................... 247

8.4 Summary of frame analysis.................................................................................. 249
Chapter 9: Results chapter IV: Source Strategies for media relations

9.1 Introduction .............................................................................................................260

9.2 The role of communication in strategic planning....................................................260

9.3 The role of media in the advocacy process..............................................................262

9.4 Overview of the NGO-media relationship...............................................................264

9.4.1 Collaboration and trust......................................................................................266

9.5 Limitation to NGO use of media..........................................................................270

9.5.1 Funding.............................................................................................................270

9.5.2 Capacity of journalists......................................................................................274

9.6 Extent and Limitations of media agenda setting....................................................276

9.6.1 Weak sense of institutional responsibility.........................................................266

9.6.2 Poor inter-media collaboration...........................................................................277

9.6.3 The constraints of governance...........................................................................278.

Chapter 10: Results chapter V: Factors influencing the media agenda for maternal mortality and HIV/AIDS

10.1 Introduction............................................................................................................290

10.2 Part 1: An overview of the media agenda..............................................................290

10.2.1 Media as an umpire.........................................................................................290

10.2.2 Public health indicators..................................................................................292

10.2.3 Events.............................................................................................................293

10.2.4 International donors and International agendas .................................................295

10.2.5 Personal Preferences ....................................................................................298

10.2.6 Global health days..........................................................................................299

10.2.7 Government and policy makers.......................................................................300

10.2.8 Editorial decisions and the inter-media agenda...............................................304

10.3 Part 2: The source –media relationship.................................................................309

10.3.1 The media-NGO relationship (Trust)...............................................................309

10.3.1 The media-NGO relationship (collaboration)...................................................314

10.3.2 The media-Government relationship (Trust and collaboration).........................315

10.3.3 Source Epistemy............................................................................................325

10.3.4 NGOs, Government and Source Epistemy.......................................................330

10.4 Part 3: Agenda setting for maternal mortality and HIV/AIDS..............................335
10.4.1 Epidemiological factor ........................................................................................................334
10.4.2 Strategic factors....................................................................................................................339
10.4.3 Recommendations for maternal health advocate...............................................................351

Chapter 11: Discussion
11.1 Introduction............................................................................................................................368
11.2 Overview of research questions.............................................................................................368
11.3 RQ1: What are the patterns in coverage of maternal mortality and HIV/AIDS?........369
11.4 RQ2: What are the factors that influence source strategies for media engagement?......377
11.5 RQ3: what role do source play in the media agenda setting process?...............................378
11.6 RQ4: What role do Real World Indicators, Trigger events and the inter-media agenda play in the agenda setting process?...........................................................................382
11.7 RQ5: What are the factors that influenced the salience of maternal mortality compared to HIV/AIDS on the media agenda..........................................................................................386

Chapter 12: Conclusion
12.1 Introduction............................................................................................................................391
12.2 Implications for the theory.....................................................................................................391
12.2.1 Why does agenda setting occur?.......................................................................................391
12.2.2 Who puts an issue on the media agenda?..........................................................................392
12.2.3 Who influences whom?......................................................................................................395
12.2.4 The role of the press in the society.....................................................................................397
12.2.5 Second level agenda setting (Framing of the news).........................................................398
12.2.6 Limitations of agenda setting............................................................................................399
12.2.7 The NGO-media relationship.............................................................................................399
12.2.8 NGO public relations strategies.......................................................................................401
\`
12.4 Recommendations for maternal health Advocates............................................................403

Bibliography
**List of Images**

<table>
<thead>
<tr>
<th>Image 1.1</th>
<th>How agenda setting occurs</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Image 1.2</td>
<td>Metaphorical onion structure of media agenda setting</td>
<td>23</td>
</tr>
<tr>
<td>Image 1.3</td>
<td>Similarities between maternal mortality and HIV/AIDS</td>
<td>28</td>
</tr>
<tr>
<td>Image 1.4</td>
<td>Summary of three phased research design</td>
<td>30</td>
</tr>
<tr>
<td>Figure 8.1</td>
<td>How to reduce child and maternal deaths in Nigeria by doctors</td>
<td>221</td>
</tr>
<tr>
<td>Image 8.2</td>
<td>Race to save mothers during childbirth</td>
<td>230</td>
</tr>
<tr>
<td>Image 8.3</td>
<td>Our regrets by persons living with AIDS</td>
<td>230</td>
</tr>
<tr>
<td>Image 8.4</td>
<td>Women on HIV and AIDS: their cross, their destiny</td>
<td>234</td>
</tr>
<tr>
<td>Image 8.5</td>
<td>Experts seek fresh ideas, funds to fight AIDS pandemic</td>
<td>239</td>
</tr>
<tr>
<td>Image 8.6</td>
<td>And the battle against AIDS continues</td>
<td>239</td>
</tr>
<tr>
<td>Image 8.7</td>
<td>This scourge called HIV AIDS</td>
<td>240</td>
</tr>
<tr>
<td>Image 8.8</td>
<td>Wanted: a concerted effort on war against HIV AIDS</td>
<td>240</td>
</tr>
<tr>
<td>Image 8.9</td>
<td>AIDS orphans, Africa’s latest disaster</td>
<td>241</td>
</tr>
<tr>
<td>Image 8.10</td>
<td>Senate joins war against HIV AIDS, more Bornu women, infants protecte</td>
<td>242</td>
</tr>
<tr>
<td>Image 8.11</td>
<td>Bornu governor’s wife undergoes AIDS test</td>
<td>242</td>
</tr>
<tr>
<td>Image 8.12</td>
<td>Discovery raises hope for AIDS vaccine</td>
<td>246</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
<td></td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Education Fund</td>
<td></td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
<td></td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on Elimination of forms of Discrimination Against Women</td>
<td></td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
<td></td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
<td></td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
<td></td>
</tr>
<tr>
<td>SOGON</td>
<td>Society for Obstetrician and Gynecologists of Nigeria</td>
<td></td>
</tr>
<tr>
<td>FIGO</td>
<td>International Federation of Gynecologists and Obstetrics</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
<td></td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendants</td>
<td></td>
</tr>
<tr>
<td>NNGOs</td>
<td>Northern Non-Governmental Organizations</td>
<td></td>
</tr>
<tr>
<td>SNGO</td>
<td>Southern Non-Governmental Organizations</td>
<td></td>
</tr>
<tr>
<td>Ghain</td>
<td>Global HIV/AIDS Initiative</td>
<td></td>
</tr>
<tr>
<td>DFID</td>
<td>United Kingdom Department for International Development</td>
<td></td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
<td></td>
</tr>
<tr>
<td>RWIs</td>
<td>Real World Indicators</td>
<td></td>
</tr>
<tr>
<td>GRHH</td>
<td>Genetic Research into Human Health</td>
<td></td>
</tr>
<tr>
<td>GMG</td>
<td>Glasgow Media Group</td>
<td></td>
</tr>
<tr>
<td>THT</td>
<td>Terrence Higgins Trust</td>
<td></td>
</tr>
<tr>
<td>FMG</td>
<td>Female Genital Mutilation</td>
<td></td>
</tr>
<tr>
<td>ARVs</td>
<td>Anti-Retroviral Drugs</td>
<td></td>
</tr>
<tr>
<td>VCTC</td>
<td>Counselling and Testing Centre</td>
<td></td>
</tr>
<tr>
<td>WHARC</td>
<td>Women’s Health and Action Research Center</td>
<td></td>
</tr>
<tr>
<td>NACA</td>
<td>National Agency for the Control of AIDS</td>
<td></td>
</tr>
<tr>
<td>ILO</td>
<td>International Labor Organization</td>
<td></td>
</tr>
<tr>
<td>NEPLWHAN</td>
<td>Network of People Living with HIV/AIDS in Nigeria</td>
<td></td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
<td></td>
</tr>
<tr>
<td>LUTH</td>
<td>University of Lagos Teaching Hospital</td>
<td></td>
</tr>
<tr>
<td>LASUTH</td>
<td>Lagos State University Teaching Hospital</td>
<td></td>
</tr>
<tr>
<td>SACA</td>
<td>State Agency for the Control of AIDS</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1

INTRODUCTION
1.1 BACKGROUND

1.1.1 The Premise: ‘It’s been a long time coming’

In 1985, Rosenfield and Maine highlighted an important omission in programs attempting to improve maternal and child health, stating that the ‘Maternal’ in these programs was missing. Therefore, they began campaigning alongside other health care practitioners and their efforts led to the Safe Motherhood conference which was held in Nairobi in 1987. The conference was jointly sponsored by the World Health organization (WHO), the World Bank and the United Nations Fund for Population Activities (UNFPA) and it marked the beginning of a global recognition and commitment to abating the problem of maternal mortality.

Maternal mortality is defined as the death of a woman while pregnant, during delivery or within 42 days of termination of a pregnancy due to complications (UNICEF, 2010). Maternal health came to the limelight of global development as a closely related outcome of the women’s rights movements, which began in the fifties. Some milestones of this movement were the Convention on the Political Rights of Women; Convention to further the rights and welfare of women; Convention on the Nationality of Married women; consent to marriage; and minimum age for marriage. These were all adopted by the UN general assembly (United Nations, 2010).

A landmark convention, which in many ways marked the turning point for women’s rights, was the Convention on Elimination of all forms of Discrimination Against Women (CEDAW), adopted by the UN general assembly in 1979. The convention was ratified by 185 countries and is often referred to as the international bill of rights for women. CEDAW highlighted issues of inequality in the lives of women, including elements relating to their general and reproductive health (ibid). It was in the wake of its ratification that other
initiatives targeted at improving the lives of women, such as the ‘safe motherhood campaign’ championed by Rosenfield and Maine, were given a platform for expression.

During the safe motherhood conference of 1987, Barber Conable, the president of the World Bank, stated in his opening remarks that the goal of the conference was to “heighten awareness and concern among governments, agencies and nongovernmental organizations about the neglect of women’s health, particularly in the developing world, and to elaborate on strategies to remedy the situation” (cited in Cohen, 1987, p no.). At this time, the maternal mortality rate was estimated to be five hundred thousand women every year (Cohen, 1987). Twenty five years later, the earlier identified patterns of maternal mortality have not changed.

1.1.2 Motivation for this thesis: ‘Real women, real mothers, real lives’

Maternal mortality is one of the indicators of disparity between developing countries and the rest of the world. The goals of the ‘safe motherhood campaign’ of 1987 were revived in 2001, when the reduction of maternal deaths was designated one of the milestones of the new millennium (MDGs), evidencing global concern. This was proposed by the United Nations and ratified by all its member states (including Nigeria) with a consequent responsibility of abating the problem in their various countries (United Nations, 2008).

More recently (2012) the G-8 and the African Union have designated maternal and child health a key focus of their annual summits. Also in the same year, there was a global summit in London led by the Gates Foundation, the UK government and the UN Population Fund. At this event, $2.6 billion was raised in donor pledges for family planning, a core element implicated in maternal mortality (Cooke and Tahir, 2013). Yet, a decade and a half down the
road from the MDGs ratification, pregnancy still remains a potential death sentence in several parts of the world. Many women in Asia and Sub-Saharan Africa go into labour with little or no assurance that they will return alive to their husbands, families or communities. Every year, five hundred and thirty six thousand women - real women, real mothers, real lives - are actually lost (Gorman, 2013).

This thesis is in honour of such women and is motivated by a commitment to help women to access their reproductive health rights and provisions. It seeks to understand, on the basis of empirical facts, how the necessary level of political will and priority can be generated for the subject of maternal mortality. As a way of strategic thinking, this thesis considers how this can be done through the media, renowned for its agenda setting ability. By exploring the approaches and parameters required to gain prominence on the media agenda, it hopes to deliver a framework to maternal health advocates for generating political priority in Nigeria and in similar political and socio-cultural contexts.

1.2 JUSTIFICATION FOR THIS STUDY

1.2.1 Maternal Mortality: An unfair imbalance

In many respects, maternal mortality is not a ‘new’ problem, as the main causes of death during childbirth or from complications in pregnancy have not changed over the last century. These causes are mainly hemorrhage, eclampsia, sepsis, and poor access to skilled birth attendants; conditions which have long been addressed in many developed countries (Okonofua, 2000). For example, in countries such as Sweden women have a 1 in 17, 500 chances of dying during childbirth but women in Niger, confronted by the same
complications, face a 1 in 8 chances of death (United Nations, 208). Commenting on these statistics, a United Nations report in 2008 stated that, “The risk of dying in pregnancy and childbirth continues unabated in Sub-Saharan Africa and Asia.” These facts call for some measure of reflection and introspection into the methodologies that work and the methodologies that don’t, and the adoption of the former with commitment across the board of stakeholders.

1.2.2 Maternal Mortality in Nigeria: Victim of their circumstances

Nigeria is one of the fastest growing economies of the world and the second largest economy in Africa (www.cia.com, 2012). With a population of one hundred and eighty million people (National Population Commission, 2010), it is rich in human and natural resources. It is the 12th largest producer of crude oil and has one of the largest reserves of natural gas in the world (www.opec.com). However, alongside these positive parameters, are its extremely poor maternal health statistics, which indicate that between 2001 and 2009 there was only a 2.2% reduction in maternal deaths (UNICEF, 2010).

An estimated 40,000 Nigerian women died in childbirth in 2010, even though the causes of maternal mortality are 99% preventable (WHO, 2010). In 2008, the Demographic Health Survey (DHS) described the pace of change in maternal health indicators in Nigeria as “embarrassing” and “scandalous” (cited in Cooke and Tahir, 2013). Globally, Nigeria accounts for 14% of maternal deaths worldwide, second to India and together both countries account for two thirds of all maternal deaths in the world. According to the World Health Organization, Nigeria is one of the ten most dangerous countries in the world to give birth in,
and her maternal mortality rates exceed those of nations like Afghanistan or Haiti (cited in Cooke and Tahir, 2013).

There are evident reasons for the state of maternal health in Nigeria. These include poor infrastructure, cultural, social and economic factors which militate against the use of skilled birth attendants and medical facilities. Deaths are correlated with a woman’s level of education, wealth and level of empowerment within her household (ibid., 2013). Within regions in Nigeria there are huge disparities in the indicators, with northern Nigeria presenting far higher figures compared to southern Nigeria; and the North East of Nigeria having a maternal mortality ratio that is three times higher than the North West, and five times higher than the global average (Shiffman and Okonofua, 2007; Cooke and Tahir, 2013).

Much of the research and political emphasis has been on the death of women as an epidemiological outcome with the focus being on the loss of an *individual* life. While this perspective is correct, there is the need for a paradigm shift in key players to a more holistic perspective; one that requires us to see those who die giving birth as ‘victim’ of their circumstances, often beyond their control. and, at the same time, a ‘perpetrator’. As a victim, it is the outcome of the deficiencies of socio-political actors and systems, long standing cultural norms and the lack of infrastructure. As a perpetrator, it takes away women, who are loved ones, the pillar of many homes and in some contexts, the family breadwinner. When loss is multiplied by 40,000 women and families a year, it becomes evident that it is a social disaster of astronomical proportions.

The death of a woman in Nigerian societies marks the beginning of imbalance in family life, with many children suffering from malnutrition and an increased risk of death for those
below the age of 5 years (UNICEF, 2008). Many families are broken up and children sent away to live with relatives or on their own when the father cannot cope alone with the responsibility of their upbringing. Furthermore, for every woman who dies from a pregnancy related cause, “another 20 more incur injuries, infections and disabilities – around 10 million women each year” (ibid pg 24). Many of these injuries such as Vesico Vagina Fistulae are not only physiologically but also psychologically damaging, often resulting in these women (many below 14 years old) being abandoned to die because of the shame that both they and their families face as a result of their condition.

1.2.3 A Case for Political Action: It’s not Rocket Science

There are a number of propositions on approaches to resolving maternal mortality. These perspectives border on health, some on wealth, some on empowerment (Shiffman, 2000). However, interwoven through the majority of these perspectives, is the subject of political will. Without the political will followed up with deliberate strategic interventions, shifting the patterns of maternal mortality in Nigeria will be a herculean and I daresay, impossible feat. Shiffman and Okonofua (2007) allude to the futility of this endeavour and underscore the need for increased political will, if maternal deaths are to be abated.

There are practical approaches to resolving the problem and some of these have been proven and tested, in programs such as ‘Abiye’ in Ondo state of Nigeria (Cook et al, 2013). Such projects have shown that for the most part, these deaths are preventable and have been prevented in Nigeria (Ondo State) and other developed countries, even those with less resources than Nigeria. It therefore stands to reason that if a woman will survive in one country and die in another from the same preventable causes, then she is likely the victim of
the deficiencies of [those who govern] the political space within which she exists…it’s not rocket science.

The role of policy makers and government is not an ambiguous one. There are of course the obvious aspects to this responsibility, such as the development of social systems, health systems and the relevant infrastructure that will engender women, (illiterate and educated), to voluntarily seek medical care during pregnancy. There are also ways of engaging the social and cultural institutions that influence women’s health seeking behaviors during pregnancy (Shiffman, 2005). It has been shown in Ondo State of Nigeria (ibid.) that there are methods that work.

Ondo State has a serving governor who is a medical doctor and (based on an expert perspective of the problem), set up a community based system that address the various contributory factors to maternal deaths such as delay in seeking care, delay in reaching care, delay in receiving quality care, and delay in getting emergency care (Okonofua, 2004). The state is also one of the first to take a stand on accountability, introducing a law on confidential enquiries into maternal deaths. The project has been very successful, increasing the percentage of women registered for antenatal care from 16% to 60% in the first year of its existence. Today, the World Bank is reviewing its approaches for possible replication as a model for maternal programs across Africa (Cooke and Tahir, 2013)

1.3 THEORETICAL FRAMEWORK FOR THIS STUDY

1.3.1 Agenda Setting: Media as a tool for setting public and political agendas
Agenda setting has its early theoretical foundations in the works of Walter Lippmann (Lipmann, 1922). However, the term agenda setting and its recognition as a new research paradigm was first tested in the presidential elections by Maxwell McCombs and Donald Shaw (1972). They showed that the public’s opinion, about the most important issues affecting the country, were almost equally correlated with the coverage of those issues in the print media serving the area. This transfer of the ‘perceived level of importance’ (also known as salience) from the media’s agenda to the public agenda was called Agenda setting.

Early in the study of agenda setting effects Cook et al, (1983, pg 17) summarized the fundamental principle in this statement:

*The ‘agenda-setting capacity’ of the mass media implies a causal connection between a temporal sequence of events: first, news media reporting occurs; second, these presentations influence perceptions of issue importance.*

Agenda setting is defined on two levels. On the first level it is measured as a factor of the amount of coverage; on the second level it is defined as framing. Framing is a powerful tool for influencing audiences because it enables the media to define issues, ascribe responsibility and recommend solutions (Entman, 1993; 2005). At this second level of agenda setting, the agenda setting effect is typically measured by the categorization and quantification of dominant frames as characteristics of an object. This thesis utilizes, in addition to this approach, a more extensive methodology and this is well delineated in the upcoming literature review and methodology chapters.
1.3.2 How Agenda Setting Occurs

Agenda setting functions on the basis that most of what people know about society and politics comes through the media (McCombs and Zhu, 1995). Therefore readers do not only learn about an issue but also determine its degree of importance by the amount/prominence of coverage it receives (1st level agenda setting) and by the way the issues are framed (second level agenda setting) (McCombs, 2004). To explain these principles above, I have endeavored to represent the concept diagrammatically.

---

**Fig. 1.1 How Agenda Setting Occurs**

Figure 1.1 illustrates the passage of a range of issues (A, B, C, D, E and F) through the media production process. These issues may come to the media’s attention through a number of approaches, including the public relations activities of issue proponents, reporters’ personal preferences or investigative journalism efforts. These issues pass through the media gatekeeping ‘filter’ (Shoemaker and Vos, 2009) and issues A, B, and C only achieve and maintain salience on the media agenda. These therefore make it unto the public and agenda for the readers’ information and analyses.
Although the process may sometimes be influenced by personal experiences and an existing repository of knowledge, most members of the public prioritize the issues using the same measure of priority that the media accords them. An important point I wish to call to attention here is that readers may remain ignorant of an issue (such as D and E) if the media chooses not to highlight it as the example above shows. These principles explain how agenda setting occurs and provides a rationale for engaging with the media agenda and the production process for maternal mortality.

### 1.3.3 Media Advocacy and Public Health

Wallack et al. (1993: xi) talk about the media advocacy process and the importance of this media capacity. He states that

\[
\text{The purpose of media advocacy is to use media strategically to apply pressure for changes in policy to promote public health discussion, from a primary focus on the health behaviors of the individual to behaviors of policymakers...whose decisions structure the environment in which individual health decisions are made.}
\]

Miller et al, (1998: 123) emphasize this role and capacity of the media as one that cannot be ignored, stating that, “the media are central actors in the political process which no organization, from the central institutions of the state to the smallest campaigning group can ignore.” Both Wallack et al, and Miller et al, (ibid.) imply that health issues that challenge individuals in society can be changed from being problems of individuals to public health issues, with government bearing the greater responsibility for intervention. The process by which this is achieved is media advocacy and the resulting outcome is agenda setting.
Through media engagement and advocacy, there can be 1) a voice for the vulnerable and voiceless and 2) the legitimization of the issues that affect them.

The media’s advocacy and the consequent agenda setting ability lie primarily with its ability to define an issue. Benthall (date) particularly emphasizes this in relation to disasters, saying that the media has the ability to ‘create’ a disaster, taking it from a singular distant event to a catastrophe deserving of attention, with global, immediate ramifications, and therefore demanding of immediate political response. Also speaking on the subject, Cottle (2009) summarizes the process, confirming to us that the media confer status on issues, and through this issue definition ability, assign blame and correspondingly recommend appropriate solutions.

...in exercising their symbolic and communicative power, the media today can exert pressure and influence on processes of public understanding and political response or, equally, serve to dissimulate and distance the nature of the threats that confront us and dampen down pressures for change (Cottle 2009, pg 2)

From Cottle’s and Benthal’s proposition, it is possible to assume that this principle is operational only on the level of international events or disasters. However Wallack et al (ibid) however show that this is not necessarily the case. Shanto Iyengar (1996) also confirms this media defining principle to be just as relevant in a local context. Utilizing the example of specific issues such as crime, he showed that by framing news material in two different ways (thematic framing and episodic framing), the media applies its ‘problem definition’ and ‘solution recommending’ ability. In its use of thematic frames, it elicits the attribution of
blame to government. However the reverse is the case in the use of episodic frames, i.e., blame is attributed to the individual.

1.3.4 Pre Agenda Setting: Setting the Media Agenda

A plethora of examples can be found on mass media’s ‘issue defining’ and ‘solution recommending’ ability and these are discussed extensively in the literature review. This agenda setting ability however includes the pre-agenda setting phase (Dearing and Rogers, 1996) i.e. the setting of the media agenda, which is contingent to public and policy agenda setting. This thesis focuses on this stage of agenda setting and seeks to understand the parameters involved in the process, as well as the interactions of these factors in the agenda setting for health issues like maternal mortality.

Studying the media agenda can sometimes be misconstrued as being the same thing as studying traditional news values or news production processes. However, I argue that this is not the case because news values are ascribed on an event-by-event basis to happenings that reach the media gatekeeping process (Shoemaker and Vos, 2009). Media agenda setting however is a longer-term process, a deliberate strategic approach to raise and maintain an issue’s salience on the media agenda. Therefore issue proponents have the task of drawing to the media’s attention events, hooks, outcomes and processes that are newsworthy to help facilitate this agenda setting process.

Maxwell McCombs (2004) clarifies this agenda setting process and the interactions with traditional news values, stating that agenda setting is 1) about the achievement of salience and 2) about the ‘transfer of salience’ from one agenda to the other. Delineating this concept,
he describes the media agenda as an onion (see below), influenced by journalistic norms, new sources and the intermedia agenda.

As the diagram above shows, news sources such as NGOs and other issue proponents endeavour to shape the media agenda in favour of their causes and positions. Ascribing prominence to such groups in the process, McCombs (ibid.) states that the media agenda would be a totally different landscape without the contributions of public relations experts and their activities.

**1.3.5 Setting the Media Agenda for Public Health: A Strategic Function**

Understanding and setting the media agenda for public health issues is a rather discrete function. Not to take much time and space discussing it here, I shall simply draw attention to some of the facts highlighted by Wallack et al., (1993), Cottle (2009) and Kitzinger (2009) on the subject. They show that the media are drawn to issues that offer some level of
sensationalism; that provide an opportunity for great pictures; that imply a close and immediate risk not only to society in general but also to journalists themselves as members of society; and feature the right sources who not only attract audiences but also lend credibility to the message.

Cottle (2009) speaks of this challenge as one that NGOs face today: the task of modifying or producing from the start news or source materials that meet with these criteria for setting the media agenda. In the absence of this expertise, the media are less interested in setting such agendas because the constituent elements do not conform to the established news norms, which McCombs has described as being the core of the media agenda setting process. Therefore NGOs have the task of meeting the aforementioned expectations (Cottle, ibid.) and consequently requiring a new level of expertise. In addition, NGOs need to become more strategic in their alliances with media and more embroiled in the everyday challenges of the imperatives of 24-hour news production processes.

1.4 SUMMARY OF METHODOLOGY

1.4.1 Research Design

This thesis is focused on understanding the media agenda setting for health issues, particularly maternal mortality in Nigeria. However, in implementing this study, it utilizes a three-phased comparative design of two health issues (maternal mortality and HIV/AIDS) and this is explained in detail in the next diagram.

The study began with a content analysis, which served as an indicator of the salience of both issues on the media agenda. The second phase consisted of in-depth interviews with news
sources (NGOs, donors and government agencies) to determine their approaches to media engagement and media agenda setting. The last phase was in-depth interviews with newspaper editors and senior correspondents to determine the factors that influence the media agenda and how these compare to current source strategies. All of the above phases were designed and implemented utilizing the comparative approach, which I shall explain in detail.

However before proceeding to delineate the methodology further, I should state that this study overall investigated the production as well as the content elements of the process. But, in order to provide some degree of boundary to this investigation, it did not explore the audiences. In other studies about media effects, the inclusion of the latter may be considered to be essential but the approach taken here is acceptable for agenda setting research. McCombs (2004: 26) underscores this principle stating that:

*The agenda setting effects that are frequently the outcome of this complex process are shaped to a considerable degree by characteristics of the media messages and to a far lesser degree by the characteristics of the recipients of those messages.*

Therefore the research focused on 1) the process by which health related events become news; 2) how that news is covered to give salience to certain issues over others; and 3) The influence of this salience on the public and policy domain. Therefore under the time and resource constraints for this thesis, this research approach (see figure 1.3) was considered suitable. Furthermore, since the review of secondary data had already provided some level of evidence on this agenda setting effect, the focus of this thesis was placed on understanding the media agenda setting process and supplementing this data with primary data from newspaper analysis.
1.4.2 Rationale for Research Design

This research crosses between two separate fields of study: public health and media studies. King and Watson (2001: pg. 405) support research of this nature, i.e. the application of two areas of expertise, stating that:

Rather than viewing cultural studies as a discrete discipline with fixed boundaries, we would rather advocate for the use of strategies associated with cultural studies to interrogate health issues.

In this study, such design allows for a multidisciplinary approach to resolving or designing better interventions for maternal mortality. I hope that such work will bring to light perspectives that have been hitherto unexplored because they have thus far been approached only from the perspective of medicine and public health.

Just as a backdrop to understanding this research design and methodology, may I call to mind again the fact that agenda setting is about the salience of issues and media agenda setting about the salience of issues on the media agenda. On this note, it is important to ascertain just when ‘the salience is high’ for an issue on the media agenda. Is it an absolute, measured simply by the amount of coverage or the framing of issues? If this is the case, what is the standard measure of coverage required to determine if an issue’s salience is ‘high’ on the media agenda? These questions presented some form of empirical uncertainty at the initial stages of this research.
However, it became evident that the closest way of resolving these queries was to examine the level of salience on the political agenda, since agenda setting is about the transfer of salience. Walgrave, and Vilenghart (2010) show that this salience on the political agenda is easily determined through direct political interventions, budgetary allocations, emergency responses and even symbolic responses like speeches, which can actually set the agenda especially if they come from an individual with a high configuration in the political system, such as the president.

These parameters where therefore determined for maternal mortality. To provide a benchmark of some sort, the researcher utilized a comparative design approach, which juxtaposed maternal mortality and HIV/AIDS, because the latter was a health issue which enjoys particularly high salience on the media as well as the policy agenda. Beyond its salience on the political agenda, there was actually some degree of similarity between the two issues, buttressing the rationale for comparison and I highlight these similarities below.

**SIMILARITIES BETWEEN MATERNAL MORTALITY AND HIV/AIDS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Both are significant health issues.</td>
</tr>
<tr>
<td>2.</td>
<td>High on the International Agenda indicated by inclusion in the MDGs [spell out].</td>
</tr>
<tr>
<td>3.</td>
<td>Receive substantial donor funding.</td>
</tr>
<tr>
<td>4.</td>
<td>Higher and more manifested in rural areas.</td>
</tr>
<tr>
<td>5.</td>
<td>Ninety-nine percent preventable.</td>
</tr>
<tr>
<td>6.</td>
<td>Display some level of epidemiological uncertainty in cause of death.</td>
</tr>
<tr>
<td>7.</td>
<td>Affect people of reproductive age.</td>
</tr>
<tr>
<td>8.</td>
<td>Pose a question for individual choice and compliance in behaviour.</td>
</tr>
<tr>
<td>9.</td>
<td>Have far reaching consequences in society physically, psychologically, socially and economically.</td>
</tr>
<tr>
<td>10.</td>
<td>Well researched and discussed subjects in areas of academic and professional enquiry.</td>
</tr>
</tbody>
</table>

**Fig. 1.3:** Similarities between maternal mortality and HIV/AIDS
Shiffman (2008) buttressed these propositions on the priority enjoyed by HIV/AIDS using an empirical analysis of donor funding over a five-year period. Shiffman highlighted the level of salience that HIV/AIDS enjoyed on the list of donor priorities on a global scale, a trait that distilled down to country levels. On the basis of empirical evidence, he showed that HIV/AIDS had displaced other health issues and was enjoying donor priority evidenced by the level of funding that it received compared to all other public health issues; such as 35% of all donor funding in 2003, more than a third of overall donor commitments. Explaining this pattern in donor activities, Perrin and Attaran (2003) state that it can have a ripple effect i.e. the sudden surge of most donors in the direction of HIV/AIDS, explaining that when influential donors prioritise an issue, others tend to follow.

1.4.3 Research Questions

The following research questions were articulated as a guide for this study.

1. What are the patterns in coverage of Maternal Mortality and HIV/AIDS?
2. What role do sources play in the media agenda setting process?
3. What factors influenced source strategies for media engagement?
4. What roles do real world indicators, trigger events and the inter-media agenda play in the agenda setting process for health issues in Nigeria?
5. What factors influenced the salience of Maternal Mortality compared to HIV/AIDS on the media agenda?
SUMMARY OF THREE – PHASED RESEARCH DESIGN

1A
Overview: Content Analysis of Newspaper coverage of maternal mortality and HIV AIDS over a ten year period (2001 – 2010)
Objective: To determine the salience of maternal mortality and HIV/AIDS on the media agenda.

PHASE 1
Content/Frame Analysis

1B: Sub Objectives (to determine…)
- The amount of coverage received by maternal mortality and HIV/AIDS.
- The dominant frames and discursive approaches employed in the reporting of maternal mortality and HIV/AIDS
- To determine and differences between the reporting of maternal mortality and HIV/AIDS and their implications for the agenda setting process.

2A
Overview: In-depth Interviews with Source organisations including NGOs, donor and government agencies.
Objective: To investigate the role of sources and source strategies in the news production process for maternal mortality.

PHASE 2
Source Interviews

2B: Sub Objectives (to determine…)
- The role of mass media in source advocacy initiatives
- The established patterns of media relations and engagement
- The factors which influence media advocacy for maternal mortality and how these compare with HIV/AIDS.
- The relationship between NGOs and the Media

3A
Overview: In-depth Interviews with newspaper senior correspondents, sub editors and health editors
Objective: To explore the factors which influence the media agenda for maternal mortality compared to HIV/AIDS.

PHASE 3
Media Interviews

3B: Sub Objectives (to determine…)
- The factors which influence the salience of health issues on the media agenda
- How these factors apply in the case of maternal mortality and HIV/AIDS
- The relationship between the media and source organizations
- The established media practices which influence media engagement with health issues

Fig. 1.4: Summary of three phased research design
Respondents for the interviews (research phases two and three) were NGOs, donor organizations, and government agencies. These were selected using a purposive sampling method based on their level of experience and the research objectives.

The sample for the content analysis was obtained from the Guardian Newspaper (Nigeria). The Guardian was chosen because it is one of Nigeria’s oldest newspapers and is popularly known as the most objective paper. Most journalists, as well as sources, attested to this. Articles were selected from (a) the year 2001 and (b) 2005 – 2010.

(a) 2001 was chosen as a significant period because it was in this year that the MDGs were announced and HIV/AIDS began to gain acceptance as a reality amongst NGOs, government and the media in Nigeria. Therefore it was of interest to the researcher to identify the patterns in the issue definition process. (b) 2005 – 2010 were chosen to allow for more in-depth analysis of the coverage, especially for any patterns pertinent to the agenda setting process for both issues across the five-year period. In addition it provided an opportunity to review any changes in the patterns of coverage from the beginning to the second half of the decade. The analyses and results of the various data sets are reported extensively in the results chapters.

1.5 STRUCTURE OF THIS THESIS

This thesis comprises of eleven chapters including this introductory chapter. These are detailed below.
Chapter 2, 3 and 4 are literature review chapters. Chapter two provides a broad overview into the maternal mortality problem including causes, indicators and challenges across Nigeria and sub-Saharan Arica. It also discusses a range of propositions on resolving the challenge of maternal mortality. The chapter extensively explores the role of stakeholders, particularly NGOs and donors. It concludes with a section on generating political priority for maternal mortality in Nigeria.

Chapter 3 elaborates on agenda setting, including a historical review of the theory. It then proceeds to discuss important components of agenda setting theory such as real world indicators, trigger events and the intermedia agenda. It continues to discuss “who puts an issue on the agenda” as it reviews the role of the mass media as political actors and the role of the press in society. The final sections of this chapter discuss second level agenda setting, the fundamentals of framing and the convergence between agenda setting and framing. The chapter concludes with the criticisms of the agenda setting theory as well as its limitations.

The final literature review chapter (4) is divided into two sections. The first section is an introduction to media advocacy and media as principal definers of issues. This is followed by a discussion of the NGO-Media relationship, epistemic authority and NGO public relations strategies. The second section of this chapter discusses the media and public health in practice, using three case studies (of breast cancer, genetic research for human health and the HIV/AIDS crises). It concludes with sections on the relevance of the case studies to agenda setting and practical approaches for health advocates on media engagement.

Chapter 5 outlines the methodology for this research. The chapter is broken down into two sections. The first section provides a background to the research methodology, including
the research design and the research questions. It also discusses the epistemological and ontological considerations and provides a justification for the mixed method approach, which is utilised for this study.

The second section details the methodological considerations undertaken in implementing this research. It discusses parameters such as sampling, data collection and ethical considerations across the three phases of the study. It also discusses the individual phases in relation to specific elements pertaining to each method such as its advantages and disadvantages as well as a rationale for the chosen method. Finally, the chapter discusses the limitations of the study and reflects on elements such as generalizability and validity.

**Chapter 6, 7, 8, 9 and 10 are Result chapters.** Chapter 6 discusses the results from interviews with sources. By highlighting some of the factors influencing maternal mortality in Nigeria under three broad categories: social/cultural, epistemological, and strategic factors, it endeavours to set the context for the study and facilitate better understanding of other research outcomes.

**Chapter 7 reports on the quantitative analysis** of the media content. It reports these results in graphs and charts and provides some narrative in support of the data. This analysis shows frequencies and other patterns in the media coverage, helping to identify key agenda setting approaches.

**Chapter 8 reports the frame analysis** of a sample of media articles for both HIV/AIDS and maternal mortality. It discusses the chosen approach and the different frames identified within the text. Some of these frames include the human rights frame, the health and science
frame and the development frame. It concludes with a comparison of the deployment of these frames to both maternal mortality and HIV/AIDS.

**Chapter 9 extensively discusses strategies employed by sources/issue proponents** in the engagement and use of media. Some elements discussed include the role of communication in strategic planning, the role of media in the advocacy process, and elements of the NGO-media relationship such as collaboration, trust and source epistemy. The opinion of sources in relation to the extents and limitations of media agenda setting are also discussed here.

**Chapter 10 discusses the factors influencing the media agenda.** The chapter is divided into two sections. The first section discusses the results on the media agenda including propositions on the media as an umpire and the influence of journalistic norms of media agendas. It then proceeds to highlight the source media relationship, the NGO-media relationship and elements such as trust and collaboration. The section then highlights the media government relationship and compares epistemic considerations for NGOs and governments, as posited by the respondents (media personnel). The second section then delineates the application of these principles in the media agenda setting for maternal mortality and HIV/AIDS, including recommendations for maternal health advocates.

**Chapter 11 is the concluding chapter of this thesis.** It synthesizes the results from the different chapters and discusses these results relative to the each of the research questions. The chapter then revisits some of the ideas in previous chapters and extensively discusses their implications for theory and particularly for practice. It concludes by presenting a framework that advocates of maternal health can utilize for future interventions in media advocacy.
Chapter 2
Literature Review I
(Maternal Mortality)

For most of history, Anonymous was a woman

Virginia Wolf
2.1 AN OVERVIEW OF MATERNAL MORTALITY

2.1.1 Statement of the problem

Maternal mortality is the largest indicator of disparity between developing countries and the rest of the world. Twenty years after the safe motherhood initiative was launched, the earlier identified patterns of maternal mortality have continued apace. According to the United Nations MDG Goals report in 2008 (Pg. 24), “The risk of dying in pregnancy and childbirth continues unabated (emphasis mine) in Sub-Saharan Africa and Asia.” As it was in 1987, the statistics remain the same in 2009; worldwide over 500,000 women still die of complications related to pregnancy and childbirth every year, and 99% of these deaths occur in developing countries.

It is noteworthy that two-thirds of all maternal deaths globally occur in just ten countries, including Nigeria. In these countries, hemorrhage, obstructed labour, induced abortions, sepsis and hypertensive disorders are the five major direct medical causes of poor maternal health, accounting for approximately 80% of all maternal deaths. Anaemia, viral hepatitis and tuberculosis are some of the other primary causes of maternal deaths and account for the remaining 20%. Nigeria has one of the highest maternal mortality rates in the world, second only to India, with both countries accounting for two-thirds of all maternal deaths globally. The estimated maternal mortality ratio is 1100 per 100,000 live births with 1 in every 18 women still facing a lifetime risk of maternal death (UNICEF, 2011).

Across the span of almost a decade and a half (1995 to 2009), statistics show only a 9.3% increase in the proportion of women attended, at least once during pregnancy, by a skilled
medical attendant (United Nations, 2009: 26). However, this can elicit some misconception that the provision of emergency obstetric care alone suffices for a solution to the problem. While it certainly has its implications (further discussed alongside other propositions within this text), factors that indirectly increase the risk of maternal death are also big contributors to the maternal mortality problem. Such factors include illiteracy, poor nutrition, poverty and the lack of access to family planning services and contraception, all of which have been found to be just as relevant (Maine, 2001). Furthermore, there are certain cultural factors such child marriage that result in teenage pregnancies soon after the onset of menarche (Okonofua, 2006). In addition, the state of public infrastructure such as roads and transport systems further inhibit women’s ability to access care.

In Sub-Saharan Africa for example, fertility rates remain high in women of childbearing age with 1 in every 4 married women having an unmet need for safe ways of delaying or avoiding pregnancy. Such deficiencies are a violation of their rights as stipulated by article 12.1 and 24 of CEDAW and increase their chances of death from recurrent pregnancy (UNICEF, 2009). This unmet need for contraception is not restricted to married women alone but also extends to adolescents, who have shown an even higher maternal mortality ratio of 4863 per 100,000 live births in Nigeria (Airede and Ekele, 2003:163). For girls in this group (i.e. between the ages of 15 to 19), pregnancy has been identified as the leading cause of death, as those within this age bracket are twice as likely to die from childbirth and related complications when compared to women over age 20 (UNPFA, 2004).

For many of such adolescents, these pregnancies were unwanted but were not prevented mostly because of a lack of information on contraception and its uses (Otoide et al, 2001). As a result, many pregnant adolescents resort to illegal and dangerous abortions and the
consequent complications account for 72% of all deaths in young women under 19-years old in Nigeria (Opani and Opani, 2000). It also accounts for 40% of all maternal deaths in general (precisely 70,000 women), making it the largest single contributor to maternal mortality each year (Otoide et al, 2001; Williamson et al, 2009). These facts imply a neglect of responsibility or a deficiency in foresight as an estimated 90% of these deaths in adolescents and 32% of all maternal deaths can be prevented through the use of effective contraception (Glasier, 2006).

2.1.2 Measuring Maternal Mortality: a peculiar challenge

Measuring maternal mortality accurately is one of the challenges to generating political priority for the problem and ultimately averting maternal deaths in certain political contexts because the figures are only estimates and have at times been contested by political actors, as exaggerated. In Nigeria for example, on the 16th of February 2009, the minister of information and champion of the Nigeria image project1, Professor Dora Akunyili, challenged the UNICEF country director during a presentation of the UNICEF 2008 country report on maternal mortality. In her opinion, the statistics did not represent the reality on ground and were designed to give Nigeria a bad image (The Tribune, 2009). Her position was corroborated by the Nigerian First Lady, Turai Yar’Adua, who claimed that, in her last visit to hospitals on a pet project, she was told that no woman had died in childbirth recently (Nigeria health watch.com, 2009).

1 The Nigeria Image project is a communication campaign funded and spearheaded by government to reorient the reoutation of Nigeria from one of fraud and corruption to a land of opportunity [font should be same as main]
In my view, the validity of Professor Akunyili’s argument is weak and only serves to increase the drama surrounding maternal mortality, undermining the need for urgent intervention. For in the same country (Nigeria), the ministry of health statistics reflect a far higher rate than that which is presented by UNICEF, with regional statistics showing northern states to have a rate which is 200% higher than that presented in the UNICEF report (Nigeria health watch.com). Post the Akunyili versus UNICEF episode, health practitioners in Nigeria made efforts to contact the government to discuss the issues that have been raised by UNICEF and Professor Akunyili but had no success.

Professor Friday Okonofua is secretary-general of the Society for Obstetricians and Gynaecologists of Nigeria (SOGON) and former executive director of the International Federation of Gynaecologists and Obstetricians (FIGO). According to her/him in (in personal interview with author, 2009),

> Those figures indeed do not reflect the reality on ground, because they are highly underestimated. Perhaps they need to ask those of us who do the work and the minister of health who is a medical practitioner. If we were to take into account deaths that occur in rural areas at the hands of witch doctors, faith based organizations and TBAs, you can understand that this is a very serious matter.

Maternal mortality is measured using three main indicators. These are: the maternal mortality ratio (MMR), which is the number of maternal deaths per 100, 000 live births (usually over a period of one year); maternal mortality rate, which is the number of deaths in a period per number of women of reproductive age in the same period; and lifetime risk of maternal
mortality, which is the probability of a woman dying from maternal causes over the period of her reproductive lifespan (UNICEF, 2008; maternal-mortality-measurement.org, 2010).

One of the fundamental challenges with measuring maternal mortality can be inferred from its definition, which is “the death of a woman while pregnant or within 42 days (emphasis mine) of termination of pregnancy, regardless of the site or duration of the pregnancy, from any cause related to or aggravated by the pregnancy or its management.” (UNICEF, 2010: 7) These causes may be direct or indirect, and both categories have implications for the measurement process. Direct causes such as hemorrhaging and obstructed labour are far easier to determine because they typically occur at the time of birth in the health institutions.

However other indirect causes such as sepsis, complications of abortion or even secondary postpartum hemorrhage, which can set in days after delivery, may occur within the ’42-day’ time period, when the patient has been discharged and may no longer be receiving medical attention (Yamin and Maine, 1999). In addition, there are also academic discussions in regards to the relationship between maternal morbidity and maternal mortality (Campbell and Graham, 1991), for while morbidity is an outcome in its own right, it can be a precursor for mortality. In certain situations, acute morbidity is “physiologically inevitable” (Bergstrom et al, 2001: 82) and, sometimes, chronic morbidity (such as vaginal fistula mismanaged over a long period) can lead to mortality.

Betran et al., (2005) state that the declaration of the millennium development goals have increased the demand for measuring maternal mortality. However, according to WHO (2007), in 2005, 61 out of 171 countries (representing a quarter of global births) did not have any valid national level data on maternal mortality and for such countries, regression models are
used by global agencies to estimate maternal deaths. These models rely on sources such as civil registration systems, reproductive age mortality studies, direct surveillance and census figures. Other sources, including the sisterhood method, determine maternal deaths by “the proportion of adult sisters dying during pregnancy, childbirth or the puerperium, reported by adults during a census or survey” (Graham et al, 1989: 125).

Campell and Foster (2007), however acknowledge the deficiencies of these sources especially in developing countries where the civil registration system is poor and many of these deaths occur at home and are not reported to the health care or civil registration system. In these settings, Betran et al (2005: 131) describe the process as “notoriously difficult”, positing that this further weakens attempts to assess the global situation and monitor trends. In addition, Shahidullah (1995) identifies a disadvantage of the sisterhood method: that ‘shameful’ deaths such as those resulting from abortions or in unmarried women are not likely to be reported.

In countries like Nigeria, the propositions of Campbell and Foster (2007), Okonofua (2009) and Shiffman (2000; 2007) are validated by the statistics from the ministry of health, showing higher rates in rural areas particularly in the north (UNFPA in partnership with Engender health, 2003). A major reason for this is the lack of medical facilities and a consequent high dependence on traditional birth attendants (also known as TBAs). The World Health Organization (cited in Ledham, 1985) defines a TBA as a person who assists the mother during childbirth and who acquired her skills initially by delivering babies herself or by working with other TBAs. In many developing countries, TBAs are predominantly found in rural areas and those with the least disposable income typically employ their services.
Bergstrom and Goodburn (2001) state that TBAs attend a majority of deliveries in developing countries but also acknowledge that there are methodological constraints to measuring maternal deaths which occur through, or are averted, by TBAs. This may be because most TBAs are illiterate and have no substantial records system. Moreover, due to their lack of medical training, they may not be able to identify as maternal, deaths which occur post-delivery within the 42-day time period stipulated by UNICEF. Deaths that occur in these scenarios remain unreported and further validate the ‘underestimation argument’ (ibid).

Based on the preceding literature, I am inclined to concur with scholars and practitioners like Okonofua, Campbell and Shiffman, who posit that the statistics are underestimated. Notwithstanding, the ‘exaggerated statistics’ side is not totally devoid of an argument, however weak. According to UNICEF:

> Measures of maternal mortality are prepared with a margin of uncertainty...the actual rate may be higher or lower than the average. Although this is true of any statistic, the high degree of uncertainty (emphasis mine) of maternal mortality ratios indicates that all data points should be interpreted cautiously. UNICEF (2009: 7)

Policy makers like Akunyili can use positions such as these, from the development experts themselves, to undermine the validity of their (experts’) work and contest data that does not serve the prevailing political agenda. On this note, the question arises of how big the maternal mortality problem really is; practitioners insist that it is in reality catastrophic but some policy makers assert that it has been abated and the statistics are grossly exaggerated. In finding some middle ground, I must bring to the fore again the earlier highlighted point about the value of statistics and a strong paradox in this debate: that is, maternal mortality as ‘victim’
and ‘perpetrator’ causes damage on the side of the woman as much as it does on the side of society in general.

Before closing this section, I reiterate that we must not miss the essence of this discussion, for the issue in question and perhaps not for this academic exercise, is not whether the estimates are exaggerated or not, that is beside the point. On the contrary, the figures (whether exaggerated or precise) are an indication of a problem that threatens life and society on no small scale. UNICEF (2009:7) acknowledges that although the maternal mortality rates are imperfect and that much more work is still required to refine the process of data collection and estimation, “they reflect a strong commitment on the part of the international community to continually strive for greater accuracy and precision.”

In expending energies contesting the truth or falsehood of the exact statistics, attention is drawn away from the core to the expendable elements of the debate. Indeed, for a six-week period following the incident between UNICEF and the minister of information, (mini content analysis by author, 2010), media coverage on maternal mortality rose; however, a high percentage of those reports focused on the debates between UNICEF, the first lady and the minister of information, with the Nigeria image project being the central theme.

The media sensationalized the affair and little attempt was made to leverage on the episode to engage the polity and raise political priority for maternal mortality. In contradistinction, blog sites featuring Nigerian activists and health practitioners reported the issue differently. In the opinion of some bloggers, Yar Adua’s call to UNICEF to “redo” the research was a reflection of the typical Nigerian tradition of rigging elections (Nigeria world.com, 2009; all
voices.com, 2009; Odili.net, 2009). Many of them insisted that exaggerated or not, the figures were indicative of a problem.

When this entire episode is evaluated from an agenda setting perspective, the Nigerian Media may well have made a ‘good waste’ of a powerful trigger event (Dearing and Rogers, 1996). This singular occurrence could have served as a platform to launch a campaign for combating maternal mortality and raising awareness among the public and polity. This further justifies the need for academic research into the media agenda as well as the factors influencing the various alternative specifications that any issue is given.

2.1.3 Maternal Mortality: A Human Rights Problem

The preceding discussions and the statistics hopefully serve to reiterate the weight of the maternal mortality burden. However, as can be the case with statistics, there is a tendency to assume that the import of the problem is directly proportional to the strength of the numbers. This in itself is not necessarily a disadvantage as it sometimes helps us put the problem in perspective. However, in defining the extent of the maternal mortality challenge, there has arisen the need to take into cognizance the broader quandaries and perhaps adapt more critical perspectives than have been previously employed.

In the past, much research and political emphasis has been on the death of women and for the most part, the loss of [an individual’s] life. However, as I suggested in the introductory chapter, there is a need for a paradigm shift in key players to a more holistic approach; one in which we may begin to see the subject of maternal mortality as not only a ‘victim’ but also as a ‘perpetrator’. Because the majority of maternal deaths are preventable, it stands to reason,
that if a woman will survive in one country and die in another from the same preventable causes, then she is the victim of the deficiencies of those who govern the political space within which she exists.

Shortly within this chapter I shall be discussing a range of approaches that have been suggested to addressing the problem of maternal mortality. While each of these approaches are strong in their arguments, the human rights perspective, for the purpose of this thesis, is perhaps one of the most encompassing approaches to addressing the challenge of maternal mortality. It relies on the international human rights system as a foundation for the protection and promotion of women’s reproductive rights, and consequent reduction of maternal deaths. Some of these rights include those related to equality and non-discrimination, family life and survival (United Nations, 2010).

The argument put forth by those who promote this perspective is that carefully contextualized rights-based approaches can facilitate current initiatives for reducing maternal mortality globally. Merali (2000: 609) encapsulates the core of the human rights approach, stating that, “the improvement of reproductive health is not only a matter of effective health interventions, but also a matter of social justice and human rights.” The rationale for this is straightforward: if the causes of maternal mortality are preventable and women in certain countries are eligible for a safe delivery while those in some other countries are not, then there is some level of influence of geography and the political space within which such women exist.

Freedman (2001) furthers this rationale stating that the death of a woman is a tragedy and can be medical, biological, a health system malfunction, and a family or community responsibility. In defining the extent of the problem therefore, she asserts (pg. 52) that: “when
multiplied many times over nearly once every minute, then it is a social injustice of massive proportions.” However she acknowledges the complexity of the situation and states that

*It is not simply that women’s lives and health are devalued; it is the intersection of such gender discrimination with imbalances of power by race, ethnicity, class and age, within households, across societies, and between countries that shapes the patterns of maternal mortality.*

Both Freedman and Merali explain that some of these factors are evidenced by the subordinate status that women have in these societies, in addition to the fact that those mostly affected by maternal mortality are women who are already poor and marginalized by society. On this basis therefore, Merali (2006) highlights a need for “framing state neglect to address preventable causes of maternal mortality as an issue of social justice”, a new perspective to the right to life and survival. There is therefore some strength in the human rights approach to combating maternal mortality.

The challenge with this approach in Nigeria however is the fact that that the various instruments such as the Convention on Elimination of All forms of Discrimination against Women (CEDAW) which highlight these rights, are not necessarily legally binding in Nigeria, where the convention is yet to be domesticated as law. Moreover, the measurements of the extent to which these rights are violated are also subjective from one socio-cultural context to another. Nonetheless, Merali (2006: 612) states that these conventions, which have been ratified by the various member states, “symbolize the consensus of the world community on the importance of the protection and promotion of reproductive and sexual health.”
Still, if the power remains with treaty monitoring bodies to enforce these conventions, then they are limited in their ability to do so, because they lack sanctioning power and can only report to larger governing bodies. The sheer bureaucracy of this process in itself undermines the entire human rights approach. In expanding on this point, I shall highlight some of the factors discussed by Stanchieri, Merali and Cook in 2005, in their publication “the application of human rights to reproductive and sexual health: a compilation of the work of international human rights treaty bodies.”

From their analysis, they identify a fundamental challenge that countries like Nigeria face in domesticating conventions like CEDAW or instituting a human rights approach to sexual and reproductive health issues. This challenge lies in the country’s three-pronged legal system: statutory, customary and religious. The variations in these three systems do, to some extent, “hinder compliance of the State party with its obligations under the convention and leads to continued discrimination against women” (ibid). Proposing a solution, the CEDAW monitoring committee called for civil society to act as a force in ensuring that the state domesticates the convention in Nigeria, and this appeal is echoed by the United Nations.

Professionals like Freedman (2001: 53), however, are able to understand the implications that such cultural and religious influences can have on the rights based approach to reducing maternal mortality. On this note, she advocates that we should recognize the existent forces that must be cut through to create a different “politics of public health” around maternal mortality, if it is to go beyond a mere rhetoric. Explaining this further, Freedman acknowledges that the human rights perspective has human dignity at its core and is…
...meant to inspire profound and fundamental change in the most everyday interactions of life. Of course, such change does not happen by blueprint or by edict. It does not happen by trampling blindly over dearly held beliefs and values. It must happen through a kind of locally sensitive but still daring venture, one that requires creativity and a feel for the unique dynamics... (ibid. pg. 53)

She reiterates again the issues of power and policy and the factors that ‘keep things the way they are’ and the need to challenge these powers. However, she also notes that this is best done by treading softly, through dialogue and consensus. In summary, it demands that all stakeholders “have the courage to call, each in his or her own voice and with his or her own means, for the re-arrangements of power necessary to change the unacceptable” (pg. 53). Therefore these structures of power should be held accountable and here, the role of the media as the voice for the vulnerable of society cannot be overemphasized. This responsibility is not the media’s alone but also includes a range of stakeholders and I discuss some of these stakeholders in the next section.

2.1.4 The Role of Stakeholders

In defining the stakeholders in the maternal mortality problem, there is the unique challenge that begins with identifying the boundaries of the problem, which this text has attempted to do in the previous section. If we see maternal mortality as a problem that affects society in general, then its stakeholders lie on a wide spectrum of individuals and groups, starting with the smallest unit of society, which is the family.
However, for the purpose of this thesis, I will restrict the definition of stakeholders to those who have the ability to influence the status of the maternal mortality debate at the macro societal and political levels. This will therefore include civil society groups such as NGOs, professional bodies, international donor agencies, government agencies and of course, the media. In this section I shall be focusing on NGOs (Northern and Southern) and international donor agencies and the complex relationship that exists between these groups and the state and, by extension, the implications for maternal mortality.

2.1.4.1 Why NGOs matter

In discussions about developmental issues, the role of NGOs on all levels must be highlighted. Arrossi et al. (1994: 37) acknowledge that in many countries, “a combination of local NGOs and International voluntary organizations has become as, if not more, important than government in certain areas of social policy and in the delivery of certain services.” Arrossi and his colleagues introduce an interesting discussion on the role of NGOs, central to the fact that the relationship between such bodies, donor agencies and governments has become one of the most effective mechanisms for implementing development programs.

The term NGO originated in the 1940s and describes “a range of organizations or institutions whose only common feature is the fact that they are not part of any government and their primary purpose is not maximizing profits” (Leed cited in Arrossi et al, 1994: 38). Often referred to as the third sector (Hudock, 2001: 1), Hulme and Edwards (1997) show a progression in the growth of the 176 ‘International NGOs’ of 1909 to 28,900 in 1993. They demonstrate that the growth of NGOs has not been by chance and highlight some factors that have led to this trend. One of such factor is the fact that NGOs have a long history of
providing welfare services, especially in countries where governments are unable to do so. Secondly, they have grown into becoming essential components of a vibrant ‘civil society’ and in some ways are the evidence of true democratization.

Moreover, as Clark (1997: 43) observes, as governments try to address societal issues, ranging from gender and ethnic biases to environmental degradation, it is clear that their macro structures are insufficient in involving the poor and their communities in the decision making process of resource allocation. In such scenarios, NGOs serve as a useful instrument in reaching these identified categories. This is sometimes done in collaboration with the government and at other times, parallel to government initiatives. Furthermore, because NGO resources are often additional, they have sometimes served to fill the gaps in the public and private sector (Brantton, 1999). On these premises therefore, it is not unusual that huge efforts are made to create an enabling socio-political and economic environment for the development of NGOs, facilitated by national and international governments and agencies.

This enabling environment however does not necessarily equate to action or more appropriately, effectiveness. For while certain factors may be in place, there are also a number of constraining elements. Some of these constraints unfortunately, are inherent in the framework of delivery of the same factors that have been put in place to ‘enable’ the development and performance of NGOs. For clarity, I draw attention to some of these elements that bedevil the work of NGOs and in many ways undermine their level of involvement or performance in issues such as maternal mortality. These factors include the relationship between northern NGOS and Southern NGOs, the relationship between NGOs, States and donors, and the question of accountability.
2.1.4.2 The relationship between Northern (NNGOs) and Southern NGOs (SNGOs)

Southern NGOs (SNGOS) are best understood to be NGOs which are located in less developed countries (irrespective of whether this is in the southern hemisphere or not) and northern NGOs (NNGOs), are located in the Northern hemisphere or more developed countries (Hudock, 2001). Hulme and Edwards (1997: 21) narrow this description further by stating that northern NGOs refer to NGOs with their headquarters “in the north (that is OECD Countries)”.

Often, Northern NGOs may be seen to refer to southern NGOs as ‘partners’ in the execution of their projects and distribution of their resources in the countries where these southern NGOs are operational. This relationship is often based on the Southern NGOs ability to understand the local communities, speak the language and often appreciate the political context in which the intended developmental activities are to take place (ibid). The term ‘partnership’ however, can create a false sense of equal contribution or equality in some other sense, at least to the extent that both parties have some or perhaps equal level of influence in their affairs as an entity.

This however is not necessarily so. Ann Hudock (2001) proposes a very engaging thesis on this relationship stating that hardly any Northern-Southern NGO relationships are based on the type of “equal exchanges that are inherent in any partnership” (pg 20). She asserts that that the real picture is one of dominance by Northern NGOs and one of dependence by Southern NGOs because of greater availability of resources on the part of the former. Her propositions may therefore be summarized thus: that “the way financial resources are
-channeled to NGOs and the nature of relationships forged in the process, determine NGO capacity” (pg 2).

Hudock draws our attention to the prominent aspects of academic and professional discourses around NGOs today: issues such as leadership, organizational structure, resource expenditure et cetera, often emphasized at the expense of more important issues such as resource acquisition, and “the implications this process has for their autonomy and therefore, credibility” (pg 6). Drawing from her experience on the field working with a Southern NGO (SNGO), Hudock is able to demonstrate that the constraints that SNGOs face in executing their corporate objectives and programs are as a result of the structures put in place by Northern NGOs (NNGOs), who are often the source of their funding. In her opinion, SNGOs are essentially contractors and extensions of these donor agencies, and spend their time instituting the required administrative structures and accounting for these funds based on the demands of NNGOs.

Hudock’s position perhaps calls for a shift in research emphasis as well as professional enquiry, to what may previously have been considered secondary in its importance: to question the fundamental concepts of NGO – donor relationships and their implications for the capacity of NGOs to deliver on their objectives. On this note, an important question would be, what implications do donor funding and the attached requirements have for NGO capacity? While in comparison to issues such as accountability and leadership, such a question may appear trivial, it is no doubt important in addressing long standing issues like maternal mortality.
However, this is not to say that the role of accountability should be misconstrued to be one of no importance. For while Hudock proposes a thesis on NGO relationships that is strong in its implications for SNGO performance, by the same token, it is weak in its insinuations that processes and structures that engender accountability are not a priority. This is particularly so in developing countries where corruption is often the order of the day. This call for accountability is re-echoed in the writings of authors like Uphoff (2001), who, in contrast to Hudock, claim that NGOs are not a third sector; and Biggs and Neame, who push for increased accountability without undermining autonomy. However, for the purpose of this academic exercise, autonomy and the implications it can have for salient issues like maternal mortality, is the focus of the discussion.

In buttressing Hudock’s proposition, I present an excerpt from an informal conversation with Mr. James Falaiye, senior editor and writer at Ghain (Global HIV/AIDS initiative) Nigeria, a USAID funded project. When asked why maternal mortality did not seem to feature as a priority with many NGOs in Nigeria, including Ghain, his response was:

*It is donor funding. Even if you wanted to do it, you have to turn your attention to where the money is going to. So if the donors say it is HIV this year, and then everybody turns their attention to HIV and suddenly become HIV specialized NGOs...simple!*

This therefore implies that NGOs whose primary objectives and area of expertise do not tie in with donor funding objectives at a given period, are by default, undermined in their capacity to deliver on their corporate goals and mandate, due to a lack of funds.
We can therefore see that Hadock’s position is not a singular one; professionals like Falaiye concur and in this instance, so do I. Furthermore, I would argue that it places much responsibility on NNGOs to reconsider their strategies in dealing with SNGOs, particularly in relation to funding requirements. This new position would entail enabling SNGOs to have a significant contribution to the structures and processes by which they receive funding and to what end those funds are utilized; a corporate order that’s opposite or perhaps far from the differential politics that currently prevails. In addition, as Hudock states (2001: 32), it will require a reconfiguration of their own structures so that they are more responsive to SNGOs in matters of this nature. This will help ensure that SNGOs whose core areas of expertise are long standing issues such as maternal mortality, are able to continue in their work and strengthen their capacities to do so even more effectively.

2.1.4.3 NGOs, States and Donors: a complex relationship

Operating at a different level than NNGOs or SNGOs are entities that have the ability to exert even higher levels of influence on the aforementioned groups. These entities may be summarized under two categories: States and donors (bilateral and multilateral). For the purpose of this thesis, I shall define donors thus: multilateral donors are international agencies funded by international structures such as the United Nations, who have no allegiance to any nations in particular but those in need at each point, considering above all else the wellbeing of all its member states such as UNICEF. Bilateral agencies include entities like DFID (Department for International Development), USAID (United States Agency for International Development) and other country funded bodies that extend a hand of support to nations with which they have a friendly political relationship. I use the term
States within this text; the term ‘States’ is used in reference to country governments or ruling political structures.

In defining the role of donors, Harry Blair (1997: 31) states that, “donors directly contribute resources (largely financial support and technical assistance) to strengthen civil society, generally in the form of foreign assistance projects.” He delineates a framework of how this support works, predominantly in four phases with the first phase constituting direct involvement (in an institution building approach) to the last one, which excludes any direct donor influence. In summary therefore, donors work to build civil society organizations and then send them off on their own course. However, when all factors are considered, the relationship is not as smooth in reality as it is in documentation, particularly in relation to funding.

Blair suggests that large successful NGOs are usually under pressure from donors to receive more funds, having been tested and perhaps trusted. This pressure can however have a negative effect such as “a decline in performance, if this entails institutional growth faster than the management capacity of the NGO can cope with, or a shift in the direction away from the proven competence of the NGO” (pg 52). Using an example of an NGO in Kenya, he shows how this scenario can cost the NGO its original agenda, affect its relationship with other NGOs and affect its advocacy effectiveness towards government. This brings us again to Falaiye’s propositions and my earlier highlighted point about a need for a fundamental shift in the relationship between NGOs and donors; a position that allows NGOs to be a vital part of the decision making process especially with regard to funding initiatives.
In reference to the NGO capacity building efforts of donors, Blair shows that there are often other ongoing foreign assistance or foreign policy related projects on which the productivity of donor relations with civil society are contingent. Bebbington and Ridell (1997) highlight one such scenario. They state that the reason civil society is empowered is so that it in turn empowers those who do not have a voice in society. However, this makes sense when such initiatives do not, at the very least, weaken the State’s capacity to deliver those services. However this is not always the case as they state that, “it is not uncommon for donors to talk of strengthening civil society at the same time as they contribute to, or endorse, programs which reduce state capacity to respond to the demands of civil society” (pg121).

Such scenarios can have an adverse effect for NGOs, particularly those funded by foreign agencies. Problems may arise between government and local NGOs, particularly as governments begin to feel less and less influential in the decision making process with regards to developmental issues (ibid). While it is possible to dismiss such tensions as not being central to NGO success, to do so would constitute an error in judgement. It is indeed understandable that this relationship can sometimes be strained, as some NGO objectives may be at variance with those of government. This is often the case when governments come in with their own agendas (as is typical), which are often short term, containing elements that may not be on the same priority lists as those of NGOS or international agencies, whose agendas are often long term. And in sensitive issues like human rights, NGOs have been known to work directly with international donor agencies, challenging the ruling parties and pushing a more internationally acceptable agenda.

Nevertheless, and with deference to the ‘nobility’ of such NGO positions, I would advocate that the relationship between NGOs and States should be, where possible, a favourable or at
least a cordial one as governments can use tools of legislation among others, to hinder the work done by NGOs. A collaborative relationship is best, particularly where the objectives of both parties are not at variance, such as in countries like Nigeria, on the subject of maternal mortality. The disadvantage of not having such a relationship is evidenced in the defensive (or perhaps offensive?) approach taken by information minister Akunyili, to the UNICEF report on maternal mortality. The lack of collaboration between government and international agencies in this instance resulted in a possible waste of an opportunity that could have been leveraged upon for generating political priority or at the very least political attention and consequently change. In proposing strategies for moving forward, UNICEF itself acknowledges this need for collaboration, alongside political commitment, particularly in Africa and Asia.

I must be careful here to highlight that my position is not a campaign for NGOs to lose their independence: that would amount to the similitude of one who has sold his birth right. Rather this is a call for interdependence, in a bid to achieve maximum effectiveness. The validity of this argument cannot be overemphasized, particularly in developing countries where the democracy may still be considered young, with government controlling most social structures including the media. The implications of such a relationship for media participation and agenda setting are enormous and are discussed further along this text. Experts like Clark (1997) concede to such a proposition, calling it a complimentary rather than a competing contribution that facilitates collaboration and support. This suggested interdependence can be kept in check by continued financial independence on the part of NGOs, facilitated by the contributions of donors, and delivered under the earlier proposed conditions. Such financial independence is vital, if NGOs are to retain their ability to challenge governments when the need arises to do so.
2.2 CONCLUSION

2.2.1 Generating political priority for maternal mortality

In the initial sections of this review, the focus has been on providing a brief overview of the maternal mortality challenge. The text then proceeded to discuss various perspectives on combating maternal mortality: namely the health perspective, the wealth perspective, the empowerment perspective and the human rights perspective. In addition, it provided insight into some of the international initiatives geared towards averting maternal deaths and how these have fared in the various countries.

This section concludes this literature review and it sets the stage for the proceeding section on agenda setting as a theoretical framework for generating political priority for maternal mortality. Within this concluding segment, I shall be discussing predominantly the works of Jeremy Shiffman, a political scientist whose work focuses on maternal mortality and its political salience in developing countries. In addition to Shiffman’s work, I shall refer to some developmental opinions in relation to the subject and endeavour to provide a concise summary on the challenges of generating political priority for maternal mortality in Nigeria.

2.2.2 Why political priority is imperative

It is evident that the issues that serve to aggravate the maternal mortality problem are so complexly interwoven that there is no singular approach that would serve as a panacea. It also goes without saying that a number of those issues (e.g. culture and empowering women) are not necessarily a matter of resources but rather, are a matter of commitment (Freedman et al,
2005), not only on the part of government but also of society at large. How this commitment may be encouraged is therefore the challenge that health care practitioners and developmental experts are faced with today.

In discussing the various perspectives on averting maternal deaths, this text has mentioned Shiffman’s (2000) position on the subject, particularly in relation to poverty. However, I will bring to the fore again here his salient argument, which is that, limited material resources do not necessarily bind poor countries to high maternal mortality rates. On the contrary, political and social commitment to the health sector and empowerment of women is what is required.

Before proceeding to build my discussion on this fundamental proposition, I must mention as an aside, that while I concede with Shiffman on many points, I am reluctant to agree whole heartedly that resources do not play a role at all in abating the problem. For where there is the political goodwill but no resources to further that goodwill, it remains what it is called: goodwill, and therefore lingers in the realms of emotion and intangibility. The complexity of that argument however is perhaps not for this academic exercise. However, for the purpose of this thesis and in relation to Nigeria, Shiffman’s propositions stand true; resources are hardly the problem, at least not on the same level as it is for many other developing nations that have been able to combat their high maternal mortality rates. On that note, the lack of political priority is the major challenge and this proposition is the core of this thesis.

In buttressing this argument, I draw attention to the earlier parts of this text, particularly my introduction of the maternal mortality problem. In that portion, it was stated that the majority of maternal deaths occur in developing countries, with India and Nigeria having the highest maternal mortality rates respectively. Therefore it is easy to assume that the state of things is
the result of poverty and/or slow development. Obviously, some of Shiffman’s work (ibid) refutes this argument. In addition, the suggestions of Freedman and her colleagues (2005) perhaps serve to discourage us from such overly stereotypical thinking in relation to developing countries. In their recommendation to the United Nations on the Millennium Development Goals (2005: 7), they state that:

We have the technology, the specific health interventions, to prevent or treat the vast majority of conditions that kill children and women of reproductive age...in that sense, the challenge is not a question of medical technology...the challenge is social, economic, cultural, and unavoidably political, in the sense that it relates to the distribution of power and resources within and between countries.

The above statement amply encapsulates the reason why maternal mortality remains a long-standing challenge in countries like Nigeria. The lack of political will or more precisely the lack of action in furtherance of political goodwill is a major deterrent of international and civil society efforts to abate the maternal mortality challenge. And in her advocacy for a human rights approach, Freedman states that (2001) “dignity and equality therefore are key in this discussion and highlights the fact that the solution does not always have a financial implication but merely requires an attention to detail and a deliberate desire for change.”

In attempting to explain the complexity of getting maternal mortality on the political agenda, Shiffman (2007) acknowledges that competing health priorities can influence policy attention. This possibility is elaborated upon in the upcoming section on agenda setting. Giving an example of India, he explains how maternal mortality was relegated to the backseat for many years, putting population control, child mortality and polio on the top of the list of
issues deserving of political attention. In empathizing with polity on this challenge, Shiffman and Okonofua (2007) state that political leaders are burdened with a number of issues each year and have limited resources to deal with them. They therefore surmise that the challenge for health advocates lies in how to ensure that leaders consider their issues of interest worthy of political attention to begin with.

In an endeavour to propose a preliminary framework for abating maternal deaths, Shiffman (2007) summarizes his ideas under 3 categories. These are: transnational influence, domestic advocacy and national political environment. Space will fail me to discuss all of these elements extensively. However for the purpose of this review, I shall highlight the importance of domestic advocacy, which consists of four elements: unity among advocates, the role of political champions, focusing events and practical political solutions. More specifically, the first three elements are my focus in this instance, as the fourth element (i.e. practical policy solutions) would seemingly become a matter of relevance, only when the issue itself gains political attention.

The importance of unity among advocates has been highlighted by numerous authors, some of whom have already been mentioned in this text (Blair, 2007; Harris, 2007, Shiffman, 2006; UNICEF, 2009). These and many others, emphasise that the strength of civil society is enhanced where there is unity in their structures and objectives. In particular reference to Nigeria, Shiffman and Okonofua (2007) state that even though opportunities have emerged to generate political priority for maternal mortality, one of the major deterring factors remain the failure of government and/or civil society champions to come together to form a strong force pushing for change. Acknowledging previous attempts at unifying these advocates, the
authors state that it remains a loose network of connections between individuals and organizations, not the unified political force that it ought to be.

The presence of a strong political champion to reduce maternal mortality is also an important tool for generating political priority. In his study of maternal mortality reductions in five countries (2005), Shiffman is able to show the importance and influence wielded by political champions who decide to take up the reduction of maternal mortality as a personal and political cause. Concrete measurable results are most evident in Indonesia, where the assistant minister of women’s roles was able to enlist the president into a campaign to enlighten people on the plight of women and to consequently raise budgetary allocations for the problem. While this individual in this instance was a man, perhaps there is an even higher possibility of such champions emerging if they are women – a notion which is supported by the empowerment perspective (ibid).

The importance of this proposition is certainly demonstrated in Nigeria as Shiffman and Okonofua show in 2007. Elaborating on the reduction of maternal deaths in Anambra state, they explain that the level of success recorded may be attributed to the commitment shown by the commissioner of health in 2005, who was a member of the society of obstetricians and gynaecologists of Nigeria (SOGON). Finally, Shiffman discusses the importance of focusing events in bringing visibility to the issue. Examples of such events include the global safe motherhood conference in Nairobi in 1987, the safe motherhood conference organized at the national level by the Nigerian society of obstetricians and gynaecologists in 1990 and specific PR initiatives by the white ribbon alliance to generate visibility for the issue in 2000. According to Shiffman, events of such nature serve to turn political attention to maternal
mortality and, in some of the countries studied, were pivotal to the reduction of maternal mortality rates.

In direct relation to Nigeria, Shiffman and Okonofua identify a number of limiting factors. One of these is the structure of the political system, which consists of sub-national governments. What this implies is that, because Nigeria operates a federal, state and local government system, there is some level of autonomy at the lower levels. Therefore, while there may be federal initiatives to combat maternal mortality, commitment to these cannot be guaranteed at state and local government levels, where the political agendas may be different. Worse still, Shiffman and Okonofua state that “local officials pay minimal political costs for the issue” and are not held accountable for maternal deaths which occur in their territories. They therefore suggest that this challenge requires accurate data and measurement of maternal deaths as well as a reorientation of the minds of these political leaders, away from political self-interest to social welfare.

It is noteworthy that in Shiffman’s discussions, his work with Okonofua and indeed in most of literature on generating political priority for maternal mortality, there is little or no mention of the role of the media and that further emphasises the import of this thesis. While it may be assumed that perhaps this is indicative of minimal media capacity to influence such matters, it may well also be indicative of limited knowledge on the part of such scholars about the agenda setting capacities of the media or the factors upon which it is contingent. The media’s ability to influence Health issues like HIV Aids is proof of this capacity (see next section for a detailed comparative analysis on this subject).
The validity of a multi-sectorial and multi-disciplinary approach, advocated by the MDG taskforce team (ibid) is no doubt evident; and only such an approach can tackle the maternal mortality challenge on the various levels. To further buttress this point, I point out here the interesting similarity between what Shiffman has termed ‘focusing events’ and what agenda setting scholars term ‘trigger events’ (Dearing and Rogers, 1996). In the agenda setting tradition, trigger events (termed ‘focusing events’ by Shiffman) are crucial to the salience of an issue on the media agenda and consequently the political agenda. Therefore, one significant role of the media may be identified here as publicizing and amplifying such events and using them as a platform for continually profiling the subject of maternal mortality.

This proposition, among many others on the subject of generating political priority through the media, is extensively discussed in the next literature review chapter, which focuses on agenda setting.
CHAPTER 3

Literature Review II
Agenda Setting

Mass media are like the beam of a searchlight that moves restlessly about, bringing one episode and then another out of darkness into vision

Walter Lippmann (1922)
3.1 INTRODUCTION

Jones and Baumgartner (2005: 38) define agenda setting as “the process by which organizations come to pay close attention to some issues rather than others.” In simple terms, the theory is premised on the fact that the media agenda (manifest by coverage and content) influences the public agenda, which in turn influences the policy agenda. Therefore, as a theory of media effects, agenda setting attributes substantial influence (on audiences) to media.

McCombs (2005: 156) defines this agenda setting as the process by which media coverage focuses on some issues and privileges coverage for these issues over others:

\[\text{...the result over time is that some aspects of public affairs that are prominent in the press frequently become prominent among the public and among government officials. This ability to focus attention on a few public issues – is the agenda setting role of the press.}\]

For the purpose of this thesis, it is important to also highlight the definitions by Dearing and Rogers (1996: 1), who take this agenda setting process one step forward (or perhaps backward) to include the ‘pre-media’ agenda setting stage, defining it as “an ongoing competition among issue proponents to gain the attention of media professionals, the public and policy elites.” While agenda setting in practice is slightly more complex than described, for a simple introduction to the theory, these definitions suffice.
3.1.1 A historical review

Historically, the agenda setting theory may be traced to as far back as 1922. This includes the propositions of Park who spoke of the power of the editor to determine what was ‘news’ and what was not; and Lippmann who highlighted the impact of media in the formation of public opinion, a proposition often referred to by the phrase ‘the picture in our heads’. Lippmann discussed the capacity of the media to influence the ‘picture in our heads’ based on pre-constructed stereotypes and implied value of events. Other theorists include Ben Cohen (1963: 13), famous for the statement: “The press may not be successful most of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about.” The term ‘agenda setting’, however, and its origin as a new research tradition, may be traced to a study conducted in Chapel Hill in the United States by Maxwell McCombs and Donald Shaw (1972). The study was designed to investigate the relationship between voters’ perceptions of the key issues affecting society and the media coverage, in the run up to the American presidential elections of 1969.

The study was conducted across a 25-day period and utilized a demographically representative sample of one hundred undecided voters interviewed about the most important issues facing the public (ibid). The results showed an almost perfect correlation (+0.967) between the public’s definition of what was important and the media’s composite coverage, lending credence to earlier propositions of the agenda setting function of the mass media. While there had been similar studies conducted before this, such as that of Davies (1952), McCombs and Shaw made a most significant contribution in “clearly laying out the agenda setting hypothesis, in calling the media public relationship “agenda setting”, in suggesting a paradigm for further research...” (Dearing and Rogers, 1996: 13)
Before proceeding to discuss the literature in detail, it is perhaps important to highlight that conceptual ties can be observed between agenda setting and other theories of mass communication particularly in relation to media influence on audiences. Such theories include the theory of bandwagon effects (O’Gorman, 1973); the spiral of silence (Noelle-Neumann, 1984); framing (Gitlin, 1980; Iyenger, 1991; Entman, 1995); priming (Higgins and King, 1981); diffusion of news events (DeFleur, 1987); and media advocacy (Wallack, 1990). While agenda setting is clear in its conceptual framework and outcomes, there may appear to be an overlap with these other theories on some level or the other. This, however, is not entirely unexpected as it is the case with many conceptual frameworks on media influence.

### 3.1.2 How does Agenda Setting occur?

The fundamental proposition of the agenda setting theory reveals the implication of three elements: the media agenda, the public agenda and the policy agenda. In delineating the interactions of these three elements, ‘Salience’ is the operating word. Dearing and Rogers define Salience as “the degree to which an issue on the agenda is perceived as relatively important” (Dearing and Rogers, 1996: 8). In summary, as the salience of an issue rises or falls on the media agenda, so does its salience on the public and policy agenda.

Cooke et al (1983:17) define agenda setting as “…the process by which problems become (emphasis mine) salient as political issues meriting the attention of the polity.” This definition to some extent implies, to a certain degree, a passive nature to the agenda setting process. However, Dearing and Rogers show by their definition of the agenda setting process that salience very rarely ‘just happens’, but rather is a far more active and deliberate process. They define this process as “ongoing competition among issue proponents to gain the
attention of media professionals, the public and the policy elites.” Therefore salience does not happen as a passive, natural progression but rather is competitive, and the result of a structured process in a context within which we see calculated, focused attempts by issue proponents at the strategic level.

Although I shall not be discussing this in detail, it is useful to highlight here that this notion lends credence to the concept of agenda setting as a social construct (Clayman and Reisner, 1998), involving collaboration and interactions with, and among, the media. It reflects the social and political ideologies, corporate as well as personal interests, and sometimes, the personal idiosyncrasies of the issue proponents.

3.1.3 Real World Indicators (RWIs) and the Agenda Setting process

The reality and implications of these propositions (of Agenda Setting as a social construct and the role of issue proponents) can be clearly observed in the difference between Real World Indicators (RWIs) and their comparative salience on the media agenda. A Real World Indicator is defined as “a variable that measures more or less objectively, the severity or risk of a social problem” such as the maternal mortality rate (Dearing and Rogers, 1996: 28). In keeping with the concept of agenda setting as a deliberate calculated process, studies have shown that the severity of a social problem in reality does not necessarily equate to its salience on the media agenda (Boot 1985; Schweitzer and Smith, 1991; Adder 1993; Cottle and Nolan, 2007). Rather, its perceived newsworthiness, coupled with the efforts of issue proponents, is the key determining factor for the media attention that it receives.
Understanding these deliberate and constructive elements is of great import in gaining a holistic view of the workings of the agenda setting theory, especially as it relates to the objectives of this study. While without doubt certain issues can ‘suddenly appear’ on the media agenda and with a high degree of salience (such as natural disasters), this is often by reason of their urgent nature, the level of public attention they are likely to hold, as well as the socio political influence of the issue proponents (Bennett, 2004; Bennett, 2007). Beyond these parameters, achieving salience on the media agenda remains a socially constructed and structured process highly dependent on the skills, networks and resources of the issue proponents.

3.1.4 Agenda Setting as a Zero Sum Game

The rationale for these deliberate, calculated, and I add here, sustained efforts to set the media agenda is connected to the inherent qualities and limitations of the latter. In elaborating on this point, I liken the media agenda to a resource, ‘sponsoring’ the salience of issues and setting public and policy agendas. However, like all other resources, it is limited. This means that not every problem can become an issue and not every issue can remain salient indefinitely. On this basis, agenda setting is described as a zero sum game (Zhu, 1996). This means that at any given time, only a limited number of issues can be on the media agenda and therefore, at some point some issues displace others, leading to a loss of salience of the issues displaced.

This ‘rise and displacement’ of issues on the media agenda is prerequisite for maintaining its agenda setting capacity relative to the public and policy domain. This is because these other agendas are also limited in their carrying capacities and as McCombs (2006: 17) states, “no
society or institutions can attend to more than a few issues at the same time.” Therefore only a number of issues can be accommodated in the public agenda at any given time (McCombs and Zhu, 1995). In describing this capacity and volatility of the public agenda, McCombs and Zhu (ibid) buttress their point by showing that even with increased education among the public, this agenda has not grown in its issue carrying capacity but rather has grown in the diversity of issues that it carries, leading to a greater rate of issue turnover. This no doubt has its implications for the sustained salience of any issue on the media agenda.

In concluding this section and moving unto the next, some of the important points to remember are: 1) Agenda setting is rarely a product of happenstance but is rather the product of the influences of socio political actors and media decisions; 2) Real World Indicators are proof that the salience of an issue on the media agenda is not necessarily commensurate to the gravity of the issues in reality; 3) The media, public and policy agendas operate on the principle of the zero sum game, therefore, for issues to rise on the agenda, other issues must be displaced. On these premises we are presented with a multi-layered theoretical framework, which perhaps displays some degree of complexity at the level of practice. These and more will be explored in the upcoming sections of this review.

3.2 AN OVERVIEW OF THE MEDIA AGENDA

Dearing and Rogers suggest (ibid.) that central to the agenda setting process is the ‘pre-agenda setting’ phase, which is the process by which issues get on the media agenda. Understanding this element is the core thrust of this thesis and so I shall take some time here to discuss the literature around this subject. Along these lines, I shall be reviewing some patterns in the media agenda setting process, the role of the press in society and pertinent
journalistic norms and attitudes, which McCombs (2006) describes as relevant to the media agenda (see page 8).

3.2.1 The Pre-Agenda Setting Phase

Agenda Setting is described as a three-phased process in which the media agenda influences the public agenda and the public agenda in turn influences the policy agenda (Dearing and Rogers, 1996). Instrumental to this process are other external factors such as real world indicators, personal experiences and political imperatives, which may sometimes result in a change in the sequence. Although recent studies (Walgrave and Van Aeslt, 2006) have suggested a more complex and contingent nature for the agenda setting process, it may be noted that a majority of studies in this research tradition agree that the media is the key facilitator of the agenda setting process. In the words of Dearing and Rogers (ibid: 89) “The media is powerful in its impact because it usually launches the agenda setting process.”

On this note and especially in relation to this thesis, it seems appropriate to devote some time to reviewing the media agenda. However, before proceeding I call to mind my previous proposition on the cross pollination of theoretical concepts that may be inferred from this review. These may include similarities to other theories on the media production process such as political economy (Graham, 1986); the culture industry (Horkheimer and Adorno, 2002); or the concept of ideology (Gramsci, 1985). Also to be found within the range of submissions are propositions mirroring concepts such as newsworthiness (Gauteng and Rouge, 1965) and the role of sources in the news production process (Cottle, 2006; Ericson et al, 1989). However, since there is perhaps an established understanding that many media theories are on
a continuum (Kitzinger, 2006), as opposed to discreet disparate positions, some sort of theoretical parity between them is not altogether unexpected.

It is worth mentioning again (see introductory chapter) that compared to some of the above theories, the study of the media agenda differs based on the concept of salience. This transcends the question of coverage and extends into a much higher macro level: the transfer of salience by reason of that coverage, unto other agendas (such as the policy agenda). Therefore a fresh perspective independent of the parameters of existing theoretical frameworks is useful for appreciating this discussion. This allows for a simple yet functional understanding of the various factors (including the news coverage) that work together to promote the salience of issues on the media agenda and by consequence, engender public and policy interest and action.

3.2.2 Who puts an issue on the Media Agenda?

A fundamental question in understanding the media agenda is to ask “who puts an issue on the media agenda?” For a start, we have acknowledged the role of issue proponents (often referred to as sources) who work hard (even compete) to get their issues on the media agenda. Referring to the role of this category, McCombs (2004: 75) states that: “without the subsidies routinely provided by public relations professionals in the public, non-profit (emphasis mine) and private sectors, the media content would be considerably different.” Therefore the media agenda is the product of the interactions of the agendas of these proponents and the media, a process that has been described as the concentric layers of an onion. The innermost layers of the onion are journalistic norms and attitudes, followed by the influence of other media and external sources. However, he also acknowledges in a different account (2005: 164) that “The
press itself is the final arbiter of what goes on the press agenda, of which events and topics will be reported and how they will be reported.”

3.2.3 The Role of Real World Indicators (RWI), Trigger Events and Inter Media agendas

Real World Indicators, Trigger Events and the Inter-media Agenda have been ascribed different roles in setting the Media Agenda and I discuss these briefly in this section.

- Real worlds Indicators (RWI)

RWIs have been highlighted as a factor that can influence the media agenda but not often to a large degree. Studies have shown (ibid) that the gravity of issues in reality alone is not often enough to get them on the media agenda. Furthermore, there is empirical evidence to show that in some instances, Real World Indictors (such as statistics) have decreased and yet media coverage has continued to increase (Adder, 1993). Therefore, in practice, in addition to the Real World Indicators, an issue needs to meet with certain other demands of media logic, like conformity to principles of newsworthiness such as relevance, proximity and personification (Galtung and Ruge, 1965; Boots, 1986; Cottle, 2007). It must also have high visibility (Firdaus’ (2008, Kitzinger, 2009), high audience salience and distinct valence.

Nonetheless, the role of RWIs in the agenda setting process should not be undermined, for the existence of a problem is a basic prerequisite for its translation into an issue demanding public and policy attention. And on this note, RWIs provide a useful starting point for advocacy, engaging powerful issue proponents and getting on the media agenda, even if this
is at a low level of salience. So for example, the discovery and spread of HIV/AIDS was a Real World Indictor, which was a premise for consequent efforts to get it on the media agenda (Schweter and Smith, 1991). However, the magnitude or extent of the problem did not guarantee salience nor did its salience necessarily correlate with the magnitude of the problem. Several other factors work in synergy to determine the level of salience and some of these will be discussed in the results chapters of this thesis.

- **Trigger Events**

A trigger event is defined as a “cue-to-action that occurs at a point in time and serves to crystallize attention and action” (Dearing and Rogers, 1996: 87). Compared to real world indicators, trigger events have been shown to have a greater effect on the media agenda. Examples of trigger events include the deaths of celebrities or political figures from a disease condition or crime. Events of this nature often have an emotional impact on particular groups of society. These emotional reactions serve as a platform for media coverage and, very often, this is by reason of the individuals or entities involved. These reactions have the capacity to put an issue on the agenda because “agenda setting is in some cases an emotional reaction to certain trigger events” (ibid. pg 87).

- **Inter Media Agendas**

The Intermedia agenda can be summarized as the influence of one media’s (i.e. channel or outlet or publication) agenda on another. Evidenced by the original Chapel Hill study, further empirical studies also show that different media place a similar salience on issues (McCombs and Shaw, 1972; Dearing and Rogers, 1996; McCombs, 2006).
The inter-media agenda is often characterized by dominance of certain media outlets or publications and others following. In America for example, this role is played by the New York Times (Bennett et al, 2007; Page, 1996; McCombs, 2005). Describing the position of the New York Times in this regard, McCombs (2004) states that: “it is the appearance on the front page of the Times that frequently legitimizes a topic as newsworthy.” Consequently, other journalists observe and copy their peers in such publications, not wanting to miss out on ‘legitimate’ news. McCombs (ibid) describes this attitude as an endeavor to validate their (journalists’) judgment about the day’s events. The resulting coverage across the board facilitates the rise in coverage and the consequent transfer of the issue salience to the public and policy agendas.

3.2.4 Who influences Whom? Media versus Policy Makers

The question of influence in agenda setting is to some extent paradoxical. This is because some of the literature (including the foundational study) indicates media influence on the policy agenda, but some other studies also indicate influence of the policy agenda on the media (Walgrave, Van Aelst and Bennette, 2010). The latter proposition is a different and almost opposite direction of influence relative to the traditional agenda setting principles, and I wish to discuss this briefly.

McCombs (2004) states that producing any form of news requires “an organized bureaucratic system and these systems tend to center on key government officials and institutions as their major sources of news…” He states that this does not categorically mean that these sources fully control the news but he nonetheless acknowledges that they do have considerable influence in “what is covered and how it is covered” (pg. 165).
Some agenda setting studies have shown that policy makers are one of the key factors influencing the media agenda (Callaghan and Schnell, 2001; Walgrave, Van Aelst and Bennett, 2010). According to Callaghan and Schnell (ibid.), the media and policy makers are constantly in a struggle to determine what eventually becomes news. They conclude that the media plays a dual role, either as a conduit or as independent players, particularly evidenced in how it frames news material. However, they do agree that policy makers do exert a reasonable influence on media reports.

One of such key political figures that influence the media agenda is the president. According to McCombs (2005: 165)

_Virtually everything a president does, from convening international conferences to stopping for a snack during his afternoon jog, is considered newsworthy....on a national level, the president of the united states is not only the nation’s number one newsmaker, sometimes the president is the number one agenda setter._

McCombs however shows that there is a duality of attention in this relationship: one in which the press ‘follows’ the president and the president equally ‘follows’ the press in a bid to shape public opinion through news coverage. He therefore plays a dual role in which he 1) shapes public opinion and 2) is also shaped in terms of his political decisions by public opinion.

Edwards and Wood (1999) confirm (1) above by highlighting the amount of resources put into managing presidential press offices. These offices are charged with the duty of providing releases, organizing press conferences and monitoring the news in a bid to shape and monitor public opinion. However, they (ibid.) state that, using the works of Gilberg et al (1980) and
Wanta et al (1989), in spite of these efforts, the president does not always influence the media agenda, but that rather, this influence is mixed (pg 328). Furthermore, they are able to prove substantial media influence on the president especially in relation to foreign policy and world events.

In conclusion, Edwards and Woods (ibid) state that the President, Congress and the Media all exert mutual influence on one another. In elaborating on the president’s agenda setting power, they assert that

*If an issue is not already part of ongoing media coverage or congressional hearings, then the president may be able to set the agenda of the [Media] networks and congress...under these circumstances, presidents operate as issue entrepreneurs, essentially creating attention where none exists* (342)

There is a process however to how this works. Reich (2006) implies that the power of journalists to influence issues comes to play when they have been defined and are being discussed. Prior to that, the agenda setting is done by the politicians who initiate the issues. Walgrave et al. (2010) investigate the concept of agenda interactions in a study involving MPs in five countries (Belgium, Denmark, Netherlands, Norway and Sweden). Their results suggest a typology of four types of agenda interactions, which are: agenda setting, agenda feeding, agenda constraining and agenda inclusion. I proceed to define three of these interactions briefly.
Agenda feeding refers to the efforts of political actors to influence the media agenda. According to the authors, this “partly reflects the ‘normal’ role of the mass media: informing citizens about what goes on in their society and world” (ibid. pg 5).

Agenda constraining “occurs when mass media deny access to issues that are put forward by political actors” (ibid. pg 5) and here we see gate keeping in action.

Agenda exclusion demonstrates the power exercised by political actors, evidenced by their decisions to control or withhold information.

Remarking on the results, Walgrave et al (2010) note that in practice, these four agenda types are connected and “the expected presence of one agenda interaction effect may lead to or prevent other effects from occurring” (pg 6). In addition, the results also show that political actors, who get their cues from the mass media, also try to get their actions into the mass media, indicating a circularity and continuity to the agenda setting process.

3.2.5 Mass Media as Political Actors

The above concept of agenda interactions imply that by reason of their agenda setting and constraining power, the mass media can be political actors; driving the media agenda in favour of their own political leanings and policy decisions. In discussing the role of the mass media in this capacity, Benjamin Page (1996) begins by defining a political actor as one who performs “observable action that is purposive” in pursuing policy objectives (pg 20). He furthers the argument by questioning “whether - or to what extent - media outlets do in fact use their publications and broadcasts in a purposive and unified fashion to pursue policy
objectives” (ibid). Through a review of the structure of various sections of newspapers, Page highlights the fact that indeed the media do push for certain policy positions, which are dependent on their ownership structures and political leanings, covering up the process by claims of objectivity.

In reflecting on Page’s position, it is evident that he takes a somewhat critical position on political influence on the media, to wit that the former control the later. Biased, as his position may seem, he without doubt draws attention to the deficiency of the arguments for media being independent and its service as the fourth estate. He also presents a question for the underlying principles behind the agenda setting power of the media, asking: “do the media as relatively autonomous actors actually shape opinion? Or do they just pass on what comes from official news sources or other powerful elements in society” (pg 23)?

On this basis, Page calls for a review of the position ascribed to mass media in public opinion and policy formation. Page inspires us to question how media’s agenda setting power operates in practice: for if indeed the media is merely a transmission belt for policy makers to send information, then the agenda setting power lies with these forces and not the [independent] media. This proposition by extension invites us to view the mass media as having an almost ‘spectatorial’ role in the agenda setting process, particularly in relation to the policy issues and the polity.

This discussion challenges previous theoretical prescriptions and serves to prove the complexity and multilayered nature of the agenda setting theory.
3.2.6 Media as a Semi Independent Institution

This concept of influence by policy makers over the media, and the consequent impact on news reports, has been described by Bennett as Indexing (1990). Although indexing does not in totality align with Page’s ideas, its underlying principles of operation imply that the dominant media voices are given to ongoing political debate. On this basis, other nonofficial (or less powerful) voices get coverage if they raise issues that are already being discussed in official circles or if they present a view that differs from that of the leading political voices. And so, the press appears to have taken up the role of ‘record keeper’, “while abdicating its traditional mandate to raise an independent ‘voice of the people’ under appropriate circumstances” (ibid. pg 106).

Bennett furthers his indexing thesis in a text titled “When the Press fails.” Addressing the war in Iraq as a case in point, Bennett and his colleagues (2007) lament about the operations of the media in the United States and their lack of independence in reporting the news. They begin with a touch of urgency, stating that: “The American press is in crisis”, summarizing the problem thus: “the press has grown too close to the sources of power in this nation, making it largely the communication mechanism of the government and not the people” (pg 1).

Bennett et al (2007: 3) highlight the symbiotic relationship between press and the government describing it as “…the uneasy, mutually necessary balance struck by competitors in a natural ecology.” In their opinion, this relationship poses a problem for democracy and in my view, for social justice. They attribute the situation to the rise of communication professionals in political circles; the decline of public debate in relation to the responsibilities of the media;
and a public disconnection and antagonism towards the press and politicians. They also comment on the press’ constant validation of information using government sources. Bennett et al are able to prove (through empirical as well as anecdotal evidence) the validity of their argument particularly in relation to the war in Iraq. Their data and stories present the picture of a failing press; failing if it is to be considered a voice for society as well as marginalized groups.

But the story is not all gloomy as in the same account they present a different picture of the press in action: in the case of Hurricane Katrina. In this instance, their assumptions are that the press was able to take an objective stand because the news of the event reached the press and became ‘news’ long before government officials could put a spin to it. Therefore it could not be manipulated to suit whatever agendas may have arisen in favour of the dominant political players at the time. Katrina however, is described as “the exception to the rule of the press being largely dependent on the government to filter, define and accent the news” (pg 10). They therefore surmise their arguments by declaring the status of the press as one of semi-independence.

On the basis of the foregoing discussion as well as some of my earlier propositions, there is a need for greater introspection into the role and operations of the press in society. Also worthy of some examination is why [if this is the case] the press would indirectly ‘defer’ its agenda setting ability to policy makers, in serving merely as a conduit of information. I endeavor to discuss both of these elements briefly in the next sections of this review.
3.2.7 The Role of the Press in Society

Ziegler defines journalism in ten different ways. She speaks of journalism as a sixth sense (having a nose for news); journalism as a container; journalism as a mirror; journalism as a story; journalism as a child; journalism as a service (in public interest); journalism as an institution; journalism as a text; journalism as a practice; and journalism as a people. All of these definitions have various implications for agenda setting. However space will constrain me here to discuss all of these elements especially in connection to setting the media agenda for public health issues. Therefore, of particular interest to this thesis is journalism as a service and journalism as an institution and I wish to discuss these briefly here.

To start the discussion on journalism as a service, I focus on what Benette and Serrin (2005: 169) have termed the “Watch dog role of the press”. They define this role as:

(1) Independent scrutiny by the press of the activities of government, business and other public institutions with the aim toward (2) documenting, questioning and investigating these activities, in order to (3) provide publics and officials with timely information on issues of public concern

Bennett and Serrin begin their discussion by admitting that amidst issues like changes in public tastes, political spin and even government relations, it is “difficult to keep up with the responsibilities of the press” (pg. 172). In addition, economic imperatives as well as competition between media outlets “discourage the efforts of journalists and news organizations to think more seriously about their democratic responsibilities in covering particular stories “(173).
They express perhaps the commonly known; that today’s media is drawn to stories with dramatic potential and that a questioning perspective only finds its way into media coverage if they belong to strong institutions. Reporters show a penchant for politicians than they do for policy making, missing the mark in engaging with the institutions where change that affect the lives of people actually happen. They therefore insist that there is a need to revisit journalistic frameworks and redefine the role of watchdog journalism in a practical context.

To begin, they visit the subject of objectivity, which I believe is media’s excuse for less advocative stances today. Bennett and Serrin (ibid. pg 176-178) explain that objectivity has not necessarily been a plus for watchdog journalism and draw their examples from the early years of the profession.

*The rise of objective reporting as a professional journalism standard exposed journalists to charges of partisanship and bias from all sides, attaching greater risk to asking challenging questions…. [affecting] particularly its advocacy tone and agenda setting propensity (emphasis mine)….. (pg. 180)*

In proffering some sort of solution, they begin by stating that the watchdog culture should be taught in journalism schools and the focus of students shifted from their ‘career progressions’ to the greater purpose of journalism. In their view, the watchdog stance of vigilance and scrutiny is not optional for any reporter and this culture should also be propagated in media institutions, where the business of journalism is now business as usual, with a focus on profits.
Merritt and McCombs, also speaking to the question of ‘objectivity’ in journalism, state that reporters and editors find the role of neutral observers and detachment, compelling and convenient. However, much like Bennett and Serrin (ibid pg 70.), they insist that there should be a new model to journalism, not driven by the ‘fundamental principles of objectivity’ but that rather, journalists should endeavor to:

...move away from the idea of detachment that is the mistaken notion that journalists are and necessarily must be separate from the consequences of their decisions.

They go further to explain that there is a difference between objectivity and detachment and insist that it is “…both possible and desirable to be objective without being detached. Objectivity reflects intellectual and professional honesty; detachment reflects a lack of concern” (pg. 71). They therefore counsel journalists to invest some measure of self and I say here, humanity, in seeking and reporting stories of society’s disadvantage. This not only makes for moral correctness but also for good journalism as Mark Bryne (2004: 278) states: that “if the reporter cannot emotionally engage the listener, reader or viewer, the storytelling will fail”.

To close this subject, I reproduce an excerpt from the writings of Bennett and Serrin that I consider to be pertinent to health agenda setting, particularly for issues which affect the poor, voiceless and vulnerable, like maternal mortality in Nigeria (pg. 178)

Reporters and editors must make a deliberate effort to seek out and talk to and represent in the media, ordinary people, to focus on their problems...journalists
I believe that this is a gentle but effective reminder that agenda setting is not only a media privilege but also a media responsibility.

It would perhaps not be fair to speak about the deficiencies in journalism practice today especially relating to agenda setting, without at least stating some of the reasons posited on why journalists are in this position today. Bennett (1990) for example, in his discussions around indexing, provides some reasons for the approach that journalists take. He suggests that there have been propositions that “the press is acting in a democratically responsible fashion by favoring the views of public officials, who are after all representatives of the people” (pg 103).

Furthermore, while it is laudable for the press to draw attention to other minority or non-political voices in society, these stories can only grow and continue to have legitimacy if there are government sources or voices fuelling it. Therefore, for media agenda setting to be effective, it requires at some level, the support of government or government officials, who have a strong configuration in the political system (Walgrave and Van Aelst, 2006) to keep the debate going.

Picard also offers some explanation in this regard, as he speaks about money, media and the public interest (2005). On this note, he states that:
the media has a role to inform and facilitate the democratic process, however it also has the role of meeting its financial self-interests and this often causes tension within and without the system.

He calls these conflicts a paradox, but nonetheless acknowledges their implications as severe for the watch dog role of the media.

3.3 SECOND LEVEL AGENDA SETTING

In the previous section, I have endeavored to introduce agenda setting on a broad note, outlining the foundational as well as fundamental principles of the theory. In the process, I hope that I have also succeeded in highlighting some of the processes that influence agenda setting in practice and the role that both the media as well as politicians play.

In this section, I wish to deepen the theoretical discussion on agenda setting on a level that is of particular pertinence to this thesis. I shall be reviewing the media agenda and the intentionality of the production process, which is instrumental to agenda setting. This agenda setting ability is not only dependent on the amount of coverage but also on the type of coverage. This characteristic has been labeled ‘attribute’ or ‘second level’ agenda setting.

3.3.1 Defining Second Level Agenda Setting

Second level agenda setting suggests that the agenda setting ability of media text does not only lie in how much is said (amount of coverage) but also in what is said (type of coverage). As a guide to understanding this level of agenda setting, we start by acknowledging that
every object has various constituting attributes. McCombs, Shaw and Weaver, (1997) describe attributes as the set of perspectives that journalists or the public employ to think about an object. As a broad brush description, attribute agenda setting operates on the assumption that emphasizing certain attributes of an object in the media can influence its salience on the public and policy agenda. At this level of agenda setting, the focus is on specific attributes and how these impact on public and policy priorities (McCombs and Evatt, 1995).

According to McCombs (2004), objects on the agenda have various attributes that are generic terms encompassing the range of its properties. On this subject, Tan and Weaver (2010) state that:

> Just as objects vary in salience, so do the attributes of each object. The transmission of object salience among the media, the public and the government is the first level agenda setting, and the transmission of attribute salience is the second level of agenda setting.

This selective emphasis of certain attributes thematically has been linked to the theoretical concept of framing. Therefore McCombs (ibid) identifies framing as the second level of agenda setting, creating a theoretical relationship between the two concepts.

### 3.3.2 The Fundamentals of Framing

Framing as a theory can simply be understood in very much the same way as a frame is used today in photography... to frame an object or a group of objects (e.g. a landscape) is to
selectively present parts of it and exclude other parts, for the purpose of projecting a certain perspective or view (Kitzinger, 2007).

Entman (1993) writes quite clearly on framing, starting with an acknowledgment of the complexity of the concept in itself. This he states is perhaps because of its relevance across disciplines and its plurality of uses. However, in relation to communication, he states that: “the concept of framing consistently offers a way to describe the power of a communicating text” (pg 51). This power is manifested through selection and salience. Therefore, Entman (1993: pg 52) defines framing as:

...to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described. (emphasis mine)

The power of frames therefore lies not only in what is included but also in what is excluded, for salience is raised by the inclusion of some elements and vice versa.

Framing has been described as form of structural bias (Ghanem (1997). However, framing transcends the traditional arguments about bias or the notion of ‘for’ or ‘against’, ‘negative or positive’ (Tankard, 2001). Rather, framing is a more complex concept, eliciting a range of responses based on a cognitive dimension to their effect. Furthermore, in relation to bias, Kitzinger (2007) states that even a ‘balanced’ report is ‘framed’ and that in the decision to include certain facts, a certain problem definition or causal interpretation is elicited. For example:
Highlighting that a vandal comes from a broken home, that a murderer has schizophrenia or that a rapist is black...can imply ideas about causation or typical characteristics....although references to such information may be factually accurate, this does not mean they are neutral....(2007: pg 149).

In addition to what is evidently stated, Kitzinger’s quote above underscores a subtly but important characteristic of frames: acceptability or familiarity. This is because in their recurrent use the acceptability of frames is overtime reified and certain interpretations attached to their meanings. This underscores Tankard’s position that the power of framing lies in its ability to “define the debate without the audience realizing that it is taking place” Utilizing the metaphor of a picture frame, Tankard emphasizes this dimension of framing as an ability to ‘set the tone’ for the discourse e.g. controversial or lighthearted, in very much the same way an elaborately carved wooden frame would do to a picture if used in the stead of a cheap mass produced metal one. This ‘tone’ according to McComas and Shanahan (2011: 35) is not necessarily an inherent function of the issue but a function of media construction (i.e. framing).

3.3.3 Framing as a social construct

Stephen Reese (2001: 7) defines framing as “the way events and issues are organized and made sense of, especially by media, media professionals and their audiences”. He suggests (pg 11) that framing takes place at all levels of the communication process and is the interplay of forces at all of these stages. In his opinion:
Framing is concerned with the way interests, communicators, sources, and culture combine to yield coherent ways of understanding the world, which are developed using all of the available verbal and visual symbolic resources.

Lending credibility to the suggestions above, Kitzinger (2007) states that framing can be seen at all three levels of the communication process: production, content and reception. At the level of production, we see the efforts of issue proponents, also referred to as frame sponsors (Pan and Kosiki, 2001) to influence the news. These frame sponsors work hard to ensure that not only is the issue reported but that it is done in such a way as to elicit a certain problem definition, reaction and recommended solution. At the level of content, the composition of the text i.e. the words, phrases, images and even its position in the paper also serve to create the same effect. At the level of reception, frames are effective because they work with the existing stereotypes, experiences and cultural templates that guide our daily interactions (Kitzinger, 2001); helping to connect what we see and read, to the ‘picture in our heads’ (Lipmann 1922).

In returning to Reese’s definition (see previous page), certain key elements can be deduced in relation to the operations of frames: organizing, principles, shared, persistent, symbolic and structured (Pg 12). I draw attention to two of these elements: shared and persistent. A frame is powerful when its meaning is shared between communicator and recipient, and so it is even stronger in mass communication because it is shared among the majority. Therefore, the power of a frame relies to some extent on the understanding that the reader will bring to the text (a cognitive function).
This cognitive dimension results in an affective dimension i.e. the emotional response that may result from this coverage (Ghanem, 1997). In relation to persistence, a frame is effective because it has been used overtime and has gained some level of durability and credibility. Entman (ibid. pg 55) underlines this fact by stating that: “to use another [frame] is to risk that target audiences will perceive the communicator as lacking credibility or will even fail to understand what the communicator is talking about.”

It seems proper to mention here that framing is not necessarily a ‘negative’ concept as the preceding narrative may possibly imply. Deliberate, calculated, or not, all accounts of reality must be framed for it to make some sense. Buttressing this point, Kitzinger (ibid: 137) suggests that: “indeed, without the ability to frame, the world would be a confusing morass of sensations – we would be lost with no sense of meaning and significance.” A positive ‘frame of mind’ (no pun intended) must therefore be brought to framing, especially in relation to health issues. Indeed when appropriately utilized, framing presents great opportunity for change proponents to draw attention to their propositions and set the agenda in favour of their issues.

3.3.4 The Convergence of Agenda Setting and Framing

In drawing a convergence between 1st and 2nd Level agenda setting, it is probably easiest to begin at the production process where this relationship is quite evident. In previous sections this text has shown that agenda setting is a deliberate strategic effort by issue proponents to get their issue on the media agenda, possibly at the expense of other issues. Kitzinger (2007: 137) shows that such efforts at the level of production are not merely to influence the amount
of coverage but also to determine how the issue is eventually framed on the agenda (emphasis mine). She states that ...

*Journalists are consummate ‘framers’ of reality – as are the professional PR workers who help control and shape the supply of information to the media.*

This framing of reality is done through various agenda building activities or materials such as press releases and other publicity materials.

This effort to determine ‘how much’ an issue is discussed and ‘what is said’ about it at any one instance, is evidence of the convergence between agenda setting and framing. Tan and Weaver (2010 also make a clear distinction between first and second level agenda setting and by this distinction, highlights the relationship between agenda setting and framing. They state that: “first level agenda setting primarily deals with attention allocation, while second level agenda setting and framing theory mainly concern problem definition and alternative generation.” This problem definition and alternative generation are indicators for determining the salience of an issue on the public and policy agenda.

In practice McCombs states that: “framing is the selection of – and emphasis upon – particular attributes for the media agenda when talking about an object.” And so frames are used in the collective emphasis of certain attributes. The effectiveness of this process relies very much on the cognitive characteristic of frames i.e. “the picture in our heads” (Lipman, 1922). On this note, McCombs and Ghanem (2003: 61) assert that:
Those mental images are a key site where agenda setting and framing converge....agenda setting is a theory about the transfer of salience from the mass media’s pictures of the world to those in our heads.

Therefore in setting the agenda at the second level, the media endeavors to mediate (in its chosen direction) between the world outside and this picture in our heads (McCombs 2004: 21). This is a ‘reality definition’ function and one that has much implication for policy-making (Takeshita, 1997). For instance, a health problem can be described simply as a ‘health problem’ or as a ‘disaster’, a ‘war’ or a ‘scourge’ (Benthal, 1993). These words represent certain pictures in our heads and our responses to them have varying implications for the public and policy agenda.

Such media influence has been described as ‘priming’, a concept now closely linked to second level agenda setting. Priming succeeds on the premise that the frequency and prominence of information activates previously learned cognitive structures and will influence our interpretation of that which is currently unknown (Fisk, 1991). Therefore the media begins by creating a certain picture in our heads and this picture becomes the lens through which further interpretation of (or reaction to) information, in relation to the subject, is done (Kitzinger, 2000). In connecting these propositions to agenda setting power, Kitzinger (2007) emphasizes the salient import of this ‘reality definition’ (or priming) function of the press. Firstly, it reflects an ability to highlight certain facts and determine the context in which these facts are reported. Secondly, it includes the implicit and explicit presentation of ideas about the causes, and the solution, to the problem (pg 137). Such information has the capacity to prime us to respond in certain ways (ibid).
However it is worth mentioning that not all frames have an agenda setting effect. For some frames have a stronger impact on audiences than others and such frames have been described by McCombs (2004: 46) as ‘compelling arguments’. He defines compelling arguments as “…certain ways of organizing and structuring the picture of an object that enjoys high success among the public.” These frames work hand in hand with existing cultural and social templates, recycling stereotypes and evoking predictable emotions and reactions (Kitzinger, 2000) as well as certain judgments or recommendations to the issues in question.

Highlighting this quality of compelling arguments, McCombs (ibid), states that:

In the interpretation of a message some attributes will also be considered more pertinent than others. Certain characteristics of an object may resonate with the public in such a way that they become especially compelling arguments for the salience of the issue, person or topic under consideration.

Therefore, for a frame to set the agenda, it must have the power to compel. On that basis, frames that set the agenda are deliberately constructed and leverage on existing cultural templates. In addition, they set the agenda by a far more subtle process than the amount of coverage does. I also argue that they have a stronger and almost certain ability to do so because of their capacity to connect with the pictures in our heads.

3.4 CRITICISMS AND LIMITATIONS OF AGENDA SETTING

So far this literature review has endeavored to provide an overview of first and second level agenda setting. Hopefully, it has provided a good idea of its history and operations, particularly the relationship between both levels of agenda setting as well as the relationship
between agenda setting and framing, as two theoretical constructs. However, before proceeding to the next section (the NGO-media relationship and its implications for media agenda setting), it is perhaps appropriate to highlight that like many other media theories, Agenda Setting is not without its criticisms and limitations.

Therefore as a way of concluding this segment of this review, I shall proceed to discuss the extents and limitations of the media’s agenda setting power and some criticisms of the agenda setting theory. This is not with an intention of undermining its strengths as projected in the preceding sections but rather with a view to finishing off on a balanced note.

3.4.1 Criticisms of the Agenda Setting Theory

Critics of first level agenda setting have queried the causal relationship between the media agenda and the public or policy agenda, stating that correlation does not automatically prove causation. According to Firdaus (2009), this relationship is paradoxical with very few studies that measure all three agendas and the direction of influence at once. On this note, agenda setting on some level may well be an assumption (Tan and Weaver, 2010).

There have also been criticisms of the work of the early theorists that inspired the agenda setting theory: Lippman and Cohen (ibid). Scholars like Lewis (2001 for example, criticize the principle of agenda setting based on coverage only, often described using Ben Cohen’s quote about the media and its influence on what we think about. In his opinion, in telling us what to think about, it automatically tell us what to think, especially in relation to public opinion issues, which get discussed and circulated. With the advent of second level agenda setting however, that argument is perhaps refuted to some extent.
Lippman’s position on the pictures in our head, which is a constant point of reference in 2nd level agenda setting, has also been queried. Ghanem (2001: 333) criticizes the constant connection of Lippman’s “picture in our heads” to issues, insisting that: “it is not clear at all that such an assumption is warranted.” He justifies his disagreement by stating that even if we did have certain pictures in our heads, our interpretation of the same event will differ, depending on how an issue is framed.

Another criticism of second level agenda setting arises from scholars who challenge the legitimacy of its claim as framing research. Maher (2001: 83) for example begins his ‘lamentation’ with the statement “Communication theory lacks a paradigm; we have only various scholarly fiefdoms claiming purview over some realm of the kingdom. Cultivation theorists have staked out entertainment television…” and he carries on until he gets to agenda setting. Referring to the works of Kosiki (1993) and Entman (1993), he questions the relationship between agenda setting and framing to wit that perhaps a deficient understanding of the fundamental definition of framing is at work in agenda setting scholars.

Maher (2001) navigates his arguments on the basis that the true definition of framing transcends the “narrow restrictive sense” (pg 89) in which agenda setting scholars use it, relying more on affective rather than cognitive associations. Expanding on the notions of cognition; textual and environmental relationships; the influences of cultural and hegemonic discourses; as well as issues of polysemy, Maher (ibid, pg 90) concludes that “agenda setting theorists are borrowing a limited subset from the overall concept of framing” and therefore have no theoretical basis for the suggested theoretical connection (no pun intended).
Maher’s hypothesis is however not altogether dismissive of this new phase of agenda setting. For having made his points clear on the extent to which ‘agenda setting’ may claim to be ‘framing’, he concludes that the two fields will continue to coalesce, with agenda setting scholars measuring attribute salience and framing scholars measuring audience effects. He posits that neither agenda setting nor framing will envelope each other because:

_Agenda setting has the scholarly momentum of having amassed more than 300 published studies. But there is also too much scholarly interest in framing studies, and too many excellent studies in framing, for it to be marginalized as a phase of agenda setting (2001: 92)._ 

Other criticisms of second level agenda setting are in relation to the methodological approaches employed in empirical studies as well as the theoretical framework. On a methodological level, the disagreements arise primarily in relation to the way agenda setting scholars determine and analyze frames. For while frames are predominantly considered ‘qualitative’ in nature (see previous discussion on the fundamentals of framing) and supposedly should be analyzed as such, agenda setting scholars categorize and quantify them for content analysis purposes, for the purpose of determining salience based on correlative values. However, in defense of this approach, McCombs and Ghanem (2001) concede to understanding the distinction between various kinds of frames (in their words, “aspects” and “central themes”) but insist that it is best to quantify the frames and limit the relevant frames to the dominant themes as the “special role of dominance brings some useful parsimony to our work” (pg 76).
Such parsimony however, is the challenge that framing researchers have with second level agenda setting research. Reese (2001: 8), for example, believes that framing is a qualitative construct and that there are strong meanings embedded in the inter relations between the texts. Such analysis of meaning cannot be done quantitatively, neither can the relationship between what is manifest and what is left unsaid. To sum,

...traditional behavioral social science strives for data reduction and parsimony, measuring the accumulation of emphasis in the observed and explicit...but the most important frame must not be the most frequent.

This criticism of methodology calls for a review of the theoretical principles by which framing is considered to be the 2nd level of agenda setting and on this note, I lend my voice to Reese’s argument. To begin, I draw attention to the previous discussions on framing and the point of origin of frames. This origin is perhaps the most powerful ‘agenda setting’ quality of a frame because it is at this point that an issue is defined and this definition and contextualization is what ‘sets the agenda’. And on this note, in the mere quantification and analyses of the manifest content, this point of origin is ignored.

Gandy (2001: 333) also takes a view similar to mine and Reese’s, reiterating our concerns about the exclusion of the origin of frames in the purely quantitative approach taken by agenda setting scholars when analyzing second level agenda setting. He states that:

It is the relationship among elements in a message, as well as the relationship between those elements and sponsors’ strategic interests that help to explain the
In relation to Gandy’s quote above, it may be argued that this level of analysis should be of more concern to ‘proper’ framing scholars. However, it should also be remembered that 2nd level agenda setting has been termed framing and therefore, for all purposes and intents, should abide by the same principles. To simply measure the manifest content therefore in quantities only is, in so many ways, to miss the point of the exercise. This approach somewhat undermines the complexity of the agenda setting process, making the frequencies and correlations and whatever other values maybe taken into consideration, appear to be a given. While it does indeed depict some measure of reality, it remains only a measure, for it excludes the calculated, strategic inputs of issue proponents that even agenda setting scholars agree to be fundamental to the agenda setting process.

To summarise, there is a need for a more robust approach to the analyses of frames at the second level of agenda setting; an approach that transcends mere categorization and quantification. This does not imply that quantification does not have its merits. Indeed previous studies have been able to show a correlative relationship between certain dominant frames and public or policy salience, irrespective of their origins (McCombs, 2006). However, I would argue that some level of qualitative rigor alongside quantification is an analytical design that incorporates “the theory of meaning, interpretation or sense making” (Ghanem, 2001: 336).

A mixed method approach such as the one I suggest is not without its challenges; as Reese (2001: 8) points out, while a quantitative approach stands the risk of oversimplification of the
text, with a qualitative approach, “thick description can go on and on without producing patterns that transcend the particulars.” Therefore to avoid complexity and richness that essentially leads to nowhere, such empirical designs must have clearly defined boundaries for the analysis of the qualitative elements. If such a structured mixed method approach to studying agenda setting can be achieved, it will satisfy the requirements of the two empirical schools of thought and as far as common sense goes, will help us kill two birds with one stone.

3.4.2 Limitations of Media agenda setting power

As this section reaches a conclusion, I discuss briefly some limitations of the agenda setting theory and draw inferences from some of the early studies. One of such studies was carried out by Fay Lomax Cook and her colleagues in 1984 to test the agenda setting effect of an investigative journalism show on TV. Using a unique pre and post-test design, they were able to show that political elites certainly accorded more importance to the issue being tested. However some interest group decision makers did not. They also noted that it was not only the investigate piece of journalism that made the impact but also the collaboration between the journalists and the political elites.

Protess, et al (1985) early in process of studying agenda setting also researched into the agenda setting ability of investigative journalism. Using a similar pretest and posttest design involving stories on rape, the data suggested that the piece had “little impact on elite’s personal views, their routines or their assessment of public opinion” (pg 23). This however may be explained by the ‘frames’ of the news story, which Protess et al believed undermined their impact, as the rape stories were reported as matters of crime and security, which were
already high on the public agenda. The authors also acknowledged that for anything to rise on the agenda, it must be fresh and new. This by implication undermined the ability of long standing issues to stay on top the agenda because they had attained their salience level already and so must be pushed down by other issues.

Political scientists have also suggested some limitations to the media’s agenda setting ability. As a backdrop to their argument, it should be noted that policy change is a somewhat ‘intrusive’ action. Baumgartner and Jones (2005) support this proposition of policy change being an intrusive process that is the result of issues being acerbated, the sudden appearance of new issues, and the disappearance of old issues, all in a continuous cycle. Therefore for policy change to occur, there is a need for injection of new information on issues into the political system. Therefore the media’s agenda setting capacity is enhanced on the premise that it is able to inject new information about any issue into the political system. An inability to do this automatically undermines its agenda setting ability.

In 2006, Walgrave and Peter Van Aelst furthered the thinking on agenda setting in their proposition of a preliminary theory on the contingency of mass media agenda setting power. Two elements are fundamental to their argument and these are: 1) the conditions under which the media can set the agenda and 2) the responses that can result from that agenda setting process. According to them, for an issue on the media agenda to gain prominence on the policy agenda, it has to be an issue that without media publicity would be otherwise unobservable; it has to have some sort of institutional ownership by a political figure; it has to be evidently presented as a problem, as politics is the business of solving problems; it has to be clearly and unambiguously reported with clear solutions proposed; and finally, it has to be
a new issue as eternal issues gradually lose their salience. Moreover because politicians are less familiar with new issues, they keep looking to the media for information.

According to their theory, only under the above listed conditions can an issue on the media agenda influence the policy agenda. In mapping out a big picture perspective, they state that in most cases, politicians do not react to media coverage at all because there’s too much and too diverse information. On this note, they state that even where the coverage fulfills all of the listed criteria, it has to be done in such a manner that it is associated with public opinion. This way, politicians can react as a way of showing concern for the people.

They conclude by suggesting five response positions by policy to media agendas: no reaction, fast symbolic, slow substantial, fast substantial and slow symbolic; with symbolic responses being reactions like public speeches and substantial reactions being actual concrete measurable action like increased budgetary allocations and direct interventions.

Walgrave furthers this preliminary theory with Vliegenthart in 2010 by expanding a bit more on this policy agenda setting process. Leveraging on the above propositions of Baumgartner and Jones as well as the results of a sophisticated empirical study, they identify two tracks to the agenda setting process: a slow track and a fast track. On the basis of their results, they surmise that

Issues gain political attention both by the action of political parties who work hard to translate their issue preferences into political output regarding their pet issues, as well as the constant influx of new information regarding the real world (pg 3).
The slow track essentially is influenced by party preferences such as manifestos and is manifested (no pun intended) in equally ‘slow’ elements such as legislation or budgets (the latter for example will only happen once a year). The fast track however, is the result of incoming societal information.

However, this slow track can be short-circuited by certain events (Birkland, 1998). These events are often urgent and sudden in nature (e.g. terrorists attack or pandemics) and sometimes demand immediate government action (or at least are presented as such, as postulated by the fundamentals of framing theory). This track change is also facilitated by media coverage and where relevant, protest actions by social movements. On this note however, they are careful to state that (ibid pg 5) “we do not claim that media’s impact on the political agenda is an independent and truly exogenous influence…we consider media coverage a useful indicator of the information available in a political system.”

3.5 CONCLUSION

The aim of this chapter has been to outline agenda setting and to particularly emphasize the principles of the media agenda setting process. Within this context, it has endeavored to touch on some level of ‘ideology’ in relation to the role of the press in society. This has not been with a bid to start some complex ideological debate but to make a case for the role of the media in advocating for public health issues and helping to set the public and policy agenda.

The chapter has also tried to outline the symbiotic nature of the relationship between media and policy makers and the overall complexity of the process; endeavoring to highlight the media agenda setting power, amidst political influence and dominance. Dearing and Rogers (1996: 74) summarize the scenario aptly in these words:
...the media policy relationship is defined by this temporal disjuncture of reporters needing immediacy to do their jobs and policy makers needing contemplation to do their jobs. The relationship...is symbiotic in that journalists need access to the sources of news and policy makers need coverage of their proposals and actions...

To reiterate for clarity, this review has neither insisted nor categorically suggested the notion of a powerless media or the picture of an all-powerful polity, or vice versa. On the contrary, it has acknowledged that media power cannot be undermined as they retain great capacity to determine what is news, to publish it as such, and to ‘influence’ to a large extent the level of importance (i.e. salience) that is accrued to such news (Clayman and Reisner, 1998; Shoemaker, 1991). There is also an acknowledgement of a focused polity investing considerable resources to get on the ‘good side’ of the press, in a bid to influence and not necessarily control its agenda, perhaps with the foreknowledge that it lacks the absolute capacity to do the latter.

The thrust of this discussion therefore can be surmised thus: there are nuances between media and political agenda setting in theory and in practice. In theory (especially in relation to its foundational principles), it is a seemingly straight-forward linear process. In practice however, it is contingent on a number of socio-political factors and there is a duality of influence by, and on, both parties. On this basis, I argue for the notion of a ‘semi-independent press’ as well as a ‘semi powerful polity’, both influencing and being influenced by various agendas, including those of one another.
To conclude, I stipulate ahead of the empirical facts and answer three key questions that I believe are pertinent to this study:

1) **Is the influence of media agenda setting on the policy agenda 100% certain?** The answer is no, as some of the studies reviewed (Kingdon, 1984; Protess and McCombs, 1991; Walgrave and Van Aelst, 2006) have shown it to be contingent in nature and influenced by a number of elements beyond the control of media such as political party priorities.

2) **Is policy agenda setting by the media possible?** Yes, as some portions of this text have also shown. For while media agenda setting may not always elicit what Walgrave and Van Aelst have labelled fast substantial responses, they certainly, amongst other advantages, “provide a new platform for re-announcing initiatives and introducing legislation” (ibid. pg 34).

3) **Under what conditions can the policy agenda be influenced by the media agenda?** With the right level of information dissemination; a clarity of proposed solutions; a projected sense that concern about the issue is public opinion; that the issue is new on the socio-political landscape or at least, presents a new perspective on an old issue; and finally, the issue has the support of key political actors.

The above answers inspire some measure of confidence in the media’s ability to set the political agenda. It also inspires some curiosity to understand the principles that govern this process, with particular emphasis on maternal mortality and, for the purpose of comparison, HIV/AIDS. On this note, I shall proceed in the next section to provide some useful context on the relationship between the media and Non-Governmental Organizations (NGOs), who are a
key sample in this study and are the main proponents for improved maternal health in Nigeria.
Chapter 4

Literature Review III
(Media and Public Health)

_The mass media confer status on public issues, persons, organizations and social movements_

Paul F. Larzarsfield
4.1 INTRODUCTION

In this section of this literature review, I shall proceed to discuss some important parameters relating to the media and public health. On this note, I shall discuss the role of media as principal definers of issues; the NGO-media relationship; source episteme as it relates to NGOs and health advocates; and NGO public relations and communications strategies. I shall conclude this section with a review of three public health case studies and show the different approaches and source strategies that shaped the media agenda and the broader agenda setting process.

4.2 MEDIA ADVOCACY AND PUBLIC HEALTH

So far, this review has discussed the literature on first and second agenda setting as well as the criticisms and limitations of the theory. In the process, it has come to a conclusion that the media does have substantial influence on the public and policy agenda. Therefore, understanding the media agenda setting process is a worthwhile imitative for public health advocates and scholars.

Buttressing the value of media advocacy, Lawrence Wallack and colleagues (1993) state that public health is essentially a political initiative and media advocacy is the process by which issues that would otherwise be termed personal or unimportant, gain prominence and a socio-political status, deserving of political action. Highlighting the importance of this change process (1993: 2, 61), they state that:
The mass media’s ability to set the public agenda and amplify and lend legitimacy to the voices and views of our nation’s political debates render them essential participants in social change of any kind. Media can focus attention and this is “enormously powerful, especially when that spotlight can be held in place.”

This premise sets the tone for the discussion in this chapter and somewhat for this thesis. The media play a two-part role in bringing about change for social and health issues: they amplify and legitimize. Without these elements in any public advocacy initiative, the chances of achieving success are minimal. But with the media’s commitment, these two elements are assured and agenda setting for social and policy change is more likely to happen.

However, as previous sections of this literature review have shown, there is a pre-agenda setting stage, which is setting the media agenda, as a precursor to the greater agenda setting process. Discussing this media agenda setting especially in relation to public health advocacy, Wallack et al (ibid) suggest that the focus of the process is to influence the selection of topics by the mass media and [through media] shape the ensuing public and policy debates.

4.3 MEDIA AS PRINCIPAL DEFINERS OF ISSUES

To begin this discussion, I suggest a reflection upon the question: “Who and what determines if a health problem should be a public health issue, deserving of public and policy attention?” As laden as the question may be with responsibility, it is equally laden with the rhetoric, not particularly directed at anyone but nonetheless requiring a response, in both words and in action. Whether by reason of social expectations, interactions, institutionalization or sheer
luck, the media has managed to establish itself in this role and to execute its responsibilities with a ‘right to do so’ attitude.

Jonathan Benthall provides some interesting insights into this media responsibility (or privilege) using humanitarian disasters and the Aid sector. Benthall states (1993: pg 3) that there has been the evolution of a media regime over the last 25 years and that understanding its modus operandi is becoming a must for humanitarian organizations, governments and even members of the public. Benthall also provides some introduction into disasters and their features but also points out in the same vein that disasters perhaps have a more operational definition, especially as it relates to the media. He states:

...the coverage of disasters by the press and the media is so selective and arbitrary that, in an important sense, they ‘create’ a disaster when they decide to recognize it....they give institutional endorsement or attestation to bad events which otherwise have a reality restricted to a local circle of victims.... (Benthall, 1993: pg. 11, 27)

This concept of media’s selective engagement with issues I believe is not entirely new, as I have endeavored within this thesis to discuss this quality under the rubric of real world indicators and their role in the agenda setting process. Benthall buttresses this capacity and more: that the media does not only report what it will (which is perhaps the foremost lesson drawn from the discussion on real world indicators), but also defines the extents, gravity and appropriate solutions to the issues. The latter proposition is evidently a function of its second level agenda setting ability.
Benthall explains that this process is interestingly not controlled by a huge number of people or forces but rather by a small number of editors and reporters, whose decisions have far reaching consequences in both a positive and/or negative way. Explaining the cycle of influence, he states that governments come under pressure to respond to matters that have been thus constructed and are in the public eye. On the basis of this agenda setting capacity, he asserts that: “a great responsibility therefore rests on those who control and filter the news” (ibid. pg. 28).

A new angle is hereby created to this issue defining ability: ‘responsibility’, and Benthall’s hypothesis saliently reinforces this fact: that not only does the media have the ability to get the ball rolling, it by consequence should bear responsibility for the outcomes of the issues that it never permits to come to the light.

Simon Cottle (2009) alludes to this issue defining capacity of media and the consequences that follow. Cottle states that:

*Contemporary news media occupy a key position in the public definition (emphasis mine) and elaboration of crises...in exerting their symbolic and communicative power, the media today can variously exert pressure and influence...or equally serve to dissimulate and distance the nature of threats that confront us and dampen down pressures for change.* (Cottle, 2009: pg 2)

Cottle buttresses his point with an example from the midpoint review of the MDGs by the UN, stating that it hardly registered in the world’s media, in spite of its implications for the world’s poor and vulnerable (ibid. pg. 56). In his view, news media are drawn to ‘disasters’ that meet certain media logic (discussed in an upcoming section) and, therefore, events that
do not meet this logic do not receive media attention and by consequence public and political intervention.

4.4 THE NGO-MEDIA RELATIONSHIP

Amidst the discussions so far, understanding the NGO-Media relationship is essential. This is of particular interest in this thesis because NGOs form a critical mass for addressing public health issues and advocating for change. While governments and international agencies and donors may provide favorable policies and resources, NGOs bear the final responsibility of impacting their constituents and bringing about the change that is required, down to the grass root level. I therefore take some time here to discuss the relationship between NGOs and the media, with the latter already identified as central to any public health advocacy process.

Certain patterns are observable in NGO relationships with media and I lay emphasis here on what would appear to be the trends in African contexts, expertly highlighted by Mia Malan (2005). Using Kenya as a case study, she identifies some of the unique characteristics of the NGO-Media relationship. This includes an unwillingness on the part of NGOs to participate in media programs without some form of financial compensation; the failure of NGOs to challenge government even when public statements which contradict their causes are made; the inability to see and use media as a tool for advocacy; an apparent distancing from the media premised on the belief that there is no potential benefit to be gained from them; and a lack of expertise on how to engage the media effectively.

Using HIV/AIDS as a case in point, Malan does a comparison of Kenya and South Africa, stating that in the latter, NGOs take a more proactive approach to media engagement, predominantly through maintaining a personal relationship with journalists, sending them
regular weekly or daily updates electronically. Malan concludes that NGOs cannot ignore the media if they want their advocacy efforts to reach a wide audience. For example, explaining the poor knowledge of the use of Nevirapine in the prevention of mother to child transmission of HIV, she states that: “this can be attributed to the fact that the NGOs and/or government agencies running clinics have inadequate and sometimes non-existent advocacy strategies that involve the media” (2005: pg 180). She therefore surmises (consequently reinforces Ericson et al.’s position) that the ideal situation is one in which “NGOs and the media feed off each other: one cannot serve the public effectively without assistance and support from the other” (pg 182).

Deacon (2004) discusses extensively this relationship between Non-Governmental Organizations (NGOs) and their relationship with the media. Acknowledging the agenda setting power of these organizations, he states that upon inspection, it can be observed that although their political importance is recognized, the significance of the media as catalysts for the changes NGOs seek is often underplayed (pg 99). While this may be attributable to the financial implications of such media engagement, Deacon (citing Manning (1998)) explains that beyond financial constraints, the structure of nongovernmental organizations can inhibit their effectiveness in managing media coverage in a pressurized political context. He states that, for example, less than one third of these organizations have designated press officers or conduct any form of formal media monitoring. Furthermore, Deacon suggests that NGOs cluster around general and non-contentious issues with a greater portion of such coverage being for “their deeds than for their political interventions” (ibid. pg 106). This is also supported by Malan (ibid), who states that NGOs preferred to be perceived as bearers of good news as opposed to critics.
These elements have varying implications for the agenda setting process. For one thing, if NGOs are unwilling to (or by default, do not) engage with media, then the chances of getting coverage for their issues is minimal; in cases where their causes represent some measure of media interest the latter will seek out and report such activities. While the authors here do not categorically state so, it may be deduced that the approach taken by NGOs is to be silent or, when speaking, not to engage in controversy. This may have undermined media’s willingness to even engage with them.

However, the picture is not all gloomy as Miller et al. (1998) state that NGOs sometimes are able to influence their publics through more quiet, and even sometimes covert, activities (such as lobbying). Therefore, the absence of an NGO on the media front does not necessarily equate to an absence on the policy and decision making front. Nonetheless, they also agree that: “the media are central actors in the political process that no organization…can ignore.” Therefore NGOs have a balancing act to perform: to ensure that they maintain a healthy relationship with the media (or at least ensure it’s not a bad one) and at the same time continue to execute their ‘non-media related’ strategies. Whether the former translates into media publicity is a different matter altogether, but for what it’s worth, they do well to keep the media close and friendly, because in the grand scheme of things they really do matter.

4.5 **NGOs AND EPISTEMIC AUTHORITY**

In this section, I shall be discussing the role of sources in the NGO-media relationship and the agenda setting process. Understanding the role of sources in media agenda setting is important as the literature shows that sources contribute a good proportion of the news
material published and are therefore critical to the news production process (Ericson et al., 1989; Franklin, 2004; Deacon, 2004).

Ericson et al. (1989: pg 4) suggest a symbiotic and almost ‘parasitic’ relationship in which news sources influence the process of news communication, but at the same time remain vulnerable to journalists and their demands. They submit that sources serve to cite the facts without further investigation and give credibility to what the reporter visualizes. Highlighting a great deal of reciprocity, they state that journalists somewhat rely on sources to function as reporters and in return sometimes pass privileged information which they may consider of relevance to the source organizations.

Nevertheless, they acknowledge that though both parties may be intertwined, they maintain some degree of autonomy in their operations, with journalists retaining the power to determine what eventually makes it as news. When this proposition is related to NGOs, a less symbiotic association, at least from a journalistic point of view is suggested (Deacon, 2004). According to Deacon, journalists are less keen to use NGOs as sources because their authoritativeness is less clear-cut as “anybody can set up a voluntary group and make inflated claims about their work” (pg 108).

This subject of authoritativeness is one that I would like to discuss extensively because the literature as well as anecdotal evidence shows that this factor is an important determinant of media engagement with NGOs. Motion and Weaver (2004) explore the question of this ‘authoritativeness’ in their discussions on the ‘epistemic struggle for credibility’, which NGOs often face in presenting themselves as sources. Utilizing a case study of Green Peace in New Zealand, the authors state that there are certain qualities that must be inherent in
News material to make it ‘Newsworthy’ and that these include its entertainment value, its cultural relevance and the element of unpredictability or surprise.

They elaborate on several interesting points relating to NGO positions as news sources, but some of it is perhaps best suited to another writing exercise. Worth mentioning here however, is the suggestion that when NGOs such as Greenpeace take the above approaches to putting their issues on the media agenda, their role as epistemic authorities are undermined, a point highlighted by Deacon. This is because as a result of the ‘passionate’ nature of the work that NGOs do, they bring along in their roles as sources, critical knowledge about issues that range from social to spiritual or cultural values, which are also “more likely to be represented as opinion rather than fact” (Deacon 2004: pg 251).

Identifiable here are some of the struggles that NGOs face in their roles as sources include the fight for epistemic authority, i.e. “to determine who has the power to represent a sector of the universe and on what grounds” (Motion and Weaver, 252). This authority is conferred by the media on individuals who comply with their expectations and who “are judged to be knowledgeable and credible” (ibid. 252). This role is often given to those who are able to present hard scientific evidence or who take a more objective position on the subject. By consequence, because the majority of NGOs are self-appointed, they are not quite considered objective but rather biased in their positions, consequently undermined in their credibility. As Manning reinforces, the possession of expertise helps news sources to rise up in the hierarchy of credibility in the eyes of journalists and helps to ensure that they become regular points of contact on specialists’ correspondence beats” (2001: 158).
Motion and Weaver, however, acknowledge that eventually “Greenpeace was successful in positioning itself as a news source, setting media agendas (emphasis mine) and establishing positive relationship with journalists” (256), but by the same token, still struggled in establishing itself as an epistemic authority. There were however exceptions “in areas where the media lacked expertise, where Green Peace was able to gain epistemic authority from association with experts…or where Green Peace deployed strategic flexibility, providing facts but framing a story to meet commercial news value” (ibid. pg 256).

Boyce (2007: 137) also contributes to the discussion about NGOs as sources. Explaining the dilemma of the journalist and indeed the public, she states that:

*In an expanding media universe, with escalating coverage of health and science issues, questions of who to trust to provide expert information and opinion is a vital issue for journalists, academics and the public.*

Journalists therefore seek ‘expert’ opinions and she provides three reasons for this approach: to provide facts, to add credibility and to present objectivity. She therefore identifies the emergence of a new category of sources: “Expert-Sources”, (pg. 141) and these are sources who possess specialized knowledge either at the highest level (contributory expertise) or interactional expertise. Using the MMR/Autism case of 1995 as an example, Boyce shows that they were privileged and consisted of medical professionals or other ‘experts’ such as policy makers. However, there was also evidence of other sources being utilized such as small pressure groups, parents and other individuals who could present a human interest angle to the stories.
This above review of sources and their epistemy is provided with an intention of not only introducing the subject but also drawing relevance to this thesis. For example, in speaking ahead of the empirical facts, we can see much of this ‘expert-source’ selection in a review of health issues globally, and certainly in Nigeria. As the results will also show shortly, these experts, especially policy makers and government officials are considered critical to the day to day news coverage of events and the longer term agenda setting process. Referring to them as the ‘Who’ of journalism, respondents show that an issue can continue to maintain salience on the agenda, as long as it continues to feature the right ‘Who’.

The implications of these positions should perhaps be of concern beyond the theorizing of concepts. In practice, while such knowledge is power for NGOs and their attempts at media engagement, there is also another facet to the subject. For example, NGOs with limited resources and working at community levels (such as the majority of those working in the area of maternal health in Nigeria) are now faced with the challenge of finding and enlisting unto their causes the right ‘Who’ if they are to achieve salience on the media agenda for their work. This represents a feat beyond their reach except on the level of a coalition.

This scenario presents a moral dilemma for the media and perhaps media scholars. For Paul manning (2001) invites us to consider “Whether or not, the less powerful are significantly disadvantaged in the scramble to secure access to the news media…” and I can say without much contemplation that more often than not, the answer is yes. On this note, I believe that three options are open to small NGOs that may find themselves in this quagmire: 1) that they become part of a coalition with stronger networks and political access; 2) that government, political elites and other right ‘Who’s’ will on their own take up such issues and help set the media and political agenda; or 3) that journalists will look beyond the elite ‘Who’ and as it
was in the MMR/Autism case, privilege the voices of the affected and vulnerable as a matter of civic duty.

### 4.6 NGO PUBLIC RELATIONS STRATEGIES

To conclude this review, I shall discuss Public Relations strategies of NGOs. From the literature reviewed thus far, this is evidently of some importance as such strategies are crucial to successful media engagement toward long-term agenda setting. I shall discuss some propositions in the literature and review some case studies that provide useful directions for media advocacy on a practical level.

The Public Relations strategies of sources, including NGOs, contribute significantly to their ability to get issues on the media agenda. Cottle and Nolan (2007) posit an illuminating concept on the public relations practices of Aid Agencies and their gradual evolution to become “increasingly embroiled in the practices and predilections of the global media…” (ibid. 862). They begin by laying the context for NGOs’ actions, and this includes the fact that their work is highly dependent on media to put out their messages and galvanize public responses to their appeal.

However, the complexity of this media environment is now accentuated by globalization, new communication technologies, 24-hour news channels and increasing competition from others in the field. Perhaps showing some points of connection with the arguments of Deacon (2004), as well as Motion and Weaver (2004), they argue that this media milieu present ethical challenges for NGOs as they now deploy communication strategies that are at
variance with the fundamentals of humanitarianism, which govern their existence as corporate entities (ibid. pg 864).

Based on interviews conducted with communication directors of some of the world’s largest AID organizations like Oxfam and the Red Cross, they identify some of these proliferating communication strategies to include branding, media monitoring, proactive crisis management and differentiation, amongst others. They also highlight the peculiar tendencies of the media to be drawn to images of distress as opposed to “issues of structural disadvantage or the politics that determine or shape the scenes of skeletal figures, which appear like ghosts on our screens” (pg 863).

These imperatives have facilitated the submission of NGOs to what I herein term the ‘Lapdog demands of media logic’, in a bid to make their items newsworthy. NGOs have had to make decisions that sometimes were not altogether ethical to be able to attract the media coverage that they require. However, I must also state that the relationship is not totally one of exploitation, as certain responses from the interviewees support Ericson et al.’s (1989: pg 868) propositions on the symbiotic nature of the media-source relationship – “they need us as much as we need them”

Some of these propositions are attested to by journalists themselves. For example, Peter Apps, Reuter’s reporter (2009: 258) writes on some of the important elements to good writing for the media, and press officers for health advocacy organizations may find the lessons relevant. He begins by stating that: “media attention is one way – sometimes the only way – of attracting the notice of donor nations or politicians.” Discussing important elements in such reports, he states (ibid. pg 259 – 269) that images of disaster are key; also important are
scale, context, color, quotes and impact;…”powerful individual stories without losing track of
the bigger picture”; where possible, some human detail such as strong personal stories which
help bring “a big picture piece down to a human level...with a simple concentrated example
of human suffering.”

To return to the propositions of Cottle and Nolan, it is evident that they bring to the fore some
of the underlying elements that influence NGO PR strategies today. And these have the
potential to be perceived as a shortcoming on the part of NGOs as well as a question of ethics
in some instances. However, one can observe here the calculated effort by International
NGOs to influence the media agenda, tailoring their brands and communication strategies to
meet the demands of media logic for the 21st century. Also evident are the deficiencies of
local NGOs and how, by consequence, there is low salience of their issues on the media
agenda.

Therefore two questions which NGOs must face come to mind: 1) are there ethical issues
involved? Perhaps, but this may be expected in today’s pressurized media and policy
environment. 2) Are there positive results achieved, from an agenda setting perspective? Yes
and this is perhaps compensation for whatever else may be lost. Speaking on the basis of
anecdotal evidence, it appears that NGOs have little chance of changing the principles by
which the media operate. Therefore, it is evidently to the advantage of NGOs to turn some of
these challenges into opportunities. For instance, the literature shows that some NGOs have
either embraced and managed to circumvent some of these seemingly challenging features of
the evolving media landscape (such as the fast growing influence of the internet) to their
benefit.
A good example may be found in the World Security Institute, an independent think tank in America. In achieving its objectives, its media arm publishes four electronic magazines including the ‘Washington profile’ and ‘Taqir wahington’, the latter being an Arabic edition of the magazine. The magazine is published in four languages including Chinese and Russian and is a major tool employed by the organization in its advocacy initiatives. Zhang and Swartz (2009) discuss the model and point out that organizations such as these have leveraged on the fast changing media landscape for their benefit and encourage others to follow.

As I draw to a conclusion, I backtrack here to the premise of this discussion on the NGO-media relationship: it is based on the fact that the media do have power to draw public and policy attention to NGO causes. While there may be evidence of the abuse of media power by civil society in vulnerable societies (Frohardt and Temin, 2003), there are also examples on a positive note. Scholars like Cottle (2005) acknowledge that the news media can alert publics to the sufferings of others, many of whom may otherwise have remained in obscurity. This notion is easily demonstrable with campaigns like ‘Make Poverty History’, deconstructed by Nicolas Sireau. Amongst other insightful observations, Sireau (2009: pg. 204) does well in acknowledging some shortcomings of this campaign, including the lack of research on its audiences and their cultural attitudes towards poverty. Nevertheless he acknowledges the need for media collaboration as “they play a significant role in the formation of these collective beliefs…” (204).

To close, I highlight the elements of this discussion that call for our attention. First, there is a need for collaboration (Sharma, 2010) between the media and NGOs, and this possibly is predominantly to be earned through divergent (Cottle and Nolan, 2007) and, in my view,
perhaps unconventional PR strategies. I argue therefore on both sides of this reality. The media is faced with the demands of organizational practices, changes in audiences’ taste and the pressure of 24-hour news channels. NGOs on the other hand are faced with a constraint on resources, expertise in managing modern public relations and on some level, ethical concerns.

However, I believe that across the range of interactions there are some benefits to be gained by NGOs. And on a strategic level, the benefits of these interactions surpass the questions that they may present for corporate propriety. For example, in relation to source epistemy, Motion and Weaver (2004), in their discussions of the Greenpeace campaign in New Zealand, show that these strategies are effective in getting on the media agenda. Because, where skillfully planned, some NGOs have been able to bring on board individuals who have epistemic authority but are also in agreement with their own ideological positions. Therefore strategies like those employed by Greenpeace (discussed earlier in relation to source epistemy) are useful in eventually getting the issues on the media agenda, getting the policy discussion going in the right direction and, in time, fostering an environment for change to begin.

Examples of strategies undertaken by sources in setting the media agenda are discussed in the upcoming section on media agenda setting in practice.

4.7 MEDIA AGENDA SETTING IN PRACTICE

To conclude this review, I shall discuss some of the literature and case studies around the subject of public health and media advocacy in the United Kingdom. My discussions shall
include three case studies (inherited breast cancer, genetic research into human health (GRHH) and the HIV/AIDS crises). The first two examples will show some of the approaches that the media has taken to framing public health issues and the consequent impact on the public and policy agendas. It also explains positive actions as well as shortcomings of sources in facilitating the process. The last example (HIV/AIDS crises) will show source strategies in action and their outcomes on the media agenda. I provide these examples to provide practical steps that can be utilized by NGOs at different levels.

Within the context of these discussions, I make reference to the concept of risk. On this note, I wish to reiterate that this thesis is not about risk but about agenda setting. However, as stated earlier, some cross-pollination of concepts is not uncommon in a study of this nature and linkages can be identified between agenda setting and the concept of risk. This is supported not only by the literature (Kitzinger, 1999; Kitzinger, 2009) but also from the interviews conducted by myself among sources and journalists. Nevertheless, I hope that these examples will be of benefit in further understanding the workings of the agenda setting theory, in practice. Furthermore, I hope that they will serve as a lens through which the results of this study may be viewed and the ensuing lessons applied to the development of future interventions to improve maternal health in Nigeria.

4.7.1 Case study 1: Inherited Breast Cancer

In 1999, Henderson and Kitzinger reported the media representations of inherited breast cancer in the UK. Their research involved three levels of analysis viz. the media production process, the media content and the audience reception of the coverage. I discuss here briefly,
the various outcomes of these phases of research and also some implications of each of these phases and approaches on the agenda setting process.

4.7.1.1 The Media Content

The authors reviewed the media content (press and electronic coverage) on the subject across a 3-year period (1995 – 1997). The results showed that there was consistent coverage of the issue throughout the period. However, they also observed that to begin, there were more stories on the potential risk for breast cancer with particularly high coverage of genetic/inherited risk, second only to ‘age’, with the latter representing a ratio of one in three articles. Although, in reality, this was not the highest potential risk factor, (i.e. compared to other non-genetic factors) it was a factor that the media was most keen to highlight.

There was also a focus on human interest stories and these received more coverage in relation to the length of the stories, compared to other reports. Headlines in such stories were emotional and evocative (ibid. pg. 7) (e.g. “I didn’t want to wait for it to come and get me” or “the breast cancer family”), engaging readers on a number of levels beyond health, such as family ties and grief. Stories of this nature were also published through a variety of media and data from the audience research showed that these sorts of stories and reports (soft and hard) “had made the most impression on women’s understanding of genetic risk” (Pg.: 7).

4.7.1.2 The Production Process

In defense of their approaches, journalists explained that to begin, breast cancer was a sexy issue: it was not only about the facts (hard news value) but also about its soft news value. In addition, it was bound to attract female readership, which was always a plus for any
newspaper. Breast cancer was also described as ‘newsworthy,’ and able to “provide drama” (pg. 11), particularly in relation to prophylactic mastectomies. Very importantly, respondents explained that the use of personal stories “can put a ‘human face’ to the science…” (pg. 11)

Sources (e.g. PR officers and campaigners) also defended this approach stating that it had a capacity to tell stories of reality (such as death, love, sex, et cetera) and Henderson and Kitzinger (ibid. pg. 11) add, “…(this approach) can evoke powerful emotions, fear and tragedy.” However across the range of sources and depending on their priorities, there were different levels of acceptance as well as criticisms of this approach to coverage.

For example, some sources expressed concern that drama was being played over fact. Furthermore perhaps in a bid to capture audiences’ attention, some stories were misconstrued or individual accounts were manipulated by journalists to suit their storylines (pg. 12). However for sources who adopted this approach, they indicated that they had found it a useful strategy for engaging the media and sustaining the issue salience.

4.7.1.3 The Audience Reception

The effect of this coverage on audiences is also worth mentioning here. Focus group data showed that many individuals had, like the media content, given priority to the discussions of genetic risk around the subject. Also, soft representations of the issue (in media such as drama and soap operas) made the highest impact on women’s perceptions and indeed consequent actions. These media representations were also the most remembered, because of their evocative nature.
To surmise, Henderson and Kitzinger (1999: 15) state that: “human interest stories were the types of media coverage which generated conversation, thought and reflection and were most vividly recalled:” they had the highest social currency of all (Kitzinger, 2000).

4.7.2 Case Study 2: Genetic Research into Human Health (GRHH)

In 1997, Kitzinger and Reilly conducted a study into media coverage of human genetics research. The study involved analyses of the media content, interviews with journalists as well as source organizations. A summary of the findings is presented here.

4.7.2.1 The Media Content

The media coverage analyzed consisted of a longitudinal as well as randomly selected samples concentrated on a 4-month period. The authors noted that in spite of concerns amongst policy makers, as well as interest groups, GRHH did not get much coverage compared to other aspects of scientific research. Where there was any coverage, the reports were short and heavily based on science. I discuss these elements in further detail both from a journalist as well as a source perspective.

4.7.2.2 The Production Process

To begin, journalists (including specialist science correspondents) stated that they had challenges understanding the issues and therefore did not particularly engage with it… (for example): “I start off from a disadvantage, because I don’t know gene speak” (ibid. pg. 5). Furthermore, the news formats did not allow for in-depth reporting, except in special cases.
The lack of ‘events’ was also identified as a limiting element as it translated into a lack of new hooks for the story. This was evidently a challenge for editorial endorsement. The authors also inferred that there was an element of risk (or the perceived lack of it) associated with GRHH: proximity. Proximity not only as it is meant in a physical sense but also in a psychological one. To buttress this point, I quote an excerpt from one of the respondents.

...newspapers in general are very poor at looking to the future more than tomorrow’s edition. If you come and say to them, “I want to write a story about something that isn’t a problem now but will be in five years’ time” they are not going to be interested

(ibid. 1997: 6)

Kitzinger and Reily (1997: 6) also highlight the importance (or lack) of a human interest angle to the subject, undermining “the need for an illustrative case to bring the science alive.” Therefore without this element, the events however significant were not assured of coverage if they did not represent a scientific breakthrough or could not be tied to individual experiences. Other factors identified include the consideration of cultural beliefs and norms in the reporting of facts and the determination of inherent risk.

The role of the sources in the coverage was also discussed as a contributory factor to media coverage. There was preference shown to official/government sources and the authors explain this stating that “under the pressure of deadlines, journalists will give priority to official/scientific sources” (ibid. pg. 6) because they added the news value to the events. This in turn meant that pressure groups were marginalized. According to one respondent, “pressure groups aren’t that important...it takes to much time and they have too much to say” (ibid. pg. 7). However, the data indicated that there had been no obvious government
spokespersons and this had implications for coverage because the media interpreted this to mean there wasn’t enough interest in the issue at the top.

Another point noted by Kitzinger and Reilly (pg 8) was that “The media reporting also reflects the lack of coordinated and centralized (emphasis mine) information sources in the field.” This meant that journalists sometimes did not know who the sources were or had to contact sources directly, only to be sometimes disappointed because some of these individuals could not contribute ‘news worthy’ elements to the media conversation. Other sources who could perhaps contribute newsworthy elements, especially in relation to risk, did not however consider the media as the most suitable platform for such engagement.

Kitzinger and Reilly conclude with expectations that the issues will soon come to the fore as more sources respond and more journalists show interest. However, at the time of the writing of their article (1997: 9), they stated that “…it would seem that the implications of the new molecular genetic research into human health have so far been a risk story ‘in waiting’.

4.7.3 Lessons for Media Agenda Setting

I shall discuss a number of elements around the two case studies and show the implications of these for the media agenda setting process. Although neither of these studies have been conducted as agenda setting research nor have been defined by their authors as such, there is still much to learn in relation to the media agenda, which is partly a product of journalistic/news norms as well as source strategies.
Furthermore, as I have stated earlier, agenda setting is fundamentally about the transfer of salience (perceived importance) from one agenda to the other (McCombs, 2006) and the pre-agenda setting phase is the process by which issues gain prominence and salience on the media agenda (Dearing and Rogers, 1996). We find evidence of both phenomena in both cases. Therefore for all intentions and purposes, they suffice as useful examples of agenda setting in practice.

The elements that I review shortly are presented under the following categories: capacity building, human interest angles, source epistemy, issue type and perceived risk. I discus each element and provide a lesson note for public health advocates who face the day to day task of achieving and sustaining salience on the media agenda.

- **Capacity Building**

The capacity building initiatives undertaken by the issue proponents for breast cancer are not categorically stated. However, in the case of GRHH, it is evident that some measure of capacity building was required to equip journalists for the reporting of the issue. This lack of capacity on their part undermined an interest in the issue and, consequently, its salience on the media agenda.

*Lesson number 1*

*Never assume but rather, always ensure that there is some capacity building for journalists in any media agenda setting initiatives*

- **Human Interest Angles**
The range of literature reviewed as well as anecdotal evidence has shown that having and projecting a human interest angle is essential to achieving and maintaining salience on the media agenda. This was well achieved in the case of breast cancer but not in the case of GRHH. Media require various angles to a story and with a human interest one never fails to engage readers. While the angle may not always be immediately evident, once found (like the case of breast cancer), it can open up more angles (e.g. grief, family) that engage various media outlets and increase the media’s agenda carrying capacity, ensuring salience for a considerable period (McCombs and Zhu, 2000).

**Lesson number 2**

*If it’s a public health issue, it has a human interest angle. Find it, document it and support different journalists and different media outlets to project it.*

- **Source Epistemy**

The question of source epistemy was not particularly discussed in the breast cancer example, but in the case of GRHH we see an acknowledgement by journalists of a preference for official sources as they add the news value to the issue. This preference was particularly useful when they were under pressure to deliver on deadlines. However, we see a different level of epistemy in the issue of breast cancer. Many sources were ‘unofficial’, such as celebrities and, very importantly, every day people. Advocates should endeavor to find the right sources (and here we find the role of a political champion reiterated) to give some measure of credibility and a face to the statistics.

**Lesson number 3**

*The sources in a story make all the difference. Where the subject in itself may not be ‘news worthy’, the sources can add the news worthy angle, if they are the right ‘Who’ and this should be noted in the development of media messages.*
• **Issue Type**

Walgrave and Van Aelst (2006) discuss the issue type as important in the agenda setting process and we find this to be true with the two issues discussed here. Journalists found (or described) breast cancer as having an element of drama and attracting female readership. This ‘drama’ element was missing from GRHH but could have been projected, under a more holistic approach to media engagement by sources. This perhaps accounted for the lack of significant issue coverage.

**Lesson number 4**

*Dedicate time and resources to articulating and projecting the interesting and relevant aspects of the issue to the media. Where possible, take a multifaceted and multidisciplinary approach.*

• **Perceived Risk**

The subject of risk never fails to engage journalists. Risk matters to people and risk sells (Kitzinger, 2009). Therefore advocates of public health must endeavor to expose and contextualize the risks. In doing this, proximity (physical and psychological) must be considered. This was evident in breast cancer but perhaps required some ‘assistance’ in the case of GRHH. It was therefore of minimal interest to journalists because they knew that it would also probable that it would be of minimal interest to readers.

**Lesson number 5**

*Proximity of risk to the reader is important. Most public health issues present some measure of immediate risk. Find it and help the media to see it.*
4.7.4 Case Study 3: The HIV/AIDS Crisis

To conclude the lessons on agenda setting in practice, I shall utilize an example from a public health issue that is not only well known but is also central to this research design: HIV/AIDS. With this case study, I provide key concepts from the work of the Glasgow media group (1998) in its analyses of the HIV/AIDS crisis in the United Kingdom in the 1980s.

The points presented here represent practical source strategies at different levels of the communication process. An understanding of these principles will be useful to issue advocates seeking practical ways of influencing media agendas today. All references are from the “Circuit of mass communication” by the Glasgow Media Group (GMG, 1998).

4.7.4.1 Background

The Glasgow media group analyzed the various aspects of the communication process (Production, Content and Reception) during the public campaign that followed the discovery of HIV/AIDS in the UK. They state that “public education was the main plank of government policy on HIV/AIDS…and the mass media was seen as central to the fight against AIDS” (GMG, 1998: 2).

The campaign, which began in 1986, was a platform for the display and contest of ideologies and government’s determination to ‘educate’ the public. As expected, sources were a part of this contest of ideologies, seeking to educate the public via the media on their own perspectives and objectives within the broader rubric of the government’s own campaign
goals. The lessons presented here are from these source strategies for media engagement, as discussed by the GMG.

- **Funding is key to the media agenda setting process**

Funding enabled sources to take a proactive as opposed to a reactive approach to media engagement. In this regard however, the government institutions had a better standing. Therefore organizations intending to set the agenda in a proactive way for any public health issue need to consider and commit just as much resources to the fund raising arm of their initiatives.

- **Mobilize cultural capital**

While funding is indeed essential, as I have indicated above, some organizations still found the fundraising process somewhat difficult, at least at the beginning. On this note, the data indicated that cultural capital was just as useful. By cultural capital, I mean adding some value to what would otherwise have simply been information. For example, enhancing the presentation, or even going the extra mile of finding that source that will make the difference to the story.

- **Leverage on strategic alliances**

There were a range of groups and parties contributing to and sustaining the media agenda. For example, a number of interest groups and advocates contributed to the general agenda ‘push’. For instance physicians used their relationship with the media to mount pressure on
government for policy change. While at the time, this may not necessarily have been planned from a strategic center, the lesson here is that multiple approaches to advocacy help sustain an issue’s salience on the media agenda.

- **Advocate in a tactical manner**

This point was particularly evident in the work done by the British Medical Association who began first with engaging their peers and extending this engagement to government and policy. In addition, I believe that while the messages may have been somewhat ‘counter-cultural’, the mediums were not, lending some measure of credibility to the message. So for example in advocating amongst other doctors, traditional sources of information were used heavily such as journals, professional papers and conferences – information sources that were already familiar, credible and trusted.

- **Segment and plan accordingly for the media**

Some key advocates were strategic in their work with the media, segmenting and categorizing it. This was then followed by the development of a different strategy for reaching and engaging the various categories. Here, I wish to also note that while some advocates did not find some segments of the media ‘relevant’, e.g. tabloids, other advocates did and this is an important lesson: do not engage with media on the basis of your personal preferences or assumptions; if it’s selling, then someone is buying and you need to ascertain and plan accordingly, if that audience is of interest to you.

- **Intelligence can translate into credibility**
Sources, especially NGOs and bodies with ‘questionable’ credibility found that their credibility was overtime improved if they supplied the media with information and press releases that were well researched and backed up by facts and figures.

• **Cultivate media friendships**

As some of the literature has already shown, journalists will come to NGOs for information, even if this is just to balance a perspective. This was very much the case with the Terrence Higgins Trust (THT), which was “very useful to journalists anxious to balance a story on government policy…” (ibid. pg. 142). This therefore proved to be one way they achieved consistent media coverage. These occasions were also useful opportunities for them to put out some of their own messages. Buttressing the need for such an approach, the authors state that (pg. 134):

> ...the cultivation of both formal and informal contacts with the media have been seen as increasingly important and organizations of all kinds have allocated more and more time and money specifically to media relations activities....

Therefore for many organizations, NGOs included, this has meant the addition of a new employee with this expertise, an unconventional approach for most NGOs.

• **Media absence does not translate into political disengagement**

Finally, in their media advocacy efforts, some organizations took ‘covert’ ways to achieving this goal. For example, their media campaigns were carried out using sources other than themselves to discuss issues that may have been difficult to fully engage with in public
because of their established roles and pedigrees. Some of these organizations were also heavily involved in the policy making processes, serving in an advisory capacity and therefore not particularly ‘visible’. The lesson here for sources is to set advocacy goals and find feasible ways to achieve them without losing your social capital in the process.

The text offers many more lessons, but I have summarized some of the key points and believe these are easily applicable for both organizations that are structurally large and those that are structurally small. The authors attest to this point as prelude to discussing the strategies.
Chapter 5

Methodology
5.1 INTRODUCTION

The preceding chapter of this thesis provided an overview of some of the literature relevant to the subject of maternal mortality and media agenda setting. There was also a discussion on framing, which has been suggested by some scholars to be the second level of agenda setting. Exploring these concepts as they relate to maternal mortality in Nigeria is the primary objective of this thesis.

This chapter outlines the methodological elements of this exploratory process. The chapter is broken down into two sections namely:

**Background**: This section contains an overview of the research design, the research questions, a discussion on research philosophy and a justification for the chosen methodological approach.

**Research Methodology**: This section elaborates on the practical approaches to the various phases of research including detailed accounts of aspects such as data collection. A brief section on ethical considerations, practical challenges, and general assumptions concludes this chapter.

5.2 BACKGROUND

5.2.1 Research Design

The aim of the study is to determine the factors that influence the media agenda for health issues in general, and maternal mortality in particular. Within this context, it measures the
media agenda as a function of the amount of coverage (quantitative) and the type of coverage (qualitative). To facilitate clarity in the outcomes of this research, a comparative study design was employed, which juxtaposes maternal mortality with HIV/AIDS, the latter being a comparable health issue that had the highest salience on the media agenda. In summary, the research design comprises content analysis of newspaper publications; in-depth interviews with media personnel; and in-depth interviews with source organisations, namely NGOs. The anticipated outcome of this tripartite approach (see figure below) is the generation of robust evidence relevant to a majority of stakeholders, who may wish to develop future interventions to raise the salience of maternal mortality on the media agenda.

As the summary chart (see fig below) shows, this study is broken down into three phases: phase one explores the text and phase two and three explore the production process. In traditional agenda setting studies, the focus is most often exclusively on phase 1 (researching the text), and in many studies this is combined with researching the audiences, or the policy. I am unaware of any studies which feature the three phases as investigated in this thesis. In such ‘traditional’ studies, the quantitative approach is favoured, and this can be traced to the very first Chapel Hill study (McCombs and Shaws, 1972).

This research, however, takes a different approach to the study of agenda setting. In the second and third phases, it employs a qualitative approach through the use of interviews. In the first phase, on which I lay particular emphasis, it employs both the traditional quantitative content analysis as well as a qualitative approach, through the textual analyses of the news frames. This textual analysis and the extent of the content analysis, is a rare approach to studying agenda setting. Furthermore, although dominant frames have been explored under attribute agenda setting studies, this research reviews not only dominant frames but also other
elements that have proven relevant to the agenda setting process.

5.2.2 Research Questions

1. What are the patterns in coverage of maternal mortality and HIV/AIDS in the period under review?
2. What factors influence source strategies for media engagement?
3. What role do sources play in the media agenda setting process?
4. What are the factors that influenced the salience of maternal mortality compared to HIV/AIDS on the media agenda?
5. What are the limitations to/of media agenda setting in relation to maternal mortality?
Fig 5.1: SUMMARY OF THREE – PHASED RESEARCH DESIGN

1A
Overview: Content Analysis of Newspaper coverage of maternal mortality and HIV/AIDS over a ten year period (2001 – 2010)

Objective: To determine the salience of maternal mortality and HIV/AIDS on the media agenda.

1B: Sub Objectives (to determine…)
- The amount of coverage received by maternal mortality and HIV/AIDS.
- The dominant frames and discursive approaches employed in the reporting of maternal mortality and HIV/AIDS.
- To determine and differences between the reporting of maternal mortality and HIV/AIDS and their implications for the agenda setting process.

PHASE 1
Content/Frame Analysis

2A
Overview: In-depth Interviews with Source organisations including NGOs, donor and government agencies.

Objective: To investigate the role of sources and source strategies in the news production process for maternal mortality.

2B: Sub Objectives (to determine…)
- The role of mass media in source advocacy initiatives.
- The established patterns of media relations and engagement.
- The factors which influence media advocacy for maternal mortality and how these compare with HIV/AIDS.
- The relationship between NGOs and the Media.

PHASE 2
Source Interviews

3A
Overview: In-depth Interviews with newspaper senior correspondents, sub editors and health editors.

Objective: To explore the factors which influence the media agenda for maternal mortality compared to HIV/AIDS.

3B: Sub Objectives (to determine…)
- The factors which influence the salience of health issues on the media agenda.
- How these factors apply in the case of maternal mortality and HIV/AIDS.
- The relationship between the media and source organisations.
- The established media practices which influence media engagement with health issues.

PHASE 3
Media Interviews
5.2.3 Epistemological and Ontological Considerations

Before proceeding to discuss the practical elements of this study, I discuss here briefly, the philosophical underpinnings of the research. This is important because as Cohen et al. (2000: 3) state: “ontological assumptions give rise to epistemological assumptions, these in turn give rise to methodological considerations…” Therefore an overview of what I considered acceptable as reality and as knowledge is provided in this section.

5.2.3.1 The Nature and Study of Reality

The term ‘paradigm wars’ (Bryman, 2008) has been used as a description for the arguments about philosophical and technical approaches to quantitative and qualitative research. Sarantakos (2005, p.30) describes a paradigm as “a set of propositions that explain how the world is perceived; it contains a worldview, a way of breaking down the complexity of the real world…” Morgan (cited in Cohen et al., 2000, p.5) expands the implications of this definition, in practice, by asking: “is social reality external to individuals…or is it a product of individual consciousness?” An argument for/or an alignment with one or the other will determine a researcher’s approach to uncovering that reality.

5.2.3.2 Positivism and Constructivism

Two major paradigms may be identified in relation to qualitative and quantitative research. The positivist paradigm is premised on objectivism, a notion that there is an “external world that can be described, analysed, explained, and predicted” (Charmaz 2000: 524). This
ontological assumption therefore is characterised by a belief that reality is objective; can be measured; has an identity of its own; generates same meanings for all actors; and is out there to be ‘found’ by the researcher and brought to social light (Sarantakos 2005, 32).

Constructivism on the other hand implies some active interaction between the object and the subject. It “recognises that the viewer creates the data and ensuing analysis through interaction with the viewed” (Charmaz 2000: 523). It is premised on the fact that there is no objective reality or absolute truths; meanings are a product of interaction; the world is constructed by the people who live in it; and that if people define their situations as real, they are real in their consequences or consequent actions (ibid). As Sarantakos (2005: 37) puts it, “Constructing reality means making accounts of the world around us and gaining impressions based on culturally defined and historically situated interpretations and personal experiences.”

For example, consider an incidence: there is the incidence ‘as it has happened’; ‘as perceived or understood’ by the witnesses; and ‘as further related’ by third party accounts such as news reports. Here we see three accounts of reality, which will differ or be reconstructed from person to person based on time, reflection, their cultural and knowledge repertoires, all of which are influenced, reified or sustained through interactions in varying socio-cultural spaces.

5.2.3.3 Comparing Qualitative and Quantitative Research

The highlighted ontological positions have fundamental implications for the study of reality. The positivist position prescribes a quantitative approach to research and the constructionist
Bryman (1999) summarises the differences (in practice) between the two research traditions under the following categories: the researcher's stance in relation to the subject; the relationship between theory/research; the nature of data; the relationship between researcher and subject; the research strategy; the scope of findings; and the image of social reality. Space will constrain me here to discuss these elements in detail. However, I wish to highlight, in summary, his propositions on the nature of the data.

The nature of the data is perhaps the most easily appreciated difference between both research approaches, typically (mis)understood as the presence or absence of numbers. Bryman (1999, pg 44) states that this quality has earned quantitative data the description of “hard, rigorous and reliable.” It is data generated using the principles of determinism, empiricism, parsimony and generality (ibid. pg10). Qualitative data on the other hand is described as “rich and deep…and can illuminate the full extent of their subjects’ accounts of a variety of phenomena (ibid. pg 45).” It is therefore characterised by textual multi-layered and sometimes complex accounts.

5.2.3.4 Strengths and Criticisms of Quantitative Research

Quantitative research is conducted in the tradition of the natural sciences. Therefore, its approach to the study of reality is structured, measured and, to a large extent, replicable. Such measurement facilitates “adequacy, uniformity, comparism, consistency, accuracy and precision in describing and assessing concepts” (Sarantakos, 2005: 74). Furthermore, it offers researchers the opportunity to determine causal relationships in wider social contexts (Bryman, 1999). This has some benefits for policy making because “…when it comes to convincing a modern audience, the hard quantified facts may appear more trustworthy than
qualitative descriptions and interpretations” (Kvale, 1999: 67). Quantitative research is therefore often favoured for policy oriented work because it is considered unbiased and a true interpretation of reality.

However, a range of criticisms has been levelled against quantitative research by qualitative researchers. Sarantakos (ibid.: 35), for example, discusses the critical view of certain scholars on the basis of its assumptions of reality, meaning, hypothesis, objectivity, context and research procedure. This critical school posits that reality is not objective; objectivity is not possible, necessary or useful; meaning is closer to the researcher’s views than to the subject’s; hypothesis predisposes researchers and respondents to some bias; and the research designs “restricts the options of the research process, inhibits the initiative and motivation of the researcher, limits the effectiveness of research and produces artificial data that do not reflect reality as a whole.”

However, in defense of this research paradigm, Hammersly (1999) presents counter arguments stating that first and foremost, no research method is perfect, for indeed “all research is subject to potential error” (1999: 74). He also addresses a range of the criticisms levelled against quantitative research but I choose here to summarise his point on the distance between quantitative researchers and the subject of study. On this note, Hammersly (ibid.: 78) justifies the quantitative approach by reminding us that even in face to face contact with close acquaintances, the knowledge we receive is not necessarily beyond reasonable doubt. Therefore as researchers, we do well to avoid an over rapport and not to become influenced to the extent that we are unable to see the world any other way than that of our subjects.
Qualitative research takes a constructivist approach to ontology and an interpretivist approach to epistemology. Sarantakos (2005) describes qualitative research as naturalistic, normative, constructionist, reflexive, subjective, interpretivist, inductive and often small scale. In addition, he also describes it as dynamic, informative, detailed and context sensitive and it is on these three points that I wish to elaborate. The dynamism of qualitative research, coupled with the fact that it is context specific, allows for intensity in investigation and, very importantly, the generation of data that is relevant to the particular context of the phenomenon under investigation. It allows for rich and deep description of the subject of study, enabling opportunities to create and understand meaning (Sarantakos, 2005: 40).

However, qualitative research is not without its criticisms. For example, Pfeifer (2000) states that qualitative research has an inability to connect variables and determine causal relationships enough to inform social policies; it is lacking in validity and reliability; the data does not allow for comparisons; the studies are often not replicable; there can be large amounts of data (some of which can often end up being useless); finally, it can be time consuming and relatively expensive.

Sarantakos (2005: 94) responds to some of these criticisms above and I highlight here his defense of the ‘lack of objectivity’ in qualitative research. Sarantakos states that: “…there is no objective reality to begin with…researchers capture one aspect of reality…and this is what they can describe and present.” Furthermore, he posits an important argument, which I consider to be crucial in a study of this nature. He insists and I concur, that:
...one cannot consider intrinsic evaluation, feelings, beliefs and standards as insignificant or uninfluential. Social scientists ought to have a standpoint on social issues, and they must produce value judgments if they wish to solve social problems.

5.2.3.6 Justification for the mixed methods approach

Based on the above discussions on qualitative and quantitative research and their strengths and weaknesses, the mixed methods design has been chosen for this study. The choice of this method ensures the generation of rich qualitative data (for deeper understandings of the phenomenon under investigation), as well as the objectivity and parsimony of quantitative analysis (Bryman 200: 507).

However, the mixed method design is not without its criticisms. For example, it has been predominantly criticised for its contradictions in relation to epistemy, as the two methods are rooted in two different epistemological traditions. However, Bryman (1995: 506) addresses this criticism stating that “the two approaches to research can and do have an independence from their epistemological beginnings…each has its own strengths and weaknesses…it is these strengths and weaknesses that lie behind the rationale for integrating them.” This proposition was priority in this study, because each method brought a different benefit in answering the research questions.

Defending this ‘methodological priority’, Hammersly (1999: 73) states that such decisions…
...should depend on the nature of what we are trying to describe, on the likely accuracy of our descriptions, on our purposes...not on our ideological commitment to one methodological paradigm or another.

Buttressing my chosen approach, Sarantakos (2005: 48) suggests that the differences between both methods should be seen in context, as differences, not deficiencies. He therefore concludes and I concur, that arguing that the mixed method approach is deficient based on the differences in its epistemological and ontological deficiencies is like “arguing that ships are not an effective means of transport because they cannot fly and airplanes are not efficient because they cannot cruise through the sea...” Therefore my aim was to maximize the strengths of both approaches in exploring the phenomena under investigation.

5.3 RESEARCH METHODOLOGY

5.3.1 Quantitative Content Analysis

Sarantakos (2005: 299) defines content analysis as a “documentary method that aims at a quantitative and/or qualitative analysis of the content of texts, pictures, films and other forms of verbal, visual or written communication. According to Weber (2009), this research method “uses a set of procedures to make valid inferences” from such texts. In summary therefore, content analysis is about making valid inferences from the content of (in this case) media texts in both a quantitative and qualitative manner (frame analysis). This study includes both approaches, but here I highlight the methodological considerations for the former only.
The weaknesses of quantitative methods have already been discussed in an early section of this chapter. Furthermore, this study has endeavored to compensate for these deficiencies by utilizing both a quantitative and qualitative approach (frame analysis). Nevertheless, it is useful to state again that the method also has a number of advantages. For example, Weber (2009) highlights one of these advantages as the minimization of bias:

> Content analysis usually yields unobtrusive measures in which neither the sender nor the receiver of the message is aware that it is being analysed. Hence there is little danger that the act of measurement itself will act as a force for change that confounds the data.

Sarantakos (2005: 299) also states that in addition to the above, the method is non-reactive, transparent, unobtrusive and, what is perhaps most relevant to this study, allows for longitudinal and comparative review of texts; and identifying amongst other things, ideological differences in the presentation of information.

### 5.3.1.1 Summary of Method

To begin, I draw on the advice of Weber (2009) who states that the steps to a good content analysis is, first and foremost, identifying the substantive questions to be investigated, the relevant theories, any previous research and the texts to be classified. All of these had already been done in this study (see previous sections and chapters). Therefore I proceed to describe from hereon, the process involved in other aspects of the content analysis.
5.3.1.2 Sampling/Sample Size

Sarantakos (2005: 301) states that sampling decisions have to be made on the selection of the medium, selection of the dates of publication, and selection of the parts of the medium to be studied. I provide a brief discussion on all of the above in the following segments.

- **The Medium:** On this level, the population was the print, outdoor, or electronic media (radio and television). However in Nigeria, archives for electronic media were poorly managed in many stations and, where available, were not accessible to members of the public, even for research purposes. Therefore the print medium was selected. Furthermore, it was more relevant to this study as most agenda setting studies have focused on the print media as a reputable source of policy related information (Dearing and Rogers, 1996). Furthermore, I was of the opinion that the usual brevity of electronic outputs would not allow for in depth analysis of some of the themes, which were of interest in this study. More importantly, I had access to the relevant print material (though somewhat limited) from the national library.

- **Period under review:** The period under review for this study was 2001, 2005 – 2010. This was chosen because the millennium development goals were established in 2001 (UN, 2013) and marked the beginning of global socio-political campaigns for HIV/AIDS and maternal mortality. In addition, it was a useful timeline for understanding how these issues were reported and adopted by policy, and any changes in the coverage across the period, particularly after the midterm review in 2008.
• **Publication**: The sampling for a publication was purposive and was informed by the outcome of a pilot study amongst journalists and source organizations in the early proposal-writing phase of this thesis. The Guardian was the most recommended newspaper on the following basis: it was considered to be the most objective; had a wide reach and readership; had no known political affiliations but was well known to be reputable on policy news; was one of the oldest papers in Nigeria; its news stories were often syndicated by other newspapers; and, very importantly, had dedicated health pages and weekly health columns.

• **Coded Sample**: The sample size for the first level agenda setting i.e. coverage during the period of review was all articles written during this period. This came to a total of 605 HIV/AIDS articles and 36 maternal mortality articles.

For the analysis of second level agenda setting, the sample size was sixty maternal mortality related articles and one hundred and eighty HIV/AIDS articles. The sampling for the former was purposive and for the latter, a systematic random sampling approach was utilised.

5.3.1.3 **Other Coding parameters**

• **Units of measurement**: The unit of measurement for this study was any published articles in the guardian across all sections in the newspaper related to maternal mortality and HIV/AIDS. Particular attention was paid to articles that contained any of these subjects in the headlines and kickers. Articles which discussed neonatal or infant
mortality were excluded as well as articles relating to women in general (e.g. exercise and beauty)

- **Unit of Analysis**: The following elements constituted the units of analysis and are listed here as they appear in the coding sheet (see appendix 4):

  **Section 1**: Year; Month; Page number; Focus of article; Story Headline; Size of article; Format; Section of newspaper; Headline summary/Description.

  **Section 2**: Reference to personal story/affected person; Descriptions of affected person; News hook; Images; highlighted attributes.

  **Section 3**: Primary/1st Source; Secondary/all other sources; Dominant frame (Problem Definition); dominant frame (Causes); dominant frame (Ownership/Solution)

5.3.1.4 **Data Collection/Analysis**

Before coding began, the coding sheet was carefully reviewed with my supervisor and also compared to coding sheets from similar studies (Kitzinger and Huges, 2007). All selected articles were attached to a coding sheet and numbered to allow for corrections if necessary. The coding sheets were first filled out manually and then the information was transferred to/analysed using, SPSS version 19. Some graphical representations of the results were done using Microsoft excel.
5.3.2 Frame Analysis

The literature review section of this thesis has already provided an extensive discussion on the principles of framing as a theoretical approach to understanding media agenda setting, including its advantages and disadvantages. Therefore I shall not be discussing these again here, or will only do so minimally. However, I shall be discussing here the implications of these theoretical principles for the methodology of this study.

5.3.2.1 Framing and Agenda Setting

McCombs and Estrada (1997: 246) comment on Cohen’s famous statement on the media, telling us what to think about. They state that “the media may not only tell us what to think about, they may also tell us how and what to think about it, and even what to do about it”. Therefore agenda setting is not only focused on the salience of issues but also on solutions, and the salience of those proposed solutions (Kiouis and McCombs, 2004). This emphasises the need for the studying of salience beyond the amount of coverage, as is manifest in first level agenda setting; leading to a second level of agenda setting: framing.

Although discussed previously. I repeat here a definition of framing which is pertinent to the methodology I shall proceed to delineate. According to Entman (1993: 52, emphasis mine):

To frame is to select certain aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.
The emphasised elements of this definition (above) set the context for framing and frame analysis in this study: I seek to identify what aspects of ‘perceived reality’ have been selected and made more salient; what problem definitions; causal interpretations; moral evaluations; and treatment or recommendations have been made, in relation to maternal mortality and comparably, HIV/AIDS.

5.3.2.2 Sampling

Ten articles on maternal mortality and twenty articles on HIV/AIDS from the period under review were randomly selected and utilised for this qualitative frame analysis. Details of these articles are presented in the upcoming Results chapter III.

5.3.2.3 Summary of Method

Second level of agenda setting is predominantly studied by the identification and quantification of dominant frames (see section on content analysis). These frames are constituted by a group of attributes, which vary with each object/issue (McCombs, 2005). In this study however, in addition to this quantitative approach, qualitative analysis is utilised in the study of frames. Reese (2001: 8) underscores this methodology because “the most important frame may not be the most frequent.” However, even in the qualitative analysis of frames, there can be some form of methodological order, ensuring a robust, replicable outcome. In finding such an approach, I draw upon the works of Entman (1993), Reese (2001), Tankard (2001) and Kitzinger (2007), who all provide some methodological direction on the analyses of frames.
Entman (1993: 53) provides some useful direction for methodology, stating that: “Frames are manifested by the presence or absence of certain elements...”, which I highlight here for methodological consideration: key words, stock phrases, stereotyped images, sources of information, and sentences that provide thematically reinforced clusters of facts or judgments.

Reese (2001: 12) states that “frames are organizing principles that are socially shared and persistent over time, that work symbolically to meaningfully structure the social world.” From this definition, we are able to derive six key elements about frames. These are: Organising; Principles; Shared; Persistent; Symbolic; and Structured.

Tankard (2001: 98) suggests that media frames may be viewed in three ways: as an isolating tool (including and excluding some elements), as a tool for ‘setting the tone’ and the organizing idea or structure on which a story is built. In summary, he states that frames are a central organizing idea; suggest what the issues are; supply a context; utilise a process of selection, emphasis, exclusion and elaboration.

Kitzinger (2007: 137) highlights important elements about framing that are constructive in the development of some sort of methodology for frame analysis. She states that frames set an appropriate context; define the problem; highlight particular ideas about the nature of the event; present implicit and explicit ideas about the causes, responsibility and the solutions to the problem. However she draws attention to an important, but sometimes forgotten point in understanding frames - the ‘omitted’, stating that frames work by “highlighting and directing attention to some aspects and not others.”
My chosen methodology therefore takes into consideration all of these propositions on frames and their analysis - the fact that they are a central organizing idea, they set the context, they define the problem, attribute cause/responsibility and propose solutions…by a process of selection, omission, emphasis and elaboration. Kitzinger simplifies these theoretical concepts methodologically by providing a list of elements to be considered in the analysis of frames:

- Images used
- Type of language used
- Explanations offered
- Responsibility assigned
- Solutions proposed
- Narrative structure
- Contextualization and links
- Historical associations invoked
- Similes and metaphors
- Emotional appeals
- Who is invited to comment
- How different speakers are introduced
- How different characters, groups, social movements or entities are described
- How do frames shift over time?
- Who is at risk?

(Kitzinger, 2007: 141-142)
I wish to emphasise here an element of framing that Kitzinger (above), McCombs and Reese all identify, howbeit in differing language – the concept of shared meanings and some form of historical and cultural rhetoric in the framing of media texts.

From an agenda setting perspective, McCombs (2005) calls them ‘compelling arguments’, saying that compelling arguments “…are more likely to be included in media messages and are more likely than others [attributes] to be noticed by the audience apart from their frequency of appearance or dominance in the message…because they resonate with the public.” Kitzinger (2007) describes them as ‘templates’ that often have a historical foundation and can be used as frames in defining present issues. In frame analysis, they are identifiable as “words and images with powerful cultural resonances – which seem highly charged and memorable” (ibid. pg. 141). Reese extends this discussion by emphasising the fact that the power of such a framing approach lies in the ‘sharedness’ of meaning.

5.3.3 Semi Structured Qualitative Interviews

5.3.3.1 Why Semi Structured Interviews?

This study has taken a different approach to traditional agenda setting studies, which are predominantly quantitative in nature. Rather, it has employed in its study of the media, semi structured interviews, as opposed to ethnography or participant observation, which is becoming a preferred approach to studying media institutions and processes (Cottle, 2007). However, the literature suggests that by using the interview approach, coupled with a purposive theoretical sampling method (discussed shortly), the desired information could be
obtained without necessarily becoming involved in the day-to-day practices of the respondents (Kitzinger, 1998; Philo, 2005 Bryman, 2004).

Bryman (2004: 312) describes the workings of the semi structured interview by stating that “the researcher has a list of questions or fairly specific topics to be covered, often referred to as an interview guide, but the interviewee has a great deal of leeway in how to reply” (emphasis mine). Based on the data obtained from the content analysis and the literature, a number of theoretical propositions had already been established, serving as the framework for the next stage of investigation. Therefore, in this study, the semi structured interview was considered a suitable approach for engaging with the sources and the journalists.

5.3.3.2 Advantages and disadvantages of the qualitative interview

Holstein and Gubrium (1995:1) explain the universality of the interview, as a tool that transcends application in social research settings only. They state that it is a “universal mode of systemic enquiry” and, according to Fontana and Frey (2009), is now part of the mass culture. Therefore the majority of individuals are familiar with the interview as a tool for information gathering. In social research settings, Bryman (2004: 319) states that the “interview is probably the most widely employed method in qualitative research” and this is perhaps due to its flexibility. In addition, compared to other research approaches, the face-to-face setting allows for optimal communication, as both verbal and nonverbal communication is possible. (Leeuw, 2009)

Some researchers have however undermined the interview as a method of research. For example, it has been said to be subjective and prone to bias. Speaking in relation to the
former, Kvale (1999: 65) suggests that the interview is neither objective nor subjective but rather its objectivity, where in question, must be measured in relation to freedom from bias, inter-subjective knowledge and the adequacy of the process, expressing the real nature of the object being studied. Therefore in this study, careful consideration was made where possible, to ensure all of the above imperatives.

The presence of an interviewer has also been considered a disadvantage, because it may influence respondents to give socially desirable answers (Leeuw, 2009; Bryman, 2004; Sarantakos, 2004; Hayman et al, 2009). However, in this study, this was rarely the case. Retrospectively, this may be attributed to the fact that I had developed a good rapport with the sources, stemming from shared experiences and anecdotes about my work with NGOs. There was also a similar sort of rapport with the journalists based on my Public Relations practice experience.

Furthermore, because the respondents were highly placed in their careers (health editors and assistant newspaper editors), they did not quite feel the need to give ‘socially desirable answers’, not seeing what they immediately stood to gain from me. Rather, they were honest in their responses, almost conceiving the interview to be, in addition to being a research project, an avenue to express their concerns.

5.3.3.3 Sample and Sampling Procedure

Both interview phases included a total of eighteen respondents and a summary of these respondents are shown in the table below:
<table>
<thead>
<tr>
<th>INTERVIEW PHASE</th>
<th>POPULATION</th>
<th>SAMPLE SIZE</th>
<th>SAMPLING METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 1</td>
<td>NGOs, professional bodies, healthcare practitioners, donor agencies and government bodies</td>
<td>10</td>
<td>Theoretical Sampling</td>
</tr>
<tr>
<td>PHASE 2</td>
<td>Senior correspondents, sub editors and health editors</td>
<td>8</td>
<td>Purposive Sampling</td>
</tr>
</tbody>
</table>

A theoretical sampling method was employed with the first category of respondents because these constituted the first set of interviews to be conducted, and to a large extent the researcher was uncertain of the data outcomes. Therefore it stood to reason to leave the sample size ‘open’ until saturation of ideas had been reached. Bryman (2004: 334) justifies this approach, stating that: “it places a premium on theorizing rather than statistical adequacy of a sample, which may be a limited guide to sample selection in many instances.” For the second category however, there was more data to work with and clear indicators of possible research outcomes.

On this note, the purposive sampling method was considered to be sufficient, because the individuals who could provide the relevant information were easily identifiable and the sample size was very limited. Moreover, Bryman (ibid: 333) states that because qualitative interviews of this nature are aimed at generating in-depth analysis, “issues of representativeness are less important…”
5.3.3.4 Interview Themes and Interview Guide

As previously stated, the literature and content analysis provided a conceptual framework for investigating the research questions further. These concepts were an essential part of the study and, therefore, to ensure that they were fully and well explored, an interview guide incorporating the various themes was developed. In designing an interview guide, Bryman (2004) advises that there should be order in the topic areas but flexibility should be allowed during the interview if required; questions should be formulated in a way that research questions are answered; language should be comprehensible to the interviewees; and leading questions avoided. He also advises that questions should allow for introductions, follow-up, probing, and, very importantly, opportunities for reflection.

In designing the interview guide (please see appendix I and II), these prescriptions were all taken on board. The interview guide for the two categories of respondents was slightly varied, as the objectives of their interviews were different. The interview guide for sources contained themes on: (1) the media as a strategic tool in advocacy initiatives; (2) the NGO media relationship; (3) factors influencing the media agenda setting process for health issues; (4) extents and limitations of media agenda setting power; and (5) agenda setting for maternal mortality and HIV/AIDS.

The interview guide for journalists contained themes (2), (3), and (5), as well as a section on sources and source episteme. Leeuw (2009) also advises that a good interview guide contains text that should be read aloud, text that remains only for the interviewer’s use and text that is read aloud only in certain circumstances. Therefore I endeavoured to reflect these
suggestions, by including (and reading aloud where relevant), phrases from some newspaper articles, prompts, ‘probes’ and breaks in between.

5.3.3.5 Logistics

Before conducting the interviews, telephone calls were made to all the respondents introducing my work and the desired participation on their part. This opportunity was also utilised to make any logistic arrangements. According to Patton (1991: 157), amongst other things, the skilled interviewer is “sensitive to how the interview setting can affect what is said…” Therefore, the interviews were conducted at the venues of the respondents’ choice, so that they were minimally inconvenienced and felt ‘at home’ in the chosen surroundings. Some respondents wanted to be interviewed at their newspaper offices and others preferred a different location, and refreshments and transportation was organized for the latter.

5.3.3.6 Data Collection

The literature on research methods provides substantial guidance on conducting interviews and this was carefully incorporated into my study. To begin, I was aware that the interview transcended a ‘question and answer’ session, but rather was a collaborative effort that was contextually based (Gubrium and Holstein, 2002; Rubin and Rubin, 2012). Highlighting this factor, Fontana and Frey (2009) state that:

Interviewing is not merely the neutral exchange of asking questions and getting answers. Two or more people are involved in the process, and their exchanges lead to the creation of a collaborative effort called ‘the interview’. (2005: 696)
To foster this collaboration, I ensured that I had a good rapport with the respondents, gave them my full attention and showed my interest by my verbal and non-verbal responses (Rubin and Rubin 2005; Jones, 2001). I also prompted or probed them where I felt relevant and, sometimes, we ‘argued’ back and forth on certain points until a consensus was reached. It was also interesting to listen, not only for what was being said but also what was being omitted and, from time to time, I presented this to the respondents for their considerations or validation. Depending on the respondent, I varied the flow of the interview, “responding in the direction in which the interviewees take the interview…” (Bryman, 2004: 320) knowing that such flexibility was acceptable (ibid. 319). This made the interviewees to feel that they were the experts, in charge of the conversation and therefore more willing to speak. It also generated data that I did not initially set out to find but which contributed significantly to my understanding of the research questions.

Patton (1991: 150), states that: “the task for the qualitative researcher is to provide a framework within which people can respond in a way that represents accurately and thoroughly their points of view about the world, or that part of the world which they are talking about.” I therefore endeavoured as much as possible to ‘provide this framework’ in my interviews. I found that one way of doing this was discussing my professional background both as a former NGO employee and public relations practitioner. This immediately fostered a sense of camaraderie with both categories of respondents. It also confirmed the suggestions of Baker (1997) that what an interviewer tells a respondent about herself, accesses and elicits different accounts of the subject of study. For example, participants would sometimes offer a certain response to a question and then would proceed to elaborate further or even change to a contradictory position once they became aware that I
was a fellow practitioner, and could be trusted to understand and commiserate with their positions (Kvale, 1996).

5.3.3.7 Ethical Considerations

Fontana and Frey (2005: 715) raise some ethical points to be considered in interviews such as informed consent, the right to privacy or anonymity, and protection from harm. All of these were taken into cognisance and a consent form (see appendix IV) was developed, reflecting the above. Details of my supervisor were also included should participants at any time wish to make any reports or require any clarifications.

5.3.3.8 Data Analysis

The data from the interviews were analysed, utilising an open coding method. Straus and Cobin (2009: 303) describe open coding as a system of analysis that

...pertains specifically to the naming and categorising of phenomena through close examination of data....the data is broken down into discrete parts, closely examined, compared for similarities and differences...

While open coding is often used in unstructured interviews, it was utilised here alongside Kvale’s (1999: 89) five-step approach to data analysis: condensation, categorization, narrative structuring, interpretation and ad hoc methods. In this study, the ‘naming and identification’ of phenomena as proposed by Strauss and Cobin was brought to bear in the categorization, narrative structuring and interpretation phases, as identified by Kvale,
It has been suggested that the analysis of qualitative data is not without bias (Sarantakos, 2004). According to Kvale, “the interview data consists of meaningful statements, themselves based on interpretations, and they are again subject to continual process of interpretations; the data and their interpretations are thus not strictly separated. (1996: 63) Fontana and Frey (2005: 712) also buttress this point by stating that “…data must be interpreted, and the researcher has a great deal of influence over what part of the data will be reported.” Two sources of bias are therefore identifiable here: from the interpretation of the data and from the eventual reporting of the data.

In addressing the first point i.e. the interpretation of the data, I endeavoured during the interview to summarise and feedback to the respondents the ‘meaning of the data’. This was to ensure that ambiguity or misinterpretation was minimised (Rubin and Rubin, 2012). In relation to point two, i.e. the reporting of the data, I would argue that here, bias was perhaps not the most important consideration relative to the ability of the data to answer the research questions and elaborate on the predefined themes. This was therefore a guide in reporting the results.

5.4 LIMITATIONS OF METHODOLOGY

5.4.1 Generalizability

Cohen et al (2000) suggest that: “generalisation is perhaps easier when dealing with scientific experiments involving inanimate matter…” and therefore could be undermined in research of this nature. Furthermore, according to Bryman (1996: 285), in such studies, the more
important task for the researcher is to be able to generalise to theory, as opposed to populations. Therefore

...It is the cogency of the theoretical reasoning, rather than the statistical criteria...it is the quality of the theoretical references that are made...that is crucial to the assessment of generalisation.

This study was more focused on understanding the agenda setting theory and its application to the research objectives. However, it also endeavoured to address the issues of generalisation within the constraints of the interview method. Toward this end, the sample was chosen across a range of respondents and publications to ensure some degree of generalizability to the majority of the population.

5.4.2 Validity

Hammersly (1996) argues that validity depends on the plausibility and credibility (emphasis mine) of an empirical account. In addition, Mason (1996: 24) states that validity, reliability, and generalizability are only indicative of rigour and quality amongst other elements. Therefore, they are achieved to the extent that the researcher obtains what they set out to obtain.

Emphasising Mason’s point, Patton (1999: 140-143) draws attention to this element of rigour and quality in qualitative research:
...the validity and reliability of qualitative data depend to a great extent on the methodological skill, sensitivity and integrity of the researcher... [Therefore]...the researcher is the instrument... (Validity)...hinges to a great extent on the skill, competence, and rigour of the person doing the fieldwork.

On this note, prior to commencement of this study, extensive reading was undertaken by me on the interview as a research method. This was in addition to previous experience gained from participation in other qualitative research initiatives\(^3\). Furthermore, upon reflection, with each interview conducted, I became more proficient and comfortable with the method as the study progressed, and this I believe enhanced the overall outcome of the research.

To ensure plausibility, credibility and rigour of this study, I made particular effort to ensure that an in-depth approach was taken to the data collection, and that the research questions were extensively answered. Every stage of the research process was undertaken by me, and all interviews were fully recorded and transcribed. In addition, I put structures in place for identifying and contacting all respondents who participated in this study, for any verification purposes.

\(^3\)Masters Dissertation and Review of the Generic Curriculum Research Project for the Cardiff University School of Post Graduate Medical and Dental Education.
CHAPTER 6

Results I

Factors influencing the state of

Maternal health in Nigeria
6.1 INTRODUCTION

This chapter presents the results from the first set of in-depth semi-structured interviews with ten respondents from the NGO and developmental sector, government agencies, medical practitioners and communication consultants in the NGO sector. (Please see appendix for a summary profile of each respondent).

In presenting the finding of this study, I begin by setting the context for the state of maternal health in Nigeria. This is useful in gaining a clear knowledge of the role of the media in relation to other factors and to understand the dynamics that influence this interaction. While the literature certainly sheds light on the subject to some extent, specific references to Nigeria in particular are limited. Therefore firsthand experience is vital in validating or negotiating the positions proffered in the literature. Presented here are the factors which respondents present as being influential to the state of maternal health in Nigeria. Although these factors are not stated by the sources as being directly related to media engagement or output, there is perhaps a reasonable argument that there is some indirect relationship.

This contextual information is presented in the following sections under the following categories: Socio-Cultural factors (gender and socio-economic class, culture/religion); Epidemiological factors (first point of incidence, death or survival of victims, infectiousness and complexity of interventions); Strategic factors (donor politics/priorities and operational challenges).
6.2 SOCIO CULTURAL FACTORS

6.2.1 Gender and Socio-Economic Class: “If your wife dies, you can get another one”

To begin, this chapter focuses on the object of maternal mortality: women, and the low value that is often placed on their lives as individuals in some societal contexts. While none of the participants stated this out right as being indicative of their personal convictions, this was a factor that was pointed out consistently by some of the respondents as a challenge to improving maternal health in Nigeria, especially when compared to HIV/AIDS, which affects both men and women. In expressing this sentiment, a female respondent, Akpolo, (source interview 5) stated:

Maternal mortality affects just the woman. If men were to be the ones that get pregnant and have children [...] maternal deaths would have become topmost on policy makers agenda...And if your wife dies you can get another, you can two more, you can get three more. So who loses at the end of the day?

The concept of women as replaceable (as attributed to others) was not an opinion peculiar to the female respondent only but was also echoed by some male respondents, stating that “you can marry a woman, the woman has a child, she dies, you will marry another one” (Falaye, source interview 2). This suggestion was furthered with an insinuation that this ‘replacement’ was often done without remorse, as Okonofua (source interview 10) states that: “the husband mourns for about two weeks, the next day you’ll see him with a more beautiful woman.”
But not all respondents supported the opinion that women were undervalued. For example, Williams (source interview 9), director of Action Aid for twenty one years, felt strongly that because maternal mortality involved women, it should be an issue that was attractive to developmental agencies (local and International) and governments. He stated that it was a “win-win situation” in which those who intervened could get recognition in addition to bringing about change. He thought abating maternal mortality was positive, relatively easy to accomplish and, in his words, “sexy” because it was a subject involving women, and on this note gender was not a negative characteristic.

He however could not proffer a reason for why Action Aid never addressed it in all his years as director, attributing this to sad omission. Another differing opinion on the subject of gender was offered by Omonoide (source interview 6), who stated that the future of the country depended on women and “if women die and procreation is hampered, who will take over from us…” Sentiments were therefore mixed on the subject of gender and its impact on the state of maternal health.

There was however a general consensus that the discrimination (where present) was against the poor, vulnerable, unenlightened and voiceless. Respondents felt that women in higher social economic classes were least affected by maternal mortality and, therefore, the status of the problem was undermined.

*If a minister’s wife dies when she is giving birth, it’s going to be news. They want to know why. But when a farmer’s wife dies, nobody knows…so most of the people that are affected by maternal mortality are actually people from the lower class (Akpolo source interview 5).*
If you (referring to interviewer) go to hospital now and you are pregnant, the doctors will rally around you and make sure that nothing happens to you. But if a poor woman comes in, dirty from the village... (Okonofua, source interview 10)

Speaking passionately on this point, he termed it ‘double jeopardy’ because women who eventually rose to positions of prominence in politics, did not speak up for other women but rather “begin to have the same tendencies that men have…women ignore issues which affect other marginalised women…” This has resulted in a deficit in political champions for the cause, which consequently has huge impact on the state of the issue on the political agenda.

When compared to HIV/AIDS, respondents highlighted a difference in implications on both levels of gender as well as social class. For example:

HIV/AIDS knows no class or gender, it affects anybody. You can be a senator and you have sex with the wrong person, even the beautiful girl and you will get it. You can go to your dentist who didn’t sterilise his tools properly... you could get it... (Akpolo, source interview 5)

This suggests that HIV/AIDS is a subject of interest to decision makers because they (the men) are to some extent, at risk. Compared to maternal mortality, “men don’t die [giving birth] and the men are the powerful decision makers” (Okonofua pg 15). Falaye (source interview 2) summarizes the general perspective as it related to women, saying: “…if the woman has HIV/AIDS, the two of you are in it together. So that is why the men are seriously concerned about HIV/AIDS.” Therefore, to summarise, in relation to gender and social economic class, the difference in political attention given to HIV/AIDS in comparison to
maternal mortality was perceived to be because it affected both men and women, and was indiscriminate to class or social status.

6.2.2 Culture and Religion: “It was destined to happen”

Participants highlighted the problem that culture and religion posed for improving the state of maternal health in Nigeria, and here the implications of the two factors seemed somewhat intertwined. To begin, the patriarchal nature of the Nigerian society, especially in rural areas, had a huge role to play in women’s decisions to seek obstetric care during pregnancy. For some women, they did not have the financial independence to afford such care (Shokunbi, source interview 4) and therefore needed their husbands’ support, while others considered it a sign of weakness. According to Shokunbi (source interview 4), even when women belonging to the latter category have an alternative, “she cannot go to hospital because her mother and grandmother told her that a real woman has her child at home.” Therefore, such women felt duty bound to use the services of a traditional birth attendant (TBA).

Culture and religion also played a role in the stigmatisation that accompanied maternal deaths of a certain category – deaths in adolescent girls or older women from poorly performed abortion procedures. This was highlighted by a respondent (Shettima, source interview 8) as considered to be morally wrong by society. On this note, the researcher suggested that perhaps the same level of stigmatisation accompanied HIV/AIDS, both on the basis of promiscuity. However the responded stated that such stigmatisation was worse in maternal mortality.
...I think that ... [with an abortion] ... there is less sympathy in that kind of situation. Because they [people] think that first there’s promiscuity and now she wants to kill somebody and therefore she died in the process and so the reaction is going to be more negative in that process.

The role of religion was most strongly observed in the attribution of maternal deaths to the will of God or destiny. This was suggested by Akpolo, Shokunbi and Okonofua and buttressed by Falaye (source interview 2) who stated that:

...In Africa, when a woman is giving birth and she dies, they will say it’s the devil. There are witches and forces behind it. In some cases it is true but not in every case. Sometimes it’s just carelessness or sometimes there is not enough care.

Such acceptance of maternal death on the side of culture was reported by the respondents as being justified by proverbs and anecdotes suggesting some measure of normality to the loss of life during pregnancy. According to Akpolo (source interview 5), this is often on the basis that “it was destined to happen” and everything is left to fate. Shokunbi (source interview 4) highlights this point from his personal experience and the response from a close relative, using a common adage among the Yorubas, one of Nigeria’s largest tribes.

...somebody said it to me when we lost our first child in 1992. “Your wife has been pregnant, oh so how is she now?” I said “well, we lost the baby”. And he said “Ah, oma se, olori re lo mu akanbi je”, (translated to mean) pity, well it is only somebody who is blessed that loses the first child.
Culture, as well as religion, also played a big role in the increased risk faced by women from having too many children. This included deaths resulting from adolescent pregnancies amongst under-age wives and mothers. On the basis of culture, women exposed themselves to this risk in a bid to please their husbands or prove their womanhood. On the basis of religion, they were reluctant to seek contraceptive care as this was against the norms of the Islamic and Catholic Christian faith (Shokunbi; Falaye; Okonofua; and Akoplo). Furthermore, many women preferred to give birth with traditional birth attendants or in churches for fear of evil spirits and/or ridicule from their counterparts (Shokunbi, source interview 4).

The importance of culture and religion in relation to medical care was however varying between respondents. For example, Akpolo (source interview 5), speaking from a woman’s point of view, suggested that maternal mortality was more a social and cultural problem than a medical one.

...don’t get pregnant every year, family planning is important, go to a family planning clinic, eat right, let your body be in good shape before you have your next child...there are many things you need to do before you get pregnant that have nothing to do with the doctor. It’s not medical to say “I will have two children...”

Okonofua (source interview 10), however (a male gynecologist), was of the opinion that the medical aspect was of more importance in most instances, while in others there was a mutual level of importance.
...because at the end of the day when women have complications in pregnancy, and there is nowhere in the world where women don’t have complications in pregnancy, even in America they have...it is the medical community that will deal with those complications to prevent them from dying.

He therefore stated that the role of the social domain was to encourage and increase access to medical services and address the reasons why women were not seeking these services. He nevertheless alluded to a deficit in adequate medical care in many communities and this could be a deterrent to those willing to access the services.

6.3 EPIDEMIOLOGICAL FACTORS

Respondents also identified a number of epidemiological factors, which contributed to the current state of maternal health. These can be categorized into five elements, intrinsic to maternal mortality and, for the purpose of this thesis, HIV/AIDS, as separate but comparable conditions. These epidemiological characteristics are: the first point of incidence, the death or survival of the victims, the infectiousness of the condition/prevalence of the problem and the complexity of interventions.

6.3.1 First Point of Incidence

Some respondents (Shettima, source interview 8 and Williams, source interview 9) suggested that the level of importance ascribed to HIV/AIDS had nothing to do with the prevalence of the disease or even its impact on health. Rather, they were of the opinion that it was driven by
the international agenda, which could be traced to the fact that the disease was first reported amongst gay men. Shettima explains this saying:

...HIV is a totally different ball game for many reasons. ... HIV has been associated with the gay community historically worldwide. And there is this perception rightly or wrongly, that the gay community is a very affluent community...

This category of people was believed to have been very influential in driving the agenda internationally and helping to cascade it to the rest of the world, including Nigeria.

6.3.2 Death or Survival of Victims: “Once you are dead, you’re dead”

Discussing the death of victims of maternal mortality, compared to those infected with HIV/AIDS, all respondents were of the opinion that this had huge implications for the state of maternal health on two levels.

The data suggests that because individuals affected by HIV/AIDS continued to live on in society, they had a chance to discuss the condition and its impact on their lives. By contrast, maternal mortality victims did not have this opportunity because they died upon incidence. Furthermore, they were often survived by individuals who, for cultural and religious reasons, did not see the need to investigate or publicise the issue. According to Shettima:

...you can see a victim of HIV/AIDS who is alive and it’s very difficult to see a victim of maternal mortality who is alive...once you are dead, you are dead.” This elicited a different sort of response from the public (Shettima, source interview 9).
In addition, the survival of individuals affected by HIV/AIDS had a psychological effect on the rest of society, because interactions with such individuals served to reinforce the consequences of the condition, moving it from simply being a health problem to a social problem.

... if she dies, she dies and after a year you forget her, but somebody who is positive will still be with you in the community so it stays on, it continues and you continue to see that person...that person lives on for 20 years and even more. He or she becomes a part of the system. (Oronsaye, source interview 3)

6.3.3 Infectiousness/prevalence: “Maternal mortality does not spread”

There was also an opinion amongst some of the respondents that HIV/AIDS got more attention compared to maternal health because it was an infectious condition.

... you can catch HIV/AIDS from different sources. Different modes of transmission, the way it spreads. Maternal mortality does not spread. If I’m pregnant, I cannot give you. You cannot get pregnant by coming close to me. (Akpolo, source interview 5)

This capacity of HIV/AIDS to ‘spread’ was considered to be an important element that had implications for the number of people who got infected and affected, and the consequent social economic impact that could have. Comparing both conditions using the case of Benue State of Nigeria, Shokunbi (source interview 4) said:
...you can’t let it get out of hand before doing something...people are dying, farmers are dying, they can’t produce, they have orphans. In Nigeria now, we are talking about 13 million orphans. Just two years ago it was two point something million.....it’s one of the worst things that can get people into poverty very fast.

This infectiousness meant that HIV/AIDS was far more widespread in Nigeria, affecting both men and women, compared to maternal mortality. Therefore, almost everyone in society knew, had met or was related to someone who had HIV/AIDS, enhancing the sense of ‘personal’ risk. Oronsaye (source interview 3) stated that:

_HIV for example, affects almost everybody, even if you don’t have a brother or a sister, you will have a community person who has been affected. It’s more common and its happening every day, you know. And so it’s so out there, people can see it..._

Therefore on a scale of severity, HIV/AIDS was perceived to be more of a societal challenge requiring urgent attention, because its infectious nature meant that many more people had been, and were being affected, compared to maternal mortality. This implied that personal risk is replaced by, what I term here, ‘personal distance’ – an inability to connect with those affected by maternal mortality because of the comparably low rate of prevalence as well as the [lack of] closeness of those affected.

Akpolo (source interview 5) emphasized this personal distance and its influence on perceptions of maternal deaths by the typical reaction to news of death in childbirth involving strangers:
...when you say a woman died... (the reaction)... “well people die every day, a car can knock you down”... people do not see themselves as part of the problem [because it had never happened to someone they knew].

Shokunbi (source interview 4) endeavoured to put this ‘personal distance’ within the context of the size and population of Nigeria: “…you may live a hundred years and not know one person who died giving birth because Nigeria is so large!” He stated that Nigeria had 400,000 communities and the statistics showed that there were 50,000 maternal deaths yearly. This implied that there was less than a twenty per cent chance that every community would have a maternal death every year. Even if this figure was exaggerated to be 400,000 women dying yearly, the implication would be that one (emphasis, respondent’s) woman died in every community yearly in childbirth. And for demographic reasons, in some communities, there would be more than one death, while in some others there would be no deaths at all. When this perspective is considered relative to HIV/AIDS, maternal mortality presents a seemingly lesser ‘personal risk’ to members of society.

6.3.4 Complexity of Interventions: “What am I going to do?”

Shettima (source interview 8) discussed the complexities involved in abating maternal deaths which were a deterring factor to improving maternal health. He stated that because there were so many interwoven factors, the lack of clear straightforward solutions presented a challenge to advocates as well as to policy makers:

Yes it is important and we should pay attention to it... but what am I going to do? If I am a policy maker and somebody comes to complain to me, what would make sense to
me is if you say you can do A, B, C - three things that I can do...but basically raising
the issue itself does not necessarily make me act in a positive way.

This implies some measure of ‘perplexity’ on the part of policy makers as to how to solve the
maternal mortality problem, possibly because of the multi-dimensional approach needed for
any feasible solutions. This is underscored by Okonofua, who stated that:

...Maternal mortality will only improve when all the indicators to development are
also improved. And that is why today we say maternal mortality is the best indicator
of development...be it women’s education, level of women’s empowerment...

He however did not find this an acceptable excuse for government’s laxity about the current
state of maternal health. And on this basis, he stated that government had failed the people
and were seemingly overwhelmed by the burden of socio-economic development.

Deciding to leverage on his expertise as former executive director of a local NGO, the
researcher enquired into his successful advocacy campaign to stop Female Genital Mutilation
(FGM) in Nigeria at a national policy level. In response, he highlighted two factors: that
FGM was not [despite misconceptions] a cultural or religious practice and the required
intervention was simple enough.

(FGM) was not really rooted in culture...it also wasn’t religious. If it was religious, it
would have been more difficult...what we were saying about FGM was simple: “stop
it, stop cutting,” because human beings were the ones cutting. But in terms of
Maternal Mortality, there are a lot of complex social patterns...
Williams had a different view of the complexity in interventions, not perceiving it as a deterrent to solving the maternal mortality challenge. He suggested that even though there was a widely accepted theory that the solutions were complex or dependent on resources, this was not necessarily true, as poor countries, like Ghana, were known to have lowered their maternal mortality rates using simple straightforward strategies.

According to him “…it’s actually quite ‘crackable’ and we’ve all missed the trick.” He advocated for small but numerous charities doing simple things like supplying anti hemorrhage drugs or anti shock kits because all that was required was a critical mass of such organizations. He related the relevance of such a critical mass to HIV/AIDS, using the example of Action Aid’s work in Uganda. It was achieved using many small NGOs who addressed various areas relating to the challenge – prevention, care, stigmatisation and so on. Such an approach could be taken towards reducing maternal deaths and could be done with minimal resources.

The success of this approach was possible because such NGOs understood the problems on ground, the best way to utilize the available resources and cumulatively, the sum of their small but numerous efforts translated into big changes.

### 6.4 STRATEGIC FACTORS

Besides the above factors discussed by the various respondents, a final set of factors were identifiable from the data: these were strategic and operational in nature. On this note, two factors were most prominent: donor politics/priorities and operational challenges.
6.4.1 Donor politics/priorities: “He who plays the piper dictates the tune”

All the respondents commented on funding as having an impact on maternal mortality and being a huge contributor to the status of HIV/AIDS control. In discussing this subject, the question of donors, their priorities and the politicised nature of the grant making process was brought to the fore. All respondents were of the opinion that donor politics did not work in favour of maternal mortality and therefore funding was minimal. To clarify the picture, the researcher sought to understand the factors that influenced donor choice of what health issues to support, and here, there were a variety of propositions. The data suggests that donor funding behaviour can be likened to a fad, with the severity of the problem constituting a small consideration for donor action.

For example, Falaye (source interview 2) suggested that there was a bandwagon-effect to donor funding, with donors having a tendency to “drift towards one area.” When asked how the “bandwagons” begin in the first place, he attributed some of these to international organisations like the UN and, for health issues in particular, organisations like WHO. These bandwagons were then promoted during specially designed conferences, which were sometimes picked up by the media and spread further. Notably, he was insistent on clarifying that in his view, the media was not the main promoters of the bandwagon effect but simply propagators. Using the example of climate change, he stated that another bandwagon was already developing and it was not a subject taken full on by media. He predicted that it would soon take over HIV/AIDS on donors’ list of priorities.

Backtracking to the early 80s, he highlighted the fact that maternal mortality had enjoyed its own bandwagon effect years ago during the ‘safe motherhood and women’s movement’ days.
However this was overtaken by HIV/AIDS in the late 90s and has continued until now, even though statistics show a reduction in new infection rates and better control of the HIV infection, with the advent of Anti-Retroviral drugs (ARVs). Such donor attitude had a fundamental effect for maternal mortality because NGOs need donor funding to remain in business and, unfortunately, he who plays the piper tended to dictate the tune.

*...where the money is, is where you find people. Donors are pushing money into HIV/AIDS, so everybody wants to go into HIV/AIDS. Nobody wants to remain poor, nobody wants to stay in maternal mortality (Falaye, source interview 2).*

This political and autocratic approach to donor funding was likened to a dictatorship in which the masses knew what they wanted or needed, but the donors still proceeded to do what they chose.

*...those who are in power, they are the ones who are deciding what should happen. The beneficiaries cannot say this is what they want, it’s what they come and give them, they take...they feel this [HIV/AIDS] is the area they will assist...and they remain in it. (Falaye, source interview 2)*

In fairness to donor decisions however, Falaye suggested the need for a more proactive approach on the part of maternal health advocates, insisting that if there were numerous demands on donors for more action in that area, there would be some priority given to the issue.
Williams also spoke about the bandwagon principle, stating that it had tremendous negative impact for issues that did not meet their ‘entry’ criteria. Based on his international experience, he stated that donors found an issue attractive only if there was recognition to be gained, and that this was sometimes a stronger pull than the overall impact on society. However, his sentiments were mixed on this note in relation to maternal mortality, stating that it represented an opportunity that had been missed but was just waiting to be taken, even by donors who were seeking recognition. However, he was in doubt as to whether this could have the same ‘strong pull’ effect as HIV/AIDS had had, as far as donor-funding priorities were concerned.

...there’s nothing wrong in people admitting that they’ve missed the trick, we are not as bright as we think we are (laughter)…you can crack it cheaply and it can give you huge results…but you’ll never get a bandwagon (like HIV) here because (maternal mortality) as you say it’s a group of people that can be ignored...

Akpolor (source interview 5) suggested another perspective to donor funding, especially where maternal mortality and HIV/AIDS were concerned. She stated that on the basis of the prevalence as well as the public health implications of a disease like HIV/AIDS, compared to maternal mortality, it was a health issue that required action full on.

Now if you are a donor and you wanted to give money out, you have HIV/AIDS and Maternal Mortality...some would say I would rather put my money on HIV/AIDS because it’s going to affect a larger group of people.
Interestingly, in the same vein, she also suggested that a similar view could be taken to maternal mortality, which affected the newborn, the family and the community. However in view of previously discussed factors, she noted these factors were perhaps not considered on the basis of gender, as well as its inability to cross borders.

### 6.4.2 Operational Challenges

The respondents raised certain points, in relation to strategy, that I have categorized here under operational challenges. These were to do with access and distribution of information and lack of accountability.

- **Access and Distribution of Information: “It’s for the medical experts”**

  In comparing maternal mortality to HIV/AIDS, it can be observed that there is an abundance of information available to the public on HIV/AIDS. These range from statistics, which provide some indication of the problem, to practical information on prevention and care of the infected. By contrast, these were almost unavailable where maternal mortality was concerned.

  Falaye raises this subject by describing the level of knowledge on HIV/AIDS available to school children. This group of individuals could offer information on almost every area in relation to AIDS but perhaps had never heard of maternal mortality before. Relating the same situation to adults, he stated that there were active efforts to train individuals on, for example, the use of condoms, or the administration of Anti-Retroviral treatment, but no teaching on for example, how to identify warning signs during pregnancy.
For example, maybe your mother or your neighbour has some complications of pregnancy, there are no little information that you can have that you can use to help that person, at that particular time...but at least for HIV/AIDS, somebody can say okay, to prevent it don’t share clippers with another person, don’t share this...but there are many things we don’t understand about maternal mortality (pg 15).

In delineating the reasons for the above, he stated that perhaps maternal health advocates had taken the wrong approach to communicating the subject; it was predominantly viewed as a medical problem on which only medical experts could speak. This reduced the level of ownership felt by the rest of society and also minimised the informal advocacy efforts that this category of people could initiate, as no one wanted to raise or discuss a subject which they had no substantial knowledge about. So “if the knowledge can be spread in a simple way that a normal person will understand, you will see that there will be more impact on maternal mortality problems” (Falaye, source interview 2).

- **Accountability: “where no one is held responsible, no one feels responsible”**

Okonofua (source interview 10) and Shettima (source interview 8) spoke passionately about this point, with the former attributing it to irresponsibility on the part of government. Both parties were of the opinion that proper accountability within health systems would serve to improve overall indices for maternal mortality but until then, noticeable changes would not be seen; where no one was held responsible, no one felt responsible. More importantly, without a clear knowledge of the reasons why women were dying even under medical care, there was no way that effective intervention strategies could be developed.
...we don’t even know how many women die, there are no records. Is that too much to ask a hospital - count the number of deaths, let’s look at why women died over the last...say 2011. If you have that information, then you can use it to design a program to correct the problems that led to death in 2011....

In Shettima’s view, when such confidential enquiries begin to take place, some of the reasons that will be put forward are only shocking but pathetic: ranging from lack of hospital bed fees to plain disregard for human life. Without these clear, documented facts on the causes of maternal deaths, designing and executing an intervention plan that would truly serve to reduce maternal mortality would constitute an effort in futility.

6.5 CONCLUSION

This chapter has discussed some the factors that influence the state of maternal health in Nigeria as posited by the sample (see table below). It has endeavoured to set the context for the maternal mortality problem by providing an insight into the socio-cultural, political and administrative environment in which the challenge exists and, for the purpose of this thesis, in which the media operates. Some of these factors support some of the thinking previously discussed in the literature and others suggest a differing or divergent viewpoint.

The data from this chapter will be useful in understanding and contextualizing the upcoming result chapters, which discuss the media texts (quantitatively and qualitatively), source strategies for media engagement and the outcomes from interviews with media personnel. The relationship between these results, the literature and the overarching research objectives will be explored extensively in a forthcoming discussion chapter.
## FACTORS INFLUENCING THE STATE OF MATERNAL HEALTH

<table>
<thead>
<tr>
<th>SOCI CULTURAL FACTORS</th>
<th>Gender and Socio Economic Class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low value placed on women in comparison to men, evidenced by a sense of ‘replaceability’ with the loss of a wife during childbirth.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Maternal Mortality affects women only which implies limited impact on men who are the powerful decision makers.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Particularly affects women of lower socio economic classes who are already vulnerable and have no voice in society.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>There are currently no strong political champions for the cause even amongst women in power.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patriarchal nature of Nigerian society sometimes means that women require husband’s approval to seek ante natal care.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Limited financial means for unenlightened women undermining their capacity to seek care where husband’s support is not given.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural norms discouraging the use of medical services.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Silence on maternal deaths resulting from abortions because of moral implications for those affected.</strong></td>
<td></td>
</tr>
<tr>
<td>EPIDEMIOLOGICAL FACTORS</td>
<td>First Point of Incidence</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>• Cultural acceptance of child/maternal loss as normal part of life.</td>
<td>• Age long problem of developing counties compared to HIV/AIDS which first discovered in the west among gay men.</td>
</tr>
<tr>
<td>• Increased risk of maternal deaths from frequent childbearing because of the cultural need to prove womanhood.</td>
<td>• Low on the international agenda when compared to HIV/AIDS which is driven by its prominence on the international agenda</td>
</tr>
<tr>
<td>• Religious attributions of maternal deaths to the will of God.</td>
<td></td>
</tr>
<tr>
<td>• Limited use of contraception which can be against the doctrines of some religious denominations.</td>
<td></td>
</tr>
</tbody>
</table>
| **Infectiousness** | • Cannot be transmitted from one individual to another and limited in mode of occurrence.  
• Does not have the capacity to cross borders and become a pandemic.  
• Lesser economic impact when compared to HIV/AIDS.  
• Personal distance because of ‘rarity’ of occurrence resulting in the perception of less personal risk. |
| **Complexity of Interventions** | • Various interwoven factors, social and political, on a meta level.  
• Limited information on straight forward interventions known to policy makers.  
• Other competing elements vying for government attention with simpler and more politically visible solutions. |
| **STRATEGIC FACTORS** | **Donor Politics and Priorities** | • Donor politics did not favour the reduction of maternal mortality:  
• a fad and driven by band wagon issues.  
• NGOs were inclined to move in the direction of donor funding  
• Limited opportunity for change as donors took a dictatorship approach to funding decisions  
• Issues were of funding interest if there was recognition to be gained |
<table>
<thead>
<tr>
<th><strong>Operational Challenges</strong></th>
<th><strong>Access to Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Limited access for the general public on information relating to care in pregnancy and pregnancy related deaths</td>
</tr>
<tr>
<td></td>
<td>• Maternal mortality predominantly viewed as a medical problem limiting a multi-sectorial approach and public ownership of the challenge</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Minimal commitment on the part of government</td>
</tr>
<tr>
<td></td>
<td>• Lack of accountability imperatives in the health sector and by consequence, no sense of responsibility</td>
</tr>
<tr>
<td></td>
<td>• No documentation of maternal deaths and their causes resulting in lack of indicators for developing future interventions.</td>
</tr>
</tbody>
</table>
Chapter 7

RESULTS II

Content Analysis
7.1 INTRODUCTION

So far, this thesis has provided an overview of the literature around maternal health as well as the theoretical framework for the thesis. It also clearly outlined a methodology that included the statistical analysis of newspaper coverage for the period under review. This analysis has been of a basic nature, seeking to highlight any similarities or differences between the newspaper coverage of Maternal Mortality and HIV/AIDS.

7.1.1 Sample, Sample size and sampling approach

In total, one hundred and twenty HIV/AIDS articles were utilised for this analysis. These were selected using a systematic random sampling. Also utilised in this analysis were twenty four articles on maternal mortality. This was a convenient sampling as these were all the articles that the researcher was able to find from the archives of the national library Abuja.

7.1.2 Coding Sheet

The coding sheet (see appendix) documented the following units of analysis:

- Size of the article
- Format of the article
- Section of the newspaper
- Headline summary
- Headline contains metaphor or personification of maternal mortality or HIV/AIDS
• Descriptions of people/person affected by maternal mortality and HIV/AIDS

• News Trigger

• Images

• Primary Sources

• Subsequent Sources

• Dominant frame (problem definition)

• Dominant frame (recommendation and resolution)

I juxtapose the results from both maternal mortality and HIV/AIDS to provide a quick way of assessing the data. The summary and implications of these results are explored further in the discussion section of this thesis.

7.2 SIZE OF ARTICLE

| Table 1a: Size of article (maternal mortality) |
|-----|-------|-----|-----|-----|
|     | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Quarter page | 17 | 70.8 | 70.8 | 70.8 |
|       | Half page   | 3  | 12.5 | 12.5 | 83.3 |
|       | Full page   | 4  | 16.7 | 16.7 | 100.0 |
| Total |            | 24 | 100.0 | 100.0 |

| Table 1b: Size of article (HIV/AIDS) |
|-----|-------|-----|-----|-----|
|     | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Quarter page | 75 | 62.5 | 62.5 | 62.5 |
|       | Half page   | 31 | 25.8 | 25.8 | 88.3 |
|       | Full page   | 14 | 11.7 | 11.7 | 100.0 |
| Total |            | 120| 100.0 | 100.0 |
7.3 FORMAT

Table 2a: Format (maternal mortality)

<table>
<thead>
<tr>
<th>Format</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid News article</td>
<td>18</td>
<td>75.0</td>
<td>75.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Valid Column/Comment</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>79.2</td>
</tr>
<tr>
<td>Valid Front page</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>83.3</td>
</tr>
<tr>
<td>Valid Feature/profile</td>
<td>4</td>
<td>16.7</td>
<td>16.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 2b: Format (HIV/AIDS)

<table>
<thead>
<tr>
<th>Format</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid News article</td>
<td>94</td>
<td>78.3</td>
<td>78.3</td>
<td>78.3</td>
</tr>
<tr>
<td>Valid Column/Comment</td>
<td>3</td>
<td>2.5</td>
<td>2.5</td>
<td>80.8</td>
</tr>
<tr>
<td>Valid Front page</td>
<td>5</td>
<td>4.2</td>
<td>4.2</td>
<td>85.0</td>
</tr>
<tr>
<td>Valid Feature/profile</td>
<td>17</td>
<td>14.2</td>
<td>14.2</td>
<td>99.2</td>
</tr>
<tr>
<td>Valid Others</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
7.3.1 Size and Format

Here, I wish to emphasize again the difference in the sampling size, a ratio of 1:5 for maternal mortality to HIV/AIDS. This is perhaps not the most representative of samples. However, it serves to give us a framework of some sort for interrogating the agenda setting process for these issues.

The preceding tables and chart indicate similarity in the percentages (for both issues) of the size of articles as well as the format employed in reporting the news. However, this pattern of similarity is not reflected in most of the other parameters measured. These two results may be indicative of a pattern in news coverage for all or most health issues.

7.4 SECTION OF NEWSPAPER

<table>
<thead>
<tr>
<th>Table 3a: Section of Newspaper (maternal mortality)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>News</td>
</tr>
<tr>
<td>Feature/Focus</td>
</tr>
<tr>
<td>Business</td>
</tr>
<tr>
<td>Science/Health</td>
</tr>
<tr>
<td>African News</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
The data (table 3a and 3b) shows that maternal mortality was featured in more news and feature and health columns sections, compared to HIV and AIDS. However, the reverse is also seen with HIV/AIDS, with the latter being featured more in the science/health and African news. HIV/AIDS is also featured in other sections of the newspaper where maternal mortality is totally absent. These are the education, world report and ‘others’ sections. ‘Others’ include the metro, appointment and labour sections.
### Table 4a: Headline summary (maternal mortality)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocative</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Informative/News</td>
<td>15</td>
<td>62.5</td>
<td>62.5</td>
<td>66.7</td>
</tr>
<tr>
<td>Evocative</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>75.0</td>
</tr>
<tr>
<td>Critical</td>
<td>6</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Table 4b: Headline summary (HIV/AIDS)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocative</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
<td>11.7</td>
</tr>
<tr>
<td>Informative/News</td>
<td>37</td>
<td>30.8</td>
<td>30.8</td>
<td>42.5</td>
</tr>
<tr>
<td>Evocative</td>
<td>52</td>
<td>43.3</td>
<td>43.3</td>
<td>85.8</td>
</tr>
<tr>
<td>Critical</td>
<td>3</td>
<td>2.5</td>
<td>2.5</td>
<td>88.3</td>
</tr>
<tr>
<td>Science/research</td>
<td>12</td>
<td>10.0</td>
<td>10.0</td>
<td>98.3</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>1.7</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
This study also set out to explore the use of certain contexts in the headlines of the news for maternal mortality and HIV/AIDS. These contexts were evocative; informative; evocative; critical; science; and others.

The data indicated that reports on maternal mortality had a headline that was for the most part informative and some critical; of practitioners approaches as well as the ‘Nigerian situation’, especially by international and development agencies. Most HIV and AIDS headlines however were evocative, many were also news and science focused.

7.6 HEADLINE CONTAINS METAPHOR, TEMPLATES/PERSOONIFICATION OF...

<table>
<thead>
<tr>
<th>Headline contains metaphor/templates/personification of (MM)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>YES</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>22</td>
<td>91.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Headline contains metaphor/templates/personification of HIV/AIDS</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>YES</td>
<td>51</td>
<td>42.5</td>
<td>42.5</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>69</td>
<td>57.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The data from comparing maternal mortality and HIV/AIDS showed that 8.3% of articles for the former contained metaphors, templates or personification. For HIV/AIDS however, it was a far higher percentage, with 42.5% of the headlines containing metaphors, templates or personification of the issue. Some of these words and the contexts are described more extensively in the upcoming chapter on framing.

7.7 DIRECT REFERENCE TO A PERSONAL STORY OF/PERSON AFFECTED

<table>
<thead>
<tr>
<th>Direct Reference to a personal story of/person affected by maternal mortality</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid NO</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Reference to a personal story of/person affected by HIV/AIDS</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid YES</td>
<td>17</td>
<td>14.2</td>
<td>14.2</td>
<td>14.2</td>
</tr>
<tr>
<td>NO</td>
<td>103</td>
<td>85.8</td>
<td>85.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
It was also of interest to explore the use of human interest angles in the reporting of the two issues. This was measured in part, as a ‘direct reference to a person affected by HIV/AIDS’ or their stories. This variable was totally absent in all reports on maternal mortality. However, they were evident in 14.2% of the stories on HIV/AIDS, lending a human interest angle to such stories and to the issue of HIV/AIDS in general.

### 7.8 DESCRIPTIONS OF PEOPLE/PERSON AFFECTED BY MATERNAL MORTALITY AND HIV/AIDS

This study was also interested in exploring the descriptions of affected people, on the premise that this contributed to the overall framing of the issue and, by extension, its impact on readers.

<table>
<thead>
<tr>
<th>Description of people/person affected by MM</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>11</td>
<td>45.8</td>
<td>45.8</td>
<td>45.8</td>
</tr>
<tr>
<td>Others</td>
<td>13</td>
<td>54.2</td>
<td>54.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
I draw attention here to the fact that those affected by HIV/AIDS are described by a number of titles, which by extension elicit a range of responses. Those affected by maternal mortality however are described only as mothers and women, titles that also elicit a different set of reaction.
## News Trigger (maternal mortality)

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigative Report/Feature</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Conference/event report</td>
<td>11</td>
<td>45.8</td>
<td>45.8</td>
<td>50.0</td>
</tr>
<tr>
<td>Direct private/Corp Intervention</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>54.2</td>
</tr>
<tr>
<td>Science/Research report</td>
<td>5</td>
<td>20.8</td>
<td>20.8</td>
<td>75.0</td>
</tr>
<tr>
<td>Policy process/Intervention</td>
<td>3</td>
<td>12.5</td>
<td>12.5</td>
<td>87.5</td>
</tr>
<tr>
<td>Health day</td>
<td>3</td>
<td>12.5</td>
<td>12.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

## News trigger (HIV/AIDS)

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigative Report/Feature</td>
<td>7</td>
<td>5.8</td>
<td>5.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Conference/event report</td>
<td>27</td>
<td>22.5</td>
<td>22.5</td>
<td>28.3</td>
</tr>
<tr>
<td>Direct private/Corp Intervention</td>
<td>16</td>
<td>13.3</td>
<td>13.3</td>
<td>41.7</td>
</tr>
<tr>
<td>Science/Research report</td>
<td>23</td>
<td>19.2</td>
<td>19.2</td>
<td>60.8</td>
</tr>
<tr>
<td>Policy process/Intervention</td>
<td>17</td>
<td>14.2</td>
<td>14.2</td>
<td>75.0</td>
</tr>
<tr>
<td>Story of Affected person</td>
<td>6</td>
<td>5.0</td>
<td>5.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Presidential comment</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>80.8</td>
</tr>
<tr>
<td>Health day</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>84.2</td>
</tr>
<tr>
<td>conference/even report of direct private/corp Intervention</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>87.5</td>
</tr>
<tr>
<td>Conference/even report of Policy process/Intervention</td>
<td>10</td>
<td>8.3</td>
<td>8.3</td>
<td>95.8</td>
</tr>
<tr>
<td>Conference/even report of Story of Affected person</td>
<td>3</td>
<td>2.5</td>
<td>2.5</td>
<td>98.3</td>
</tr>
<tr>
<td>Conference/even report of Celebrity/Affected advocate</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>99.2</td>
</tr>
<tr>
<td>Conference/even report of Health day</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Thirteen news triggers were identified across both issues. Of these 13, maternal mortality was reported using 7 of these. HIV/AIDS however was reported using all the news triggers. Just to highlight an important point, there were no stories on affected persons for maternal mortality but there were six of these for HIV/AIDS. Maternal mortality also did not feature any articles triggered by presidential comments or celebrities.

### 7.10 IMAGES

<table>
<thead>
<tr>
<th>Images (maternal mortality)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political figure(Int/Loc)</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Mother/Child</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>12.5</td>
</tr>
<tr>
<td>Even cross section</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>16.7</td>
</tr>
<tr>
<td>None</td>
<td>20</td>
<td>83.3</td>
<td>83.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The data indicated that there was a marked difference in the use of images for both health issues. Ten categories of images were applicable across the board. However, only four of these were utilised in reporting maternal health and all of them were employed in reporting HIV/AIDS. Even when Maternal Mortality was reported as a health or epidemiological challenge, there was no use of the relevant pictures but, by contrast, these were used in the reporting of HIV/AIDS.

There were also some shared categories between both issues and these were photographs of a political figure, mother and child, and an event cross-section. Discussions on some of these elements and samples of these photos are provided in the upcoming results chapter on framing.
### 7.11 PRIMARY SOURCE

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Politician</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Govt official/agency</td>
<td>6</td>
<td>25.0</td>
<td>25.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Medical practitioners</td>
<td>3</td>
<td>12.5</td>
<td>12.5</td>
<td>45.8</td>
</tr>
<tr>
<td>Donor/Int agency rep</td>
<td>5</td>
<td>20.8</td>
<td>20.8</td>
<td>66.7</td>
</tr>
<tr>
<td>NGO Spokesperson</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>75.0</td>
</tr>
<tr>
<td>Health/research report</td>
<td>6</td>
<td>25.0</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria president</strong></td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Politician</td>
<td>6</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Govt official/agency</td>
<td>18</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td>International political figure</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
</tr>
<tr>
<td>Scientist/researcher</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
</tr>
<tr>
<td>Medical practitioners</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Donor/International agency rep</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
</tr>
<tr>
<td>NGO Spokesperson</td>
<td>9</td>
<td>7.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Health/research report</td>
<td>20</td>
<td>16.7</td>
<td>16.7</td>
</tr>
<tr>
<td>Person/people living with...</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Person/people affected by...</td>
<td>1</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Int. act/Philanthropist/Celebrity</td>
<td>5</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>5.8</td>
<td>5.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
As the literature review has shown, the role of sources is key to the agenda setting process, because of their ability to set the agenda by being the right ‘who’. This study therefore investigated this pattern in the sample. The data indicated that, for maternal mortality, there were a total of six primary source categories referenced, with the highest numbers being government and health/research reports.

In HIV/AIDS reports, thirteen source categories were referenced, with government and health reports being the most referenced, as it was in maternal mortality reports. Other sources also referenced here but are not referenced in maternal mortality include international public figures, scientists, persons living with HIV/AIDS, persons affected by HIV/AIDS, NGO spokespersons and international activists and celebrities.
### 7.12 SUBSEQUENT SOURCES

#### Subsequent Sources (Maternal Mortality)

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Politician</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Govt official/agency</td>
<td>5</td>
<td>20.8</td>
<td>20.8</td>
<td>29.2</td>
</tr>
<tr>
<td>scientist/researcher</td>
<td>5</td>
<td>20.8</td>
<td>20.8</td>
<td>50.0</td>
</tr>
<tr>
<td>Medical practitioners</td>
<td>3</td>
<td>12.5</td>
<td>12.5</td>
<td>62.5</td>
</tr>
<tr>
<td>Int agency/donor</td>
<td>9</td>
<td>37.5</td>
<td>37.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

#### Subsequent Sources (HIV/AIDS)

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria president</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td>Politician</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Govt official/agency</td>
<td>24</td>
<td>20.0</td>
<td>20.0</td>
<td>24.2</td>
</tr>
<tr>
<td>Internation political figure</td>
<td>6</td>
<td>5.0</td>
<td>5.0</td>
<td>29.2</td>
</tr>
<tr>
<td>scientist/researcher</td>
<td>23</td>
<td>19.2</td>
<td>19.2</td>
<td>48.3</td>
</tr>
<tr>
<td>Medical practitioners</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>51.7</td>
</tr>
<tr>
<td>Donor/Int agency rep</td>
<td>6</td>
<td>5.0</td>
<td>5.0</td>
<td>56.7</td>
</tr>
<tr>
<td>NGO Spokenperson</td>
<td>4</td>
<td>3.3</td>
<td>3.3</td>
<td>60.0</td>
</tr>
<tr>
<td>Health/research report</td>
<td>14</td>
<td>11.7</td>
<td>11.7</td>
<td>71.7</td>
</tr>
<tr>
<td>Person/People living with...</td>
<td>3</td>
<td>2.5</td>
<td>2.5</td>
<td>74.2</td>
</tr>
<tr>
<td>Person/people affected by ...</td>
<td>2</td>
<td>1.7</td>
<td>1.7</td>
<td>75.8</td>
</tr>
<tr>
<td>Int activist/Philanthropist/Celebrity</td>
<td>2</td>
<td>1.7</td>
<td>1.7</td>
<td>77.5</td>
</tr>
<tr>
<td>Others</td>
<td>27</td>
<td>22.5</td>
<td>22.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
For subsequent sources, maternal mortality had fewer secondary source categories than HIV/AIDS. The latter also had a range of source categories labelled here as ‘others’, which included first ladies and other important public figures.

### 7.13 DOMINANT FRAME (PROBLEM DEFINITION)

I shall round up this section, with a review of the framing mechanisms identified in the sample. Here I present the results for the dominant frames for problem definition as well as recommended solutions. In the tables below I present the results for these parameters.

The tables below show that maternal mortality was predominantly defined as a development problem and HIV/AIDS was defined as a science and health problem, but I particularly highlight here that after its definition as a science and health problem, HIV/AIDS is very closely defined as a global/political problem. The chart below presents these outcomes more clearly.
### Dominant frame (problem definition) maternal mortality

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science/Health problem</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Global/Political problem</td>
<td>1</td>
<td>4.2</td>
<td>4.2</td>
<td>37.5</td>
</tr>
<tr>
<td>Human Interest/Rights</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>45.8</td>
</tr>
<tr>
<td>Development problem</td>
<td>13</td>
<td>54.2</td>
<td>54.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

### Dominant frame (problem definition) HIV/AIDS

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science/Health problem</td>
<td>33</td>
<td>27.5</td>
<td>27.5</td>
<td>27.5</td>
</tr>
<tr>
<td>Global/Political problem</td>
<td>30</td>
<td>25.0</td>
<td>25.0</td>
<td>52.5</td>
</tr>
<tr>
<td>War/Impending Apocalypse</td>
<td>1</td>
<td>.8</td>
<td>.8</td>
<td>53.3</td>
</tr>
<tr>
<td>Human Interest/Rights</td>
<td>21</td>
<td>17.5</td>
<td>17.5</td>
<td>70.8</td>
</tr>
<tr>
<td>Multi-disciplinary problem</td>
<td>24</td>
<td>20.0</td>
<td>20.0</td>
<td>90.8</td>
</tr>
<tr>
<td>Development problem</td>
<td>11</td>
<td>9.2</td>
<td>9.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The chart above shows the difference in the dominant framing approaches for both issues. Unlike HIV/AIDS, maternal mortality is rarely framed as a global/political problem, a human rights problem and, not at all defined as, a war/impending apocalypse or a multidisciplinary problem.

7.14 DOMINANT FRAME (RECOMMENDATIONS AND RESOLUTIONS)

The study of the dominant frame in the recommendations or prescriptions of a solution (see tables and chart below) reveal that, for maternal mortality, the responsibility is placed on ‘others’ such as health workers and practitioners, followed by civil society and the international community.

<table>
<thead>
<tr>
<th>dominant frame (recommendations/resolution)</th>
<th>maternal mortality</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>5</td>
<td>20.8</td>
<td>20.8</td>
<td>20.8</td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td>2</td>
<td>8.3</td>
<td>8.3</td>
<td>29.2</td>
<td></td>
</tr>
<tr>
<td>Social/Corporate Inst.</td>
<td>4</td>
<td>16.7</td>
<td>16.7</td>
<td>45.8</td>
<td></td>
</tr>
<tr>
<td>Civil society /Int.Community</td>
<td>6</td>
<td>25.0</td>
<td>25.0</td>
<td>70.8</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>29.2</td>
<td>29.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>dominant frame (recommendations/resolution)</th>
<th>HIV/AIDS</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>40</td>
<td>33.3</td>
<td>33.3</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td>7</td>
<td>5.8</td>
<td>5.8</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td>Social/Corporate Inst.</td>
<td>20</td>
<td>16.7</td>
<td>16.7</td>
<td>55.8</td>
<td></td>
</tr>
<tr>
<td>Civil society/Int. Community</td>
<td>22</td>
<td>18.3</td>
<td>18.3</td>
<td>74.2</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>31</td>
<td>25.8</td>
<td>25.8</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For HIV/AIDS, the greatest responsibility for resolution is placed on government, and this is followed by others, such as the medical community, and then on civil society and international community.
7.15 CROSS TABULATION OF SOME VARIABLES

To conclude this section, I present the data for two cross tabulation analysis. These are selected to show the validity of certain interactions of the data and to highlight certain salient points. I use data from HIV/AIDS as this perhaps shows better statistical validity because of the size of the sample.

7.15.1 Primary Sources * dominant frame

It is important here to reinforce the relationship between sources and their frames by selecting two points from the chart below. For example, we see that the science and health frame was predominantly used by scientists and researchers. Also, the use of the global and political problem frame was most employed by international political figures, the president, politicians and government agencies. We also find this frame being utilised by international activists.
### PRIMARY SOURCES * DOMINANT FRAME (PROBLEM DEFINITION FOR HIV/AIDS)

#### CROSS TABULATION: PRIMARY SOURCE AND DOMINANT FRAME

<table>
<thead>
<tr>
<th>PRIMARY SOURCES</th>
<th>Science/Health problem</th>
<th>Global/Political problem</th>
<th>War/Impending Apocalypse</th>
<th>Human Interest/Rights</th>
<th>Multi-disciplinary problem</th>
<th>Development problem</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria president</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Politician</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Govt official/agency</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Internation political figure</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Scientist/researcher</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Medical practitioners</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Donor/Int agency rep</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>NGO Spokenperson</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Health/research report</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Person/people living with...</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Person/people affected by...</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Int activist/Philanthropist/Celebrity</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>30</strong></td>
<td><strong>1</strong></td>
<td><strong>21</strong></td>
<td><strong>24</strong></td>
<td><strong>11</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>
### DIRECT REFERENCE TO A PERSONAL STORY OF AFFECTED PERSON * DOMINANT FRAME

<table>
<thead>
<tr>
<th>Count</th>
<th>Science/Health problem</th>
<th>Global/Political problem</th>
<th>War/Impending Apocalypse</th>
<th>Human Interest/Rights</th>
<th>Multi-disciplinary problem</th>
<th>Development problem</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Reference to a personal story of/person affected by MM; HIV/AIDS</td>
<td>0</td>
<td>30</td>
<td>27</td>
<td>0</td>
<td>13</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>YES</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>30</td>
<td>1</td>
<td>21</td>
<td>24</td>
<td>11</td>
<td>120</td>
</tr>
</tbody>
</table>

In the cross tabulation above, we see this example clearly connected to sources, from a human rights perspective. From the chart above, there is evident connection between these two values i.e. direct reference to a personal story of an affected person and the dominant frame. From the table above, the data indicates that stories that had the personal story of an affected person were predominantly framed as a human rights problem, validating the use of sources in the framing of issues.
7.16 CONCLUSION

The data reviewed has shown some similarities as well as some marked difference between the coverage of maternal mortality and HIV/AIDS in the period under review. These include the dominant framing approach, the use of sources and news triggers.

There is a range of statistical analysis that can be undertaken with data of this nature. However, for the purpose of this thesis, such analysis would be an exaggeration of the point. Agenda setting seeks to count the amount (on the first level) and the type (on the second level) of coverage. This study has also not measured second level agenda setting as traditional studies do, and so while it quantifies dominant frames, it does not use that quantification as the only measure of second level agenda setting.

In the methodology chapter, I discuss extensively the frame analysis utilised by this thesis, and, in the results chapter that follow, I present the outcomes of this approach and endeavour to bring this quantitative data to life by following it up with some narrative.
Chapter 8

Results III

Frame Analysis
8.1 INTRODUCTION

The preceding section of this chapter presents the results of the quantitative content analysis of a sample of newspaper articles. It focused on details such as frequencies of and correlations between elements, which are pertinent to the framing of maternal mortality and HIV/AIDS. This section discusses the qualitative framing of the news, utilizing a simple textual analysis, guided by the previously surmised methodology from the works of Kitzinger, (2007); Reese, 2001; tankard, (2001) and Entman, (1995).

Entman (ibid) highlights one of the key aspects of framing – the ‘definition’ of the problem – that results in a perceived reality. Benthall (1993) discusses extensively the media’s capacity to do this and credits this ability to very few institutions, besides the media. This ‘problem defining ability’ of the media, an outcome of its framing approaches, amongst other factors, is fundamental to the agenda setting process. This fact is evidenced by disconnect between real world indictors and the salience of issues on the media agenda; to sum, the media defines the gravity of the issue and what should be done about it (Dearing and Rogers, 1996). This problem defining and solution recommending process is therefore key to the objectives of this study.

In the proceeding segments of this text, I endeavor to delineate the various frames utilized by the media in defining Maternal Mortality and HIV/AIDS and by consequence, the perceived gravity of the issue and the recommended solutions for the same. In presenting the outcomes of this analysis, I discuss the above concepts for maternal mortality and HIV/AIDS and individually, endeavoring to highlight the various themes and ‘mechanisms’ utilized in this framing process.
A discussion on the similarities and differences in the framing approaches for both issues, under a clear list of framing ‘mechanisms’ (Kitzinger, ibid.) concludes this chapter. Implications for these outcomes on agenda setting, and the objectives of this study are discussed in the following chapter.

8.2 FRAMING MATERNAL MORTALITY NEWS

In the reporting of maternal mortality in the period under review, two frames were identified: These frames were the Science/health frame and the Development frame.

8.2.1 Frame 1: The Science/Health Frame

This framing approach predominantly utilized statistics and general facts about the epidemiology of maternal mortality such as causes of death and the demographics of those affected.

The use of sources here perhaps lend credence to the ‘science/health’ framing approach as sources utilized were predominantly medical personnel and research or survey reports. See for example, the articles below (emphasis mine):

RACE TO SAVE MOTHERS DURING CHILDBIRTH

HOW TO REDUCE CHILD, MATERNAL DEATHS IN NIGERIA, BY DOCTORS

REPORT LINKS MOST MATERNAL DEATHS TO BIRTH PROBLEMS
Figure 8.1 reports the proceedings and outcomes of a professional institution’s event, including recommendations on reducing maternal deaths. Here, maternal mortality is predominantly defined as a medical problem and the focus on causes is predominantly epidemiological and cultural. These are also the focus of recommended solutions, and government is mentioned on a secondary level.

In Figure 8.2, the title is indicative of some sort of urgency and from the entire sample, this suggests a peculiar framing approach for the reporting of maternal health. However, the Kicker (health professionals concerned about the high mortality rates of mothers in the labour ward from preventable causes, last week on how to reduce the incidence, at least in the three catchment areas bordering Kwara State), as well as the body of the report, belies this approach. The latter focuses on epidemiological facts and medical approaches to resolving the maternal mortality challenge, and it discusses the challenges in training of skilled personnel.
In this report, the images used are of a cross section of happy workshop participants and speakers. There is also included at the bottom of the page images of the state governor as well as the minister for health, both of whom coincidentally are not directly quoted in the report. There are no images of vulnerable or pregnant women or any insinuation of ‘mortality,’ which is the subject of the workshop/report.

The reporting also takes an ‘objective’ style, with journalists’ opinions or perceptions of the issue absent in the reporting. Rather they featured the summaries of the issue as defined by the sources (e.g. research reports) and left the reader to ‘decide’ on the ramifications and possibly relevant solutions to the problem. In few instances, there was a mention of the challenges of infrastructural provisions such as poor health care facilities, but no direct attribution of responsibility for the problem of maternal deaths to government or policy. Rather, a greater focus is on the epidemiological challenges, with the role of government, where mentioned, being secondary.

Both articles also describe the affected individuals as women or mothers, none of which is depicting of disadvantage or abnormality, as these terms are also applicable and ascribed to similar individuals in thriving health and social conditions.

### 8.2.2 Frame 2: The Development Frame

The ‘development frame’ discussed the challenges of maternal mortality within the context of development especially in relation to the millennium development goals. While this frame is presented as a different framing approach altogether, it can, perhaps to some extent, be considered a subset of the science/health approach, as it utilised very much the same
principles in addition to references to development. Therefore, while the narrative was placed within the context of the millennium development goals, the themes focused primarily on epidemiology, statistics and similar concepts already identified under the health frame.

This framing approach was mostly underpinned or distinguished by its sources. In the general science/health approach, sources were predominantly medical personnel, NGOs and research reports. However in this sub frame, the main sources and focus of the stories were development agencies and donors, which were either used exclusively or in addition to the earlier category. Examples of such stories include:

UNFPA PRESCRIBES CHILD SPACING TO CURB MATERNAL DEATHS
NIGERIA ACCOUNTS FOR 10 PERCENT OF GLOBAL MATERNAL DEATHS SAYS USAID

In the above story (II), the discussion centres on the outcomes of a workshop event during which the Senior Program Manager, Reproductive health at USAID/Nigeria (primary source) states the above. Much of the narrative focuses on the epidemiological facts as provided by the highlighted source. An almost passive quote is also utilised from the primary source stating:

Abdullahi (primary source) maintained that the Millennium Development Goals (MDGs) recognises the problem and includes it in its seven goals. He added that: “the MDGs were committed to ensure that between 1990 and 2015 maternal mortality was reduced by three quarters.”
The above quotation seemingly personifies the MDGs, which do not necessarily represent any particular organisation or suggest any form of responsibility; they are merely an organising theme for identified challenges, ratified by governments and development agencies. Furthermore, the narrative suggests and somewhat assents that maternal mortality is not a new challenge (the MDG recognizes the problem) and this further reifies its ‘culturally acceptable’ status. A similar report under this sub frame is titled:

NIGERIA MUST MOVE AGAINST MATERNAL MORTALITY, SAYS UN

This report, which seems like a direct call for action in an appropriate context, is a summary of a United Nations report discussing the millennium development goals and is very much focused on the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). In this article, again, the details are on the epidemiological facts resulting in maternal health and an ascribing of some measure of responsibility to government (emphasis mine). However, in its prescription of solutions, a more ambiguous approach is taken

The committee also noted that ...(list of epidemiological facts and statistical facts)...have received little attention from government in the recent past....it called on the delegation which included CEDAW, Nigeria and NGO groups (emphasis mine), to improve the availability and affordability of sexual and reproductive health services, including family planning....

As the above emphasis shows, responsibility for action is assigned to CEDAW, NGO groups and Nigeria (which for all intents and purposes is an ambiguous term which does not categorically suggest the polity and may well include the affected groups).
8.3 FRAMING HIV/AIDS NEWS

Five frames were identifiable in the framing of HIV/AIDS. These were the human interest frame; the battle/impending apocalypse frame; the global challenge/global responsibility frame; the Science/Health frame; and the Multi-disciplinary approach frame. With each of these frames, the problem is defined and the corresponding solutions are prescribed and I highlight both of these elements in discussing each framing approach.

8.3.1 Frame 1: The Human Interest Frame

The human interest frame was probably, of all the framing approaches, the most emotive. Within this frame, four sub frames can be identified: the Helpless Victim, the Hero/Martyr, the Human Rights and the Discrimination sub frames.

Figure 8.3: Our regrets, by persons living with AIDS

Figure 8.4: Women on HIV/AIDS: Their cross, their destiny
The Helpless Victim sub frame depicted HIV/AIDS as almost having a life and power of its own, forcing those affected to ‘live with it’. In this relationship, the individuals were dominated by the prescriptions and dictates of the virus (use of the term: their destiny). This ‘coexistence’, albeit involuntary, was often reinforced by the phrase: “living with AIDS”, which could be found in almost every article relating to HIV/AIDS. The term was also frequently used in headlines, such as the headline above: *OUR REGRETS, BY PERSONS LIVING WITH AIDS*. This concept of destiny and helplessness also reified the ‘victim/perpetrator’ stereotype, which is observable in the story above (fig 1), which begins with the statement “they could not understand why nature has been so cruel to them…”

This frame also typically leveraged on the stories of affected persons, employing a narrative of their experiences as told by the individuals themselves. Such narratives included personal information such as age, professions, addresses and even photographs and family details, all of which served to undermine the ‘personal and psychological distance’ between the readers and the disease; making AIDS a real, present and plausible danger to anyone. They also evoked sympathy because the daily plights of those affected were very easy to connect with.

These reports did not only focus on individuals ‘living with the virus’ but also focused on people who had lost their family members to AIDS. When utilising this approach, celebrities or political figures and icons were predominantly featured, and this perhaps helped to draw attention to the story. For example the headline “MANDELA ANNOUNCES SON’S DEATH BY AIDS”. The story discusses Mandela’s loss of his only son, presenting him in a vulnerable state, and indicates that the sense of loss is felt across the family, buttressed by the excerpt:
“...added the frail looking Mandela, surrounded by his grandchildren and other family members.”

8.3.1.2 Martyr/Hero Sub-Frame

The sample also revealed a framing approach which presented people affected by HIV/AIDS as heroes. These stories employ quotes from celebrities, the general public and political figures eulogising AIDS patients for their suffering. For example, a story that utilises this frame has the headline “SOUTH AFRICAN YOUTHS PRAY FOR AIDS HERO”.

The story above discusses the ‘hero’s’ suffering and challenges government to make a change otherwise the hero would die in vain. The story also features comments by respected icons and in this case Nelson Mandela, who “...has praised Johnson as an ICON of the struggle against AIDS” (emphasis in original). There is also a follow up story on this individual, who criticises the current president (Mbeki) for not visiting the hero in hospital. Here, the hero status is again reified by the inclusion of comments from the president saying he has “lauded Nkosi’s bravery...” and describes the boy as “one who has touched the hearts of millions of people around the world...”

8.3.1.3 The Human Rights/Freedom Fighting Sub-Frame

The human rights frame presents HIV/AIDS as a violation of human rights, demanding the same response as would be given to any other human rights situation. This frame is particularly used in relation to direct interventions such as the provision of free Anti-Retroviral Drugs and women’s rights. Here the stories sometimes utilise celebrated figures
and statistics, but also employs an evocative approach, using templates and analogies that are recognisable and easily connected with. For example the story: “AIDS, NEW APARTHEID IN SOUTH AFRICA, SAYS TUTU”.

The report discusses Desmond Tutu’s call to government to provide Anti-Retroviral drugs as a matter of human rights and not to consider the economic implications of doing so. Also evident are the unifying/freedom fighting element to this framing approach, highlighted by the use of Tutu’s quote: “…let us roll up our sleeves and invoke the spirit that fought apartheid.” Other stories utilising this frame suggest that human rights and gender are a crucial consideration for solving the HIV/AIDS problem.

Another story of a similar nature leveraging on this ‘freedom fighting’ frame is one titled: “Annan equates anti-AIDS fight with U.S. Independence struggle”, and the story quotes Annan saying: “When UN medical experts strive to find new ways to prevent the spread of HIV/AIDS…they are fighting for liberty”. It is worth mentioning here that the main focus of this article is Kofi Annan and his personal awards and achievements, yet it is titled based on his brief mention of HIV/AIDS at a US Independence day celebration that is actually limited to the first few paragraphs of the report.

This pattern of coverage i.e. emphasising the HIV/AIDS component of a story in the headline, even when it is but a small reference in the main report, can be seen throughout the period under review. While many articles focus solely on the subject, others simply refer to the subject alongside a discussion of other issues. However, these brief mentions are often utilised in the headline especially where the source is a political figure or celebrity.
8.3.1.4 The Discrimination Sub-Frame

This frame calls for action from individuals imploring them to be compassionate towards people living with HIV/AIDS. Interestingly, the approach personalises ‘stigmatization’ as a force daunting the progress and efforts to combat the HIV/AIDS problem. In some ways, stigmatization is presented as being almost as ‘powerful’ as the virus itself. Reports employing this approach focused on the psychological trauma of people living with AIDS.

There is also evident here, a multi-sectorial approach, as sources range from celebrities, politicians, the network of people living with HIV/AIDS (NEPLWHAN), to agencies like the International Labour Organisation (ILO). Some stories with this frame also seem to introduce an element of ‘sensationalism’ to the issue evidenced in headlines like: “Borno links high death toll from HIV/AIDS to stigmatization.”

Overall, all reports discuss the ‘power’ of stigmatisation and utilise the opportunity to call for government action in relation to favourable policies for those affected by HIV/AIDS, as well as individual compassion. The reports also utilise pictures of people ‘living with AIDS’ and this perhaps facilitates a sense of connection with the readers.

8.3.2 Frame 2: Battle/Impending Apocalypse Frame

The disaster/impending apocalypse frame was the most popular and frequently employed frame adopted in the definition of HIV/AIDS. To provide a background of the overarching implication of this frame, I provide here the dictionary meaning of the terms ‘Battle’ and ‘Apocalypse’ respectively (www.thefreedictionary.com, 2013).
**Battle:** A sustained fight between large organised forces

**Apocalypse:** The complete final destruction of the world, an event involving destruction or damage on an awesome or catastrophic scale.

This framing approach relied on shared experiences and stereotypes in communicating the HIV/AIDS problem and these stereotypes created a sense of fear. It also effectively gave the disease an ‘empowered’ status, an enemy that had to be fought to avoid the ‘coming apocalypse’. In doing this, HIV/AIDS is described using certain metaphors such as threat, scourge, war, epidemic, pandemic, monster, devourer, battle and thief. This framing approach is the foundation for stories such as the following (emphasis mine).

![Figure 8.5: Experts seek fresh ideas, funds to fight AIDS Pandemic](image1)

![Figure 8.6: And the battle against AIDS continues](image2)
Similar headlines also include:

INSTITUTE SEEKS URGENT STEPS TO TAME HIV/AIDS SPREAD IN THE WORK PLACE
AIDS SCOURGE LOWERS KENYA’S POPULATION
AIDS THREATENS NAMIBIA’S EXISTENCE

Quotes are also used in defining the problem and recommending solutions. For example:

The HIV/AIDS pandemic has continued to ravage our population…our concerted efforts in that regard has continued to yield positive results…. (1st Lady of the Country)

They (experts) argue that if testing is not encouraged, AIDS will become worldwide, the ultimate weapon of mass destruction
Space constrains me here to discuss each of these terms utilised in this framing approach. However, I wish to briefly explore the use of the word ‘scourge’ which is perhaps one of the most frequently utilised terms in describing the HIV/AIDS issue. A scourge is defined as “a whip used as an instrument of punishment” (ibid, 2013). However, in all articles where it is used, the ‘offence’ is never categorically stated. This ambiguity perhaps leaves even more room for fear, allowing the reader to imagine and define the ramifications of the ‘offence’, while the reports accrue the dimensions and extents of the consequent scourge.

8.3.2.1 Integrating the Human Interest Angle

Within this war/apocalypse frame there can also be found a sub-frame that endeavours to integrate the human interest approach in some stories. For example, the story: AIDS ORPHANS: AFRICA’S LATEST DISASTER. Stories of this nature highlighted the human interest elements such as stigmatisation, suffering, martyrdom et cetera and then proceeded to highlight the ‘disaster’ implications of the situation (see figure to the right).

This approach did not only appeal to the ‘human’ sentiments of the readers but also stimulated a sense of urgency in relation to solving the problem in view of the possible implications of inaction.

8.3.3 Frame 3: Global Challenge/Global Responsibility Frame

A third frame utilised in the reporting of HIV/AIDS,
was the Global Challenge frame. However, in the use of this term, I wish to clarify that the emphasis is less on the ‘geographical’ prevalence or current impact of the issue but more on the perceived extents of the responsibility for solution.

The frame defines the issue as global and of global concern. More importantly, it does so against the backdrop of politics, indirectly framing the issue as a political one. It does this in relation to the indirect causes of HIV/AIDS (such as nutrition and poor health services) and ascribes a political responsibility for the proposed solutions. In reports using this frame, focus is laid on the need for favourable policies, direct political intervention and partnerships between governments and agencies. There is little or no emphasis on the rest of society, except where issues of abstinence, behaviour or stigmatisation are concerned. In some instances, this frame also presents government as sympathetic and leading ‘partners’ in the ‘war’ against AIDS (see articles below).
Within this global challenge/global responsibility, some sub frames can be found and I highlight these below.

### 8.3.3.1 The African Problem Sub-Frame

It is worth stating that while the reports indicate global acknowledgement of the ‘enormity’ of the challenge and global responsibility for abating the problem, there is little or no mention of the prevalence or impact (if any) of AIDS in developed countries, even though the bulk of the resources are from this category of stakeholders. On this note, there is an observable ‘definition of sorts’ of the issue as being an African problem. For example (emphasis mine):

AIDS: WORLD BANK RENEWS CHALLENGE TO AFRICAN LEADERS
CLINTON CANVASES NUTRITION TO FIGHT AIDS IN AFRICA
ANNAN ASKS AFRICAN LEADERS TO MOBILISE CITIZENS AGAINST AIDS

Relevant sources are also utilised in underscoring this sub frame. For example in the last report above (Annan asks African leaders to mobilise citizens against AIDS), a UNICEF report is quoted, stating:

*The fire storm rages most ferociously in sub Saharan Africa, the home of 10% of the world’s HIV infected people, 80% of AIDS deaths and 90% of AIDS orphans.*

So although 90% of affected people were not in the sub Saharan African region, the problem was still ultimately being defined as an African one, perhaps because of the outcomes of the HIV infection (AIDS deaths and orphans) as well as the extent of resources being focused in
the African direction. However, in spite of this regional definition of the problem, the responsibility for solution was considered to be global, perhaps because of the infectiousness of the disease.

8.3.3.2 Global Partnership/Responsibility Sub-Frame

Reports utilising this sub frame focus on recommending global responsibility for the HIV/AIDS issue and relevant partnerships and alliances between governments, countries and global agencies. These partnerships were in the area of financial and technical support and were predominantly between governments and donors.

Stories discussing such partnerships were frequently featured and samples of such headlines include: (emphasis mine):

**NIGERIA, U.S. REVIEW HIV/AIDS PARTNERSHIP**

**NIGERIA, U.S. JOIN FORCES ON LOCAL HIV DRUGS**

**SOUTH AFRICA, INDIA JOIN FORCES AGAINST AIDS**

Also frequently used here is the integration of the war/battle context, which is reflected in almost every report utilising this frame (for example see use of the word ‘forces’ above). These perhaps leverage on this ‘battle state’ in ascribing legitimacy to these partnerships.

This frame also highlights not just partnerships between countries but also the cooperation amongst global stakeholders at the political and donor level, emphasising the multidisciplinary ramifications of the issue. Examples of such stories include: W.H.O ISSUES NEW TIPS TO TACKLE HIV/AIDS or THE WORLD CAN BEAT AIDS, BILL
GATES ASSERTS. In the latter, a quote from Bill Gates (emphasis mine) is used which underscores the goal of this framing approach.

> It is encouraging to hear that consensus is building behind secretary general’s call for worldwide response to the HIV/AIDS crisis. The secretary general, UNAIDS, the WHO and UNICEF should be commended for their leadership role on this issue of global importance.

The above quote emphasises the definition of the problem as a crisis and very importantly the global and unified approach subtly recommended in the provision of solutions.

### 8.3.4 Frame 4: The Health/Science Frame

This frame is perhaps the easiest to identify as it defines the issue as a health/science problem and was evident from 2005. The narratives are predominantly about progressions or the absence of it, in the discoveries of vaccines and cures for the disease. It also discusses possible ‘cures’ or alternative ways of controlling the infection such as the use of herbal treatments. Sources predominantly employed in these stories are scientists and, where international agencies are mentioned, it is often the World Health Organization or a report from similar institutions. Reputable journal articles are also utilised as sources. These frames also discuss the health implications of the disease and recommend solutions within this context. For example:

> Improved accessibility and affordability of voluntary Counselling and Testing Centres (VCTCs) is the key to fighting the spread of HIV/AIDS, say experts.
While these frames also sometimes defer to a political solution, there is also emphasis on personal behaviour.

The use of images is also pertinent to this framing approach. On this note, two kinds of images are utilised in these stories: images of people living with HIV (in some cases, people with full blown AIDS) and images of science such as laboratories, cellular structures or plants. The reports suggest that there is no rule or pattern to the use of these images i.e. a particular story focus does not necessarily elicit the use of a certain image. For example the article below has the headline: DISCOVERY RAISES HOPE FOR AIDS VACCINE.

The story features an image of a patient with full-blown AIDS, looking unkempt and on a hospital bed (see enlargement on the right, Figure 8.12).
However, within this framing context, other articles of a similar nature can be found which employ the use of laboratory images or plant images which are more depicting of science or the development of vaccines. Examples such as the above therefore suggest that the use of such pictures in such instances (as above) is a deliberate framing approach which is perhaps more attention grabbing and likely to elicit fear and/or sympathy in readers, compared to other more placid images such as laboratories and microbial pictures.

8.3.5 Frame 5: The Multi-Disciplinary Approach Frame

This frame was more prominent from the second half of the decade, predominantly from 2008. Although the ‘war, scourge, pandemic’ status was maintained in relation to the gravity of the problem, it was also defined as one which was multi-sectorial and affected the majority. Compared to the earlier framing approaches, where the solution was predominantly a political responsibility, this framing approach repositioned the solution as a shared responsibility between government, social and corporate groups.

In relation to corporate groups, this framing approach ascribes a twofold responsibility: managerial responsibility to employees within the organisations and social responsibility to society. Therefore in relation to the former, organisations are encouraged to create awareness amongst their employees and in relation to the latter, to work with NGOs on developing interventions, as part of their corporate social responsibility.

Showcasing organisations that were already dominating this platform also provided a ‘hook’ for communicating this message. Samples of such stories include (emphasis mine):
CHEVRON STAKES $5M AGAINST MALARIA, HIV/AIDS IN NIGERIA

MTN PARTNERS WITH HOPE WORLDWIDE ON AIDS

FIRST ALUMINIUM RE-LAUNCHES HIV WORKPLACE POLICY…

On the level of social groups, there is also a call to members and sectors of society to contribute their quota to solving the HIV/AIDS issue. Here, the efforts of professional bodies and particularly faith-based organisations are showcased and similar actions are encouraged. Examples of such stories include:

CLERIC ADVISES CHURCH TO JOIN FIGHT AGAINST HIV/AIDS

MOSLEM WOMEN TAKE HIV/AIDS CAMPAIGN TO SCHOOLS

PRESBYTERIAN CHURCH COMMITS 40M TO FIGHTING HIV/AIDS

In these stories, sources are predominantly religious leaders, and journalists often utilised the opportunity to include their opinions in the reporting, encouraging the approach. For example (Nut graph of CLERIC ADVISES CHURCH TO JOIN FIGHT AGAINST HIV/AIDS)

The church and other religious organisations have great roles to play in stemming the spread of HIV/AIDS....

Overall, it may be suggested that this framing approach elicits a sense of camaraderie, a call for all to come on board and subtly undermines the bane of responsibility on government for solving the problem. This is especially so because Nigeria is a very religious country and individuals are highly influenced by, and differing to, their religious and political leaders.
8.4 SUMMARY OF FRAME ANALYSIS

So far, there has been a discussion of the various framing approaches employed in the presentation of news on maternal mortality and HIV/AIDS. In this concluding section, I endeavour to summarise this frame analysis by identifying key mechanisms employed in the various framing approaches presented. In doing this, I utilise some of the elements highlighted by Kitzinger (ibid) and Entman’s (ibid.).

Using these parameters, I shall be summarising the preceding frame analysis under the following headings: Problem Definition; Images used; Type of language; Similes, Metaphors, Keywords and Stock Phrases; Causes and Responsibility assigned; Solutions proposed; Narrative structure; Historical associations invoked; Emotional appeals; Who is invited to comment (Sources) and Those at Risk.

I have summarised this information in a tabular form, highlighting or summarising the already discussed facts. However, my goal here is not merely to recapitulate the obvious but to draw attention, by this method of comparison, to the ‘excluded’; for in the upcoming table, these exclusions can be found to be relevant in relation to all the listed elements.

The implications of these outcomes for the media agenda and agenda setting in general are highlighted in the next chapter.
<table>
<thead>
<tr>
<th>FRAMING MECHANISM</th>
<th>MATERNAL MORTALITY</th>
<th>HIV/AIDS</th>
</tr>
</thead>
</table>
| **Problem Definition** | Problem is defined primary under two categories: a health problem and a development problem. No reference to any other implications or ramifications. | Problem is defined under five major categories:  
• Human interest  
• Battle/impending apocalypse  
• Global challenge  
• Science/Health  
• Multidisciplinary.  
Some of these framing approaches also have sub frames which imply certain ramifications and extents of the problem. |
| **Images Used** | Images used are of two categories:  
• Healthy women and children in social settings.  
• Healthy and smiling work shop participants in a line up or cross section.  
• Image of political figure (rarely) | Images used are of four categories:  
• Celebrities, Politicians and Global development/social movement figures  
• Starving unkempt children representing orphans  
• Individual photographs or Cross section of protest groups, of People living with HIV/AIDS.  
• ‘Skin and bones’ images of unkempt persons living with full blown AIDS in poor resource hospital settings. |
| **Type of language** | Language used is predominantly ‘objective reporting’ simply stating ‘who said what and when’. No obvious or categorical stance of Journalists in relation to the issues, tone is neutral and limited criticism of responsible parties, compared to HIV/AIDS. Narrative relies predominantly on epidemiological facts and there is little or no reference to personal stories or actual individuals affected by maternal mortality. | Tone is subjective, critical where relevant and journalists’ stance in relation to the causes and solutions is evident. Type of language is also emotive, frightening in some instances and alarming. Call for action is strong and evident. Narrative relies on personal stories of people living with or affected by HIV/AIDS, quotations from prominent individuals in government and celebrity, some reference to epidemiological facts but not seen in this sample, in relation to causes, but rather in defining the ramifications of the problem. |
| **Similes, metaphors, Keywords and Stock Phrases** | There are no memorable key words or stock phrases used here. In describing affected parties, the following terms are used:  - Women  - Mothers’  - Sisters  - Daughters  - Wives | Articles feature a number of keywords and stock phrases. These are:  - People living with HIV/AIDS  - Victims  - Sufferers  - Carriers  - Icon  - Hero |
The last three terms were utilised only once in the sample and none of the terms categorically imply a state of disadvantage or ordeal.

Keywords/Phrases utilised in describing the problem include:
- The problem’ of Maternal Mortality.
- The Issue of Maternal Mortality
- Maternal Deaths
- Deaths in Mothers

<table>
<thead>
<tr>
<th>Causes/Responsibility assigned</th>
</tr>
</thead>
</table>

Causes of the problem and consequent designation of responsibility is predominantly cultural, social and medical. Much emphasis also laid on personal choices, and physiological indicators in the outcomes of pregnancy. Limited responsibility is assigned to government.

Keywords/Phrases utilised in describing the problem include:
- The Scourge
- Battle
- Apocalypse
- War
- Monster
- Disaster
- Pandemic
- Crisis
- Devourer
- Threat
- Cross/Destiny
- Fire Storm
- Thief

Causes and responsibility for the problem are attributed predominantly to the polity: Local, International and Global governments. Other public figures such are celebrities, past politicians, donors, developmental agencies, corporate figures and organisation are also enlisted as having some measure of responsibility/contribution towards abating the problem. There is little reference to individual decisions or behavioural patterns.
the international community or the general public. And where responsibility is assigned to the Nigerian government, it is in respect to medical interventions.

<table>
<thead>
<tr>
<th>Solutions proposed</th>
<th>in relation to causes or by extension, responsibility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better and free access to ante natal services</td>
<td>• Increase cooperation between governments, donors and international agencies.</td>
</tr>
<tr>
<td>• Improvement in medical personnel training and remuneration</td>
<td>• Provision of financial and technical support by international governments and agencies.</td>
</tr>
<tr>
<td>• Increased access to family planning services</td>
<td>• Provision of free testing and counselling services</td>
</tr>
<tr>
<td></td>
<td>• Provision of/better access to free anti-retroviral drugs for affected persons.</td>
</tr>
<tr>
<td></td>
<td>• Development of policies to stop stigmatisation, especially in hospitals and in the workplace.</td>
</tr>
<tr>
<td></td>
<td>• Provision of free PMTCT (Prevention of Mother to Child Transmission) services.</td>
</tr>
<tr>
<td></td>
<td>• Multidisciplinary approach to solving the problem.</td>
</tr>
<tr>
<td></td>
<td>• Increased corporate social responsibility towards solving the problem.</td>
</tr>
<tr>
<td></td>
<td>• Government inaugurated, funded and co-ordinated body for the control of HIV/AIDS (NACA)</td>
</tr>
<tr>
<td></td>
<td>• Increased budgetary allocations</td>
</tr>
</tbody>
</table>
| Historical associations invoked | None utilised in all reports found in the period under review | • Apartheid  
• U.S. Independence Struggle  
• The Nigerian Civil War  
• The Biblical Apocalypse |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional appeals</td>
<td>The use of emotional appeals is absent in the reporting of Maternal Mortality. This is perhaps due to the fact that the reporting is based predominantly on epidemiological facts and statistics and no human interest stories or angles are employed.</td>
<td>There is a strong use of emotive language predominantly featured in the human interest stories and sometimes in other frames where a human interest angle is incorporated. These are developed using the stories of people affected by HIV/AIDS and their families. The implied proximity/impact of the problem, also serves to generate emotion in the readers, reifying the emotions projected in the news reports.</td>
</tr>
</tbody>
</table>
| Who is invited to comment (Sources); | Sources utilised here are  
NGOs and donors  
Research Reports  
Journal articles and other scientific material  
Government officials (rarely) | Sources utilised here are:  
• Government officials (Including the President and State Governors)  
• Global political figures  
• Celebrities  
• People living with/affected by HIV/AIDS |
<table>
<thead>
<tr>
<th>Medical Personnel</th>
<th>NGOs and donors (predominantly international)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developmental agencies</td>
</tr>
<tr>
<td></td>
<td>Research Reports</td>
</tr>
<tr>
<td></td>
<td>Journal articles and other scientific material</td>
</tr>
<tr>
<td></td>
<td>Philanthropists</td>
</tr>
<tr>
<td></td>
<td>Religious leaders</td>
</tr>
<tr>
<td></td>
<td>Professional bodies and Institutes</td>
</tr>
<tr>
<td></td>
<td>Corporate Organisations</td>
</tr>
<tr>
<td></td>
<td>Medical Personnel</td>
</tr>
</tbody>
</table>

| Those at Risk     | Girls and Women of reproductive age.           |
|                   | New-borns if mother is lost during childbirth. |
|                   | The uneducated, the poor and those in rural    |
|                   | communities.                                  |
|                   | All age groups and categories of people i.e.   |
|                   | Men, women and children of all ages. May be    |
|                   | affected directly or indirectly if related to/  |
|                   | associated with an affected person.            |
|                   | All of society including the wealthy and       |
|                   | enlightened.                                  |
Chapter 9

Results IV

Source strategies for media relations
9.1 INTRODUCTION

This section presents the data as it relates to NGO-media relations and the media agenda, as perceived by the sources. The results are presented here under the following categories: the role of communication in strategic planning; the role of media in the advocacy process; overview of the NGO-Media relationship; challenges to media advocacy strategies; Media Agenda setting extents and limitations.

Within this text, the term communication is frequently referenced and I define it thus: ‘All activities encompassing public relations, advertising and publicity initiatives featuring specific objectives, key messages and target audiences.’

9.2 The role of communication in strategic planning

This information was distilled using a broader approach, by asking all respondents how their organisations typically made strategic plans and what elements were catered for in such plans. A number of elements were identified, such as administrative and operational costs, but only one of the respondents (Okonofua) identified communication as an element that was essential in NGOs’ strategic planning process.

Some respondents however stated that while communication was often not included on a broader organisational level, it could sometimes be included on a project-by-project basis. This inclusion on a project basis was not consistent across the board but rather determined by the project planning team. Therefore most NGOs did not have any press officers or individuals specially designated to handle communication related issues. When deemed
necessary, such expertise was hired on a temporary or consulting basis to execute the required tasks. Oronsaye (pg 3) suggested that this challenge was sometimes resolved by sending program officers to trainings where they could learn basic PR skills like writing press releases, but hardly by engaging a full-fledged experienced communications professional.

Proffering a possible reason for this approach, Akpolo (pg 14) highlighted funding (or the lack of it), emphasising that it did not make economic sense to hire an expert full time, as the need for communication was varied across periods.

So if you need something that has to be done with communications, then just hire someone and pay, because it’s cheaper…but when you hire someone in house, and all the projects don’t have communications bits in them…you have to pay the person’s salary, medicals...

Falaye suggested that ignorance was the main reason for this approach. For one thing, external consultants could not have access to the same amount of information that in house staff possessed, which could be an added advantage in communication development. Furthermore, there was a misconception that communications did not require any expertise, with most people being equal to the task. Describing the ignorance of the role of communication experts, he recounted a conversation amongst colleagues in which a member of the communication unit was asked, “What do you people even do there? Is it not just to change fonts?”

This simplistic ‘font changing’ perception of communications experts, as well as CEOs preferences, played a prominent part in strategic decisions on communications. In relation to
the later, respondents stated that CEOs to a very large extent determined the role of communication in their organisations and CEOs with previous exposure to communication strategies or training tended to promote its place as a strategic element.

Reflecting on his experience, Omonoide, stated categorically, that the majority of NGOs did not see communication as essential to their strategic success. While this may be misconceived as being the case with small NGOs or maternal mortality advocates only, the data suggests that this is the case across the board. For example, Falaye stated that Ghain (Global HIV and AIDs initiative), a USAID funded eight year project, did not have a communications unit until the fifth year of the project, when it became evident that there was a gap.

Okonofua supported the notion of ignorance because in his view, communication was essential to the advocacy process. Identifying a range of important audiences, including policy makers, he stated that the exclusion of communication in the strategic budgeting process was indication that “the organisations still don’t understand the problems they are working on…” He alluded to being ignorant for many years, despite his vast experience in the developmental sector and suggested that NGOs be tutored on the value of communication in achieving systematic and realistic results.

9.3 The role of media in the advocacy process

Perceptions on the role of media in the advocacy process were quite mixed. While some respondents were of the opinion that media was essential to advocacy efforts, some others felt that media was to be considered as just another tool in the advocacy process. For other respondents still, the media had little or no impact on the advocacy process.
For example, Okonofua was in favour of media as an essential tool of advocacy because one of the challenges with maternal mortality was the level of ignorance amongst stakeholders, including policy makers. The media was the most effective way of reaching these individuals at once. In addition, he stated that media channels had now increased with the advent of new media and, by consequence, so had the opportunities of reaching a wider range of people. Omonoide buttressed this proposition by stating that: “the media reaches far more people than if you had to walk the streets” (pg 2).

However, despite these suggestions, Falaye stated that in his experience, the media was often included in advocacy campaigns only as an afterthought, stating that organisations would typically begin projects and halfway through decide or discover that they needed some media input. This approach was detrimental to the overall success of such initiatives but was nonetheless still rampant.

Ededem Hogan however provided a contrasting scenario in relation to media and the advocacy process. A current employee of DFID and a past employee of Action Aid, he explained that in Action Aid, there was a close working relationship with the mass media as a way of drumming support for their causes and advocacy initiatives. However in advocacy efforts with the government, a great deal of their activities were conducted behind doors between government officials, and lobbying was the predominant approach.

This use of direct lobbying was not only peculiar to international organisations like DFID, but also other local NGOs. For instance, Akpolo confirmed this to be the case in the majority of her NGO’s initiatives; i.e. they preferred to make advocacy visits to the officials in charge and did not bother involving the media. Therefore, in summary, the choice of involving the
media was dependent on the objective of the advocacy campaign as well as the organisation’s policies. In most instances, direct lobbying was considered a far more effective strategy.

Colin Williams provided an international perspective on the use of media in advocacy in comparison to direct lobbying. He stated that many individuals [including politicians] in developing countries did not listen to the media to get influenced but simply for information. Therefore, agendas were pushed on a different basis, with concerned parties going directly to government officials and making their case, where government was the object of the advocacy effort. However, he stated that this was different in the western part of the world where the media was essential in any advocacy effort.

Therefore in these circumstances, NGOs were often seen and even expected to commit substantial efforts and resources to be featured in such media (e.g. the BBC) because it did have significant impact on the work that they did.

9.4 Overview of the NGO-Media relationship

The ‘NGO-Media’ relationship was of interest in this study and all respondents were asked to provide an overview of the situation. The data shows that this relationship was described on two main platforms: collaboration/trust and source epistemy.

9.4.1 Collaboration and Trust

It is noteworthy that all respondents described this relationship as collaborative to a very large extent, except where funding (discussed shortly) became an issue. Kole Shettima provided a historical background to this collaboration, highlighting that many journalists and
editors today are individuals who were Student Union activists in their university days, and were often in opposition to the governing body – a pattern confirmed by Omonoide, a student activist turned journalist. These individuals joined the media in show of their continuing fight against injustice and saw themselves as part of civil society, not government. In addition, for such individuals, civil society provided alternative views to government on topical issues.

Other respondents commented on the level of collaboration, labeling the media as ‘quite helpful’, with Shettima particularly commending efforts of international radio stations like the BBC’s Voice of Africa. Hogan described the relationship as being between ‘cooperation and mutual dependence’ because many individuals who ran NGOs today had once been in the media and vice versa, with the pattern almost becoming a fad. So very often, both parties found themselves among friends where media relations were concerned. Oronsaye’s description of the relationship was “cordial”, stating that a number of media organisations had in recent times taken an interest in health issues.

On the subject of trust between the media and NGOs, Hogan stated that it was about 50% most of the time. This was because media officials were of the opinion that NGOs were profit-making bodies and therefore should be more financially forthcoming, which was often not the case. Shokunbi, a former journalist now working with an NGO also buttressed this point, saying that on the issue of trust, there was some level of suspicion on the part of the media, for the reasons identified by Hogan. In addition, he stated that Media considered themselves ‘used’ by NGOs to get them more visibility and this was toward the end of increasing their eligibility for grants. Overall, the sentiments here were somewhat mixed i.e. collaborative to a large extent but also indicative of a measure of mistrust on both sides.
9.4.2 Source Epistemy

To enable an appreciation these results, I define very briefly here the notion of source epistemy. According to Motion and Weaver (2004: 252), source epistemy refers to the right to “represent a sector of the universe and on what grounds”. It therefore bothers on authoritativeness and credibility, and I herein argue power, influence and ‘believability’. In the literature on NGO-media relationship, epistemy has been discussed and was often referred to by the respondents, howbeit in an anecdotal rather than theoretical manner. Their propositions are discussed below.

Sentiments were mixed on the subject of NGOs as credible or authoritative sources. Some respondents felt that NGOs were considered authoritative sources, and that this was one of the outcomes of the collaborative relationship with the media. Other respondents however felt that if this was the case then this perception did not come across in deed, especially when measured on the basis of media attempts to seek out and speak to NGOs on topical issues. While some respondents argued that the limited attempts by Media to do this was predominantly linked to cost, i.e. he who played the piper dictated the tune, others felt that NGOs as sources were merely reserved as a means of countering government perspectives when the need arose.

There however arose, aside from the subject of credibility or legitimacy, the question of ‘political relevance’ and here I argue that power is an essential part of epistemy, although this has been excluded in literature that I have come across on the subject. For example, Okonofua underscores the argument by explaining that, in his capacity as executive director of WHARC, they were approached by the media only 10% of the time, compared to
government, which was approached all the time. And yet on many occasions, the media was known to publish information which was incorrect and on which NGOs could have given accurate details.

...the type of things we see in the media where we see very inaccurate information being disseminated in the media would be reduced [but]...most of the time, they don’t approach NGOs for this information.(pg 8)

Shokunbi suggests some possible reason for this reluctance on the basis of the distrust that the Media has for NGOs. He suggests that the former would only use NGOs as sources, without charge, in instances where they needed the information desperately and could not obtain it otherwise because Media obligations to NGOs were cost driven. On a differing note, Oronsaye felt that the media was not altogether responsible for the patterns in its selection of sources. While alluding to some of the reasons put forward by the other respondents, he stated that their choices were often influenced by their level of exposure: only skilled media people “know exactly what they want and know exactly who to go to”.

But as stated earlier, the sentiments were mixed because some respondents, like Shettima and Hogan, indicated that on the basis of the collaboration, NGOs were often consulted and trusted by Media for information. Hogan based this on the expertise that NGOs had in their subject area: “the media rely a lot on NGOs to get information…the media here is not that posh that they would want any research…investigation. They prefer to go straight to the NGOs that work in that area because those are the people on ground...”
The validity of these various propositions (for and against) however seems relative, one to the other. For example, one may say that any suggested ‘willingness’ on the part of Media to use NGOs as sources is dependent on a number of other factors such as cost, controversial positions on the subject and the strength and positions of other sources in the mix. I discuss here two of these factors in establishing this argument: controversial positions on the subject and the strength and positions of other sources in the mix.

The data indicates that the Media will use NGOs as sources when countering alternative positions, especially where government is concerned. Shettima (pg 2) describes this as:

...they rely heavily on civil society organisations...certainly I think those of them that are very critical of state and government functions...they see civil society as a place where they can get alternative opinions...

Okonofua buttressed this point by elaborating on the positions of the media with other sources besides NGOs or government, such as medical personnel and here we see the influence of power on epistemy

...they are always there to document government positions and views on specific issues...therefore they don’t need to go to government...by contrast, they will approach an academic person [or medical personnel] to confirm what they’ve heard from government or to get alternative views about the effect of government action
This implied that government was always a source or perhaps the primary source, with NGOs, medical professionals and academics being secondary sources, except where the news items or events are sponsored by these alternative sources.

However, some respondents were critical about the relationship between media and the government, with the general sentiment being that media was afraid to challenge government. By consequence, where alternative views were secured, they were not published if they were contradictory to government positions. And in instances where government did not take any ‘position’, the media was reluctant to criticise them:

[on the pending health bill]...the media is not doing anything to ask government why...and they are not asking us...I think the reason the media are not doing anything is that they don’t want to be seen as criticising government....even though they could simply pass the buck to those of us that are not afraid of criticizing government....

Hogan (pg 9) also buttressed Okonofua’s opinion about media-government relations by stating that, in the past (2008), there appeared to have been some censoring of the media by government and this had an impact on the news that was published. In those days and even now, even in cases where they [NGOs] were the primary sources, media still gave prominence and ‘virtue’ to government voices:

Take for instance in activities when we managed to attract media coverage and we were deliberately criticising government, the media would carry that news in a different way...that government was being commended in an activity...[where they were being criticised.]
Remarkably, some literature suggests that the NGOs, as opposed to the media, were the category that took the ‘timid’ approach with government. But Okonofua’s statements negate this argument suggesting that any silence on the part of NGOs has not been for a lack of courage but of opportunity. His position, however, may not be the general view, or perhaps is a differing view where NGOs working on HIV AIDS are concerned. For example, Oronsaye recommends that a more subtle approach should be taken:

...you [NGOs] need to be able to speak from a position that makes people think and want to do the right thing, not being confrontational and abusive. I don’t think that’s the right way to go

In his opinion, such a confrontational approach should be reserved for NGOs working in the area of civil liberties and civil rights. Other NGOs need to take a more robust approach to issues, predominantly lobbying.

9.5 Limitations to NGO Use of Media

9.5.1 Funding

Throughout this study, the data has evidenced that funding is crucial to the entire agenda setting process, the NGO-media relationship and the use of media as a tool of advocacy. This has been premised on the notion that media houses in Nigeria are profit driven, journalists practice a protocol style to their work and the majority of NGOs, as a policy, will not pay for media coverage. This scenario is further affected by the low priority given to communication
as a strategic tool. Therefore, communication is often overlooked in corporate budgets and catered for in program budgets on an ad hoc basis.

Kole Shettima, regional director for a donor agency, took the position that NGOs should not pay for media. He felt that coverage of personal or commercial activities may be paid for, but not NGO activities. He expressed a willingness to fund traveling expenses for journalists, but that “to say that people should pay for news coverage…I don’t think that is an acceptable way of doing it.” His view appeared to be the predominant position for most international donors. For while most NGOs agreed that quality communication using the media cost money, there was no consensus as to the ethics of paying the media for coverage.

This funding (or the lack of it) has had an impact on maternal mortality coverage and it’s public profile, as respondents suggested that if NGOs wanted to have their ‘news’ published, there had to be a willingness to pay for it. According to Oronsaye,

*If you can pay for anything, you can get the media to get out anything you want as long as you want it, to what extent you want it, as long as you will pay for it (pg 5)*

This no doubt was one of the deterrents to advocates of maternal health because media houses, while may be willing to publicise NGO activities and advocacy initiatives, were profit oriented organisations and needed to make profits: “somebody wants to get it out there and somebody wants to stay in business. They have equal right to stay in business”.

Falaye and Hogan however had a differing view of funding for the media and this was more in relation to the approach taken. Hogan acknowledged the misconception that media had
about NGO funding and its allocation. However, he explained that, at Action Aid, a different approach was taken to overcome this challenge. This was done in two ways: firstly, by involving the media from the beginning and training them to become their representatives in the world of journalism. Secondly, by taking a creative approach to campaigning because some results could easily be achieved using media, while NGOs remained in the background.

Using an example of Action Aid’s campaign for community Radios, he explained that the campaigning was done predominantly by community leaders and members, whom the media were happy to profile at no cost: “our approach was to mobilise communities to be at the forefront of the campaign and not the organisation.”

Falaye suggested that the media didn’t always have to be paid, once there was an excellent relationship between them and the communications team (where there was one). This could be done by inviting them to participate in events such as workshops and paying for their transportation and other allowances due to them like other participants. When this approach is taken,

…the next time, they will be the ones who will come to you to ask whether you have anything you want to publish because they benefitted from your program. So it’s not just the money…money comes in journalism when people are bringing stories and they want you to twist the stories in their favour

When these propositions were tested with some respondents, they were not all in total agreement, stating that where there was no event (for example), payment had to be made for new items on other issues. And what made it complicated on an administrative level was that
it was payment that could not be receipted and therefore could not be accounted for to
donors. And on this note, Shokunbi (pg 3) suggested that donors were not to blame because
they were organisations based in countries where “they don’t spend money directly on mass
media. And those donors do not expect the recipients of their funds to come here and spend
money on the media”.

Notwithstanding, the media evidently did not find this acceptable and remained persuaded
that NGOs had money that was not being ‘shared’. This was confirmed by Omonoide, a
former journalist, who felt that journalists were within their rights to request for money.

_The NGO people...should be exposed to the importance of communication in their
work...and budget for it...reporters are sensible. They will say NGO you get a lot of
money from international donors, wey (meaning where is) our own? When you give
them a press release, they will just dump it somewhere...you must make provision for
everybody in the plan so that you can get your job done properly._

It is worth mentioning that outside of these propositions were the suggestions of Akpolo, who
implied that, even where the funding was available, the coverage was not guaranteed.
Speaking from her recent experience, she (pg 5) explained that when media was employed in
their activities, the number of reporters who turned up did not necessarily match the number
of reports that got published. So for example,

You might have just two or so that might write that story...not all of them will write.
And also you have to give them money if you want your story to come out, you have to
pay...but some of them will take that money and not write anything.
This implied that though funding was crucial and in this instance available, it still did not guarantee media partnership. Proffering a reason why journalists might get paid and still not publish an NGO’s initiatives, Akpolo attributed this to the news worthiness of the event, stating that some journalists had explained that the editors took the final decision on what was news. In her experience, she had once encountered a female journalist who had insisted on her “brown envelope”. Trying to win her over on the basis that it was a subject affecting women adversely, the journalist stated out rightly “I know…but this is not news…my editor may not even accept it”.

This question of news worthiness however was not extensively explored with the sources and will be done in the research phase involving journalists.

### 9.5.2 Capacity of Journalists

A lack of capacity on the parts of health journalists was also a deterrent expressed by a number of respondents. This deficiency is traced to a defect at the level of basic journalistic training, a lack of continuous professional development and an inadequate education on a subject specific level by issue proponents.

Discussing the defect at the level of basic journalistic training, Charles Omonoide stated that Journalists in Nigeria were “generalists”, with individuals who had the training in an area like politics being designated to write on maternal health issues. Comparing this to a system like in Ghana, he stated that in Ghana journalists were trained to report in their academic areas of specialisation e.g. chemistry graduates were trained to report science. Because of this established principle, much focus could be laid on the ‘form’ of journalism because the
students were already vast in the ‘content’. However, the training approach was different in Nigeria, with journalists simply taking short electives in their areas of interest. This factor, he suggested had a huge impact on the quality of reporting and was one reason why there were less investigative journalism pieces in newspaper publications in Nigeria.

Hogan of DFID expressed the impact that this lack of training had on the reporting of issues, suggesting that many times, the reports did not “capture the essence of the true course of events.” This misconstruction of facts was a point expressed by various respondents as having a negative impact on enthusiasm for media engagement by maternal health advocates. However, in defense of journalists, all respondents agreed that there was a need for NGOs and interested parties to devote resources to training journalists properly and supplying them with the needed information to aid accurate reporting. For example, Falaye suggested:

> If NGOs particularly want to work with Journalists, they can take time to develop them. At least offer them some training on what they are doing, let them have at least enough information for them to be able to publish something that is correct...

The cogency of this suggestion was evidently being embraced already by a number of NGOs as examples were given of such initiatives. Kole Shettima stated that funds were being invested by agencies like his to hold workshops locally and even to send journalists abroad to understudy the reporting of maternal health issues. Support was also being given to networks of journalists who wrote on health issues such as Journalists against AIDS and the network of reproductive health journalists, to help fund their training and capacity building initiatives for member journalists.
Oronsaye attested to the benefits that such support had had, stating that currently there was better reporting of health issues because of such networks, compared to the past where “you just had different media trying to interpret many of these health parameters on the basis of what they know”. He suggested there was interest on the part of media themselves to build such capacity, evidenced by the setting up of internal groups for specific health issues of interest by many newspapers.

9.6 EXTENTS AND LIMITATIONS OF MEDIA AGENDA SETTING

When asked their opinion on whether the media has the capacity to set an agenda and bring about change, all respondents answered in the affirmative. An easily appreciated example was the establishment of democracy in Nigeria and the willingness for civic participation today (Falaye and Hogan). However, most respondents conceded to the fact that due to some of the earlier highlighted reasons, this power of the media had been underutilised in relation to maternal mortality. Other reasons included a weak sense of Institutional responsibility, poor inter-media collaboration and the constraints of governance.

9.6.1 Weak sense of institutional responsibility

Using various examples from both the health as well as the economic and public sector, Oronsaye reiterated that the media was powerful and could turn priorities around. This was because every citizen benefited from one form of media or the other and therefore it had access to almost everyone it needed to reach in the process. However, he insisted that for this agenda setting ability to be maximised, it had to transcend the level of profit to the level of social responsibility for the media concerned. When the media decided to engage with an
issue because of its social conscience, they maintained the course and often did not relent until the desired outcome was achieved.

*When they do it as part of their civic responsibility, they do it to the best of their ability. But even when people have to pay, there is a limit to which it is for, they tell you it’s for one week or two weeks and it’s over...because it is social responsibility, they do it at every interval, in every media and with every means available to do it.*

On this note, he suggested that while funding was important to getting the media’s attention, a personal commitment on their part was essential to sustaining any agenda.

### 9.6.2 Poor Inter-media Collaboration

Shokunbi highlighted that so far, the media had actually been influential in generating some political priority for maternal mortality in five States, where ante-natal care was now free. This was evidence of mass media’s agenda setting capacity. However, he also stated that the biggest deterrent to media’s agenda setting was a lack of cohesive or unified action on the part of media outlets

…*most of the mass media think individually because of course, it is individuals who run them. But once they come together on any issue, they will always succeed in getting action, from the government and from the people. (For example) it was when mass media decided that we must do something about HIV/AIDS that people started believing it (that was a problem)*

### 9.6.3 The Constraints of Governance
Comparing maternal mortality to HIV/AIDS, Falaye noted that the prominence of the former on the media agenda was predominantly due to government funding; however, a good proportion of this funding could be traced to international funds given to government from international donor bodies; they were not wholly government funds. This implied that while the media could influence, such influence was limited in how much it could persuade government to commit to the cause, even in the case of HIV/AIDS.

This limitation could sometimes be related to a government’s pre-determined agendas or the constraints of a pre-determined governance structure. Respondents who commented on this spoke either in sympathy with government or in criticism of government. Speaking in sympathy with government, Oronsaye highlighted two levels of policies: those who pushed the agenda (like the media) and those who accepted the agenda. Stating that while government to some extent was aware of the maternal mortality issue, they were ignorant on how to take the implementation forward in a manner that ensured the greatest impact in a constraining political configuration.

...even in federal government budgets, they have units in charge of maternal mortality, they have people who have attended some of the best courses in that area, they have people who will continue to attend them. But the problem is from that point on...how do we go?

Furthermore, there was a challenge with Nigeria’s three-tier governance system of federal, state and local government because priorities differed on all levels. On this note, he explained that with HIV, the parameters of incidence were almost the same across the federation. This made it easier to take a federal stand and induce action on the problem. However...
...when you look at maternal mortality, it is more common in certain parts of the country than other parts and those parts of the country where it is not common will probably not want to prioritise it, so for you to push it across might probably not makes any sense to them

Okonofua however took a less empathetic view towards the constraints of governance. Discussing the current health bill and other health issues, he stated that the Nigerian government had no plans for the health of its citizens. Health agendas were internationally driven and even with much pressure from NGOs, government “simply looks like an unwilling horse that you are trying to push to drink water and they never drink.” Therefore advocates, media included, were limited in what they could do.

[the president] He doesn’t have an agenda item on health, he has never said anything about health, the health bill is before him and he has never passed it...of course the government has a lot of issues, a lot of problems, security and all that, but health is completely missing in the agenda of this current government

To sum, media did have influence but this was limited by government’s own ignorance and self-determined political priorities or attitudes.
SUMMARY OF THE NGO-MEDIA RELATIONSHIP AND THE MEDIA AGENDA

<table>
<thead>
<tr>
<th>FRAMING MECHANISM</th>
<th>MATERNAL MORTALITY</th>
<th>HIV/AIDS</th>
</tr>
</thead>
</table>
| **Problem Definition** | Problem is defined primary under two categories: a health problem and a development problem. No reference to any other implications or ramifications. | Problem is defined under five major categories:  
  - Human interest  
  - Battle/impending apocalypse  
  - Global challenge  
  - Science/Health  
  - Multidisciplinary. Some of these framing approaches also have sub frames which imply certain ramifications and extents of the problem. |
| **Images Used** | Images used are of two categories:  
  - Healthy women and children in social settings.  
  - Healthy and smiling work shop participants in a line up or cross section.  
  - Image of political figure (rarely) | Images used are of four categories:  
  - Celebrities, Politicians and Global development/social movement figures  
  - Starving unkempt children representing orphans  
  - Individual photographs or Cross section of protest groups, of People living with HIV/AIDS.  
  - ‘Skin and bones’ images of unkempt persons living with full blown AIDS in poor resource |
| **Type of language** | Language used is predominantly ‘objective reporting’ simply stating ‘who said what and when’. No obvious or categorical stance of Journalists in relation to the issues, tone is neutral and limited criticism of responsible parties, compared to HIV/AIDS. Narrative relies predominantly on epidemiological facts and there is little or no reference to personal stories or actual individuals affected by maternal mortality. | Tone is subjective, critical where relevant and journalists’ stance in relation to the causes and solutions is evident. Type of language is also emotive, frightening in some instances and alarming. Call for action is strong and evident. Narrative relies on personal stories of people living with or affected by HIV/AIDS, quotations from prominent individuals in government and celebrity, some reference to epidemiological facts but not seen in this sample, in relation to causes, but rather in defining the ramifications of the problem. |
| **Similes, metaphors, Keywords and Stock Phrases** | There are no memorable key words or stock phrases used here. In describing affected parties, the following terms are used:  - Women  - Mothers’  - Sisters  - Daughters  - Wives | Articles feature a number of keywords and stock phrases. These are:  - People living with HIV/AIDS  - Victims  - Sufferers  - Carriers  - Icon  - Hero |
The last three terms were utilised only once in the sample and none of the terms categorically imply a state of disadvantage or ordeal.

Keywords/Phrases utilised in describing the problem include:

- The problem’ of Maternal Mortality.
- The Issue of Maternal Mortality
- Maternal Deaths
- Deaths in Mothers

<table>
<thead>
<tr>
<th>Causes/Responsibility assigned</th>
<th>Causes of the problem and consequent designation of responsibility is predominantly cultural, social and medical. Much emphasis also laid on personal choices, and physiological indicators in the outcomes of pregnancy. Limited responsibility is assigned to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Causes and responsibility for the problem are attributed predominantly to the polity: Local, International and Global governments. Other public figures such are celebrities, past politicians, donors, developmental agencies, corporate figures and</td>
</tr>
</tbody>
</table>

- The Scourge
- Battle
- Apocalypse
- War
- Monster
- Disaster
- Pandemic
- Crisis
- Devourer
- Threat
- Cross/Destiny
- Fire Storm
- Thief
government, the international community or the general public. And where responsibility is assigned to the Nigerian government, it is in respect to medical interventions.

<table>
<thead>
<tr>
<th>Solutions proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better and free access to ante natal services</td>
</tr>
<tr>
<td>• Improvement in medical personnel training and remuneration</td>
</tr>
<tr>
<td>• Increased access to family planning services</td>
</tr>
</tbody>
</table>

organisation are also enlisted as having some measure of responsibility/contribution towards abating the problem. There is little reference to individual decisions or behavioural patterns in relation to causes or by extension, responsibility.

| • Increase cooperation between governments, donors and international agencies. |
| • Provision of financial and technical support by international governments and agencies. |
| • Provision of free testing and counselling services |
| • Provision of/better access to free anti-retroviral drugs for affected persons. |
| • Development of policies to stop stigmatisation, especially in hospitals and in the work place. |
| • Provision of free PMTCT (Prevention of Mother to Child Transmission) services. |
| • Multidisciplinary approach to solving the problem. |
| • Increased corporate social responsibility towards solving the problem. |
| Historical associations invoked | None utilised in all reports found in the period under review | Apartheid  
U.S. Independence Struggle  
The Nigerian Civil War  
The Biblical Apocalypse |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional appeals</td>
<td>The use of emotional appeals is absent in the reporting of Maternal Mortality. This is perhaps due to the fact that the reporting is based predominantly on epidemiological facts and statistics and no human interest stories or angles are employed.</td>
<td>There is a strong use of emotive language predominantly featured in the human interest stories and sometimes in other frames where a human interest angle is incorporated. These are developed using the stories of people affected by HIV/AIDS and their families. The implied proximity/impact of the problem, also serves to generate emotion in the readers, reifying the emotions projected in the news reports.</td>
</tr>
</tbody>
</table>
| Government inaugurated, funded and co-ordinated body for the control of HIV/AIDS (NACA) | Increased budgetary allocations  
Personal sense of responsibility from all members of the public.  
Financial support for persons/families of persons living with HIV/AIDS |
<table>
<thead>
<tr>
<th><strong>Who is invited to comment (Sources);</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources utilised here are</td>
</tr>
<tr>
<td>NGOs and donors</td>
</tr>
<tr>
<td>Research Reports</td>
</tr>
<tr>
<td>Journal articles and other scientific material</td>
</tr>
<tr>
<td>Government officials (rarely)</td>
</tr>
<tr>
<td>Medical Personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Those at Risk</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Girls and Women of reproductive age. New-borns if mother is lost during childbirth.</td>
</tr>
<tr>
<td>• The uneducated, the poor and those in rural communities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sources utilised here are:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Government officials (Including the President and State Governors)</td>
</tr>
<tr>
<td>• Global political figures</td>
</tr>
<tr>
<td>• Celebrities</td>
</tr>
<tr>
<td>• People living with/affected by HIV/AIDS</td>
</tr>
<tr>
<td>• NGOs and donors (predominantly international)</td>
</tr>
<tr>
<td>• Developmental agencies</td>
</tr>
<tr>
<td>• Research Reports</td>
</tr>
<tr>
<td>• Journal articles and other scientific material</td>
</tr>
<tr>
<td>• Philanthropists</td>
</tr>
<tr>
<td>• Religious leaders</td>
</tr>
<tr>
<td>• Professional bodies and Institutes</td>
</tr>
<tr>
<td>• Corporate Organisations</td>
</tr>
<tr>
<td>• Medical Personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Those at Risk</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• All age groups and categories of people i.e. Men, women and children of all ages. May be affected directly or indirectly if related to/associated with an affected person.</td>
</tr>
<tr>
<td>• All of society including the wealthy and enlightened.</td>
</tr>
</tbody>
</table>
Chapter 10

Results V

Factors influencing the media agenda for maternal mortality and HIV/AIDS
10.1 INTRODUCTION

This chapter provides an overview of the research phase two of this thesis: semi-structured in-depth interviews with journalists. A total of eight respondents comprising senior correspondents and health editors for the foremost broadsheet and tabloid newspapers in Nigeria participated in this phase of the study.

The focus of the interview sessions were to obtain journalists’ views on the agenda setting process for health issues; to leverage on their long standing experience in understanding how the agenda for HIV/AIDS was set in Nigeria; to determine reasons for the current salience of maternal mortality on the media agenda; and to validate or refute some of the positions and arguments of the sources in relation to these points.

Although many of the questions asked in this phase were also asked in the first phase, i.e. interviews with the sources, this category of respondents were often careful to state that their responses were opinions as opposed to facts, where the media and its modus operandi was concerned. Consequently, they could not be assumed to be categorically representative of the media’s perspective of the agenda setting process or their institutional practices.

Therefore, the need to speak to the journalists who ‘determine and produce’ the news was essential, allowing for an opportunity to compare both perspectives, identify points of parity and points of difference and provide a baseline for comparing these positions/arguments relative to the text itself – the manifest outcome of the media agenda.
Structure of this chapter

The results of these interviews have been broken down into three main segments:

- **An Overview of the Media Agenda**: This section explores the factors that determine media preferences for health issues, the agenda setting process and how this is influenced by NGOs, donors, government and editorial practices, the media’s persuasions of its agenda setting ability and the limitations of the same.

- **The Source-Media Relationship**: This section investigates the relationship between the media and its sources for health news mainly NGOs, government and international agencies. It also discusses the concept of source epistemy and the level of media involvement in NGO advocacy initiatives.

- **Agenda setting for HIV AIDS and Maternal Mortality**: This section focuses on HIV/AIDS and maternal mortality, and identifies the process by which the agenda was set for the former and the factors that have deterred an equal level of salience on the media agenda for the latter. It concludes with recommendations for advocates on how to set the media agenda for maternal health.
10.2 Part 1: AN OVERVIEW OF THE MEDIA AGENDA

“How do the media decide on what issue it wishes to focus on?”

To begin, I avoided using the term ‘media agenda setting’ in the early stages of the interview so as not to make references and a consequent deference to theoretical positions, by the respondents on this subject. Therefore at the start of the interviews, this concept was simply explored by asking the question: “How do the media determine what health issue they wish to focus on?” In response to this question, a number of factors were highlighted by the respondents, including events, international agendas, personal persuasions, policy actions and initiatives, and public health indicators.

10.2.1 Media as an Umpire

Before proceeding to discuss the above points, I wish to first highlight that some respondents considered the thrust of the above question to be at variance with the foundational principles of journalism practice i.e. objectivity in media. On this note, there were strong suggestions of an ‘objective and agenda free’ media, which did not actually ‘choose’ at any time to focus on any health issue but was very much an umpire on the ‘field of society’, moved in the direction of the game.

*The media does not on its own try to create an agenda for itself outside of the issues that are already going on...either they are reacting to something, or they are celebrating something, or they are blowing something up...they cannot begin to play up anything because there are so many things to play up!*
As a referee...you just don’t sit on one player because you have twenty two players to supervise...if a player earns a red card, you focus on that player...if a player needs to be patted on the back, you focus on that player...maternal mortality is just one of the issues...we have cancer...hypertension...you cannot say one is more important than the other because all of them have to do with life.

(Chikwe, journalist interview 1)

In most cases, it is not that we have it as an in house style to do anything about a particular disease, but something will happen that it will become the talk of the town that this situation is happening...something else may happen that will call for the attention of the media and we will [then] focus our attention [on that]...

(Dada, journalist interview 2)

Every reporter, whether you are in the newspaper, television or radio, is trained first and foremost to have a nose for news...what is new and what will be newsworthy to the people...there is a general knowledge in society that certain things have to be done in certain ways...so when you go out there and it is contrary...

(Shokunbi, journalist interview 3)

In summary, these respondents projected the media agenda as not being calculated and institutionally engineered but as unbiased, reflecting the societal agenda because there are so many issues, equal in importance, vying for attention. Therefore coverage of any issue was essentially driven by the principle that one issue was as deserving of coverage as any other. It also suggests a psychologically inclined media that responded to the ‘out of the ordinary’, not necessarily promoting any issue on the agenda except that which was newsworthy.
10.2.2 Public Health Indicators

Respondents commented on the importance of what I term here public health indicators on the media agenda. This term refers to factors such as the burden of disease, upsurge in disease prevalence, dominant health conditions and the discourse around health and health policy, locally and internationally.

*Basically, what we look at is the impact of certain diseases in society or the prevalence.*

(Mwuanya, journalist interview 6)

*...at a particular time you can just discover an upsurge in a particular disease condition...[for example]...you find that hospitals are complaining that people are coming to present with Malaria...and the focus is then on Malaria.*

(Dada, journalist interview 2)

The data showed that this indication of ‘prevalence’ was not only determined from external sources like agencies or hospital reports, but also from journalists’ personal experiences.

*[at editorial meetings]...somebody could bring it up, maybe they had it as an experience in hospital and can say “when I went into hospital, this is what occurred”...but we will prefer to talk on those ones that perhaps are being discussed either nationally or globally or at state level.*

(Agabi, journalist interview 7)
As the above quotation indicates, in addition to their prevalence, issues were more likely to be given a place on the media agenda if they already featured in on-going discourses about health. In addition, the data also suggests that there could be competition amongst these prevailing issues on a platform that transcended on-going discourses about health and/or personal experiences. On this note, journalistic obligations to supply readers with ‘news’ are brought to the fore. I define ‘news’ in this context, as whatever is not only prevalent but also new on the scene.

You can wake up this morning and decide to focus on Malaria, because it is perhaps what you slept with today. Incidentally, there may be a news-break, there is Avian Influenza in town and you switch.  

(Shokunbi journalist interview3)

...the primary factor is timeliness and relevance. If for instance right now there is an outbreak of a particular challenge...of course that means it’s timely, definitely, we will want to report these issues at that particular time.  

(Ogundipe, journalist interview 8)

10.2.3 Events

Majority of the respondents suggested that events played a huge role in media coverage of health issues because media is considered to be predominantly driven by events.

Media is generally driven by events. For it to be pure media activity, it is event driven, except it is PR (Public relations)
What really influences news and most reportage in Nigerian newspapers, even the Guardian, are events: press conferences, workshops...

A dual role of these events was identifiable from the responses: on the one hand, where there was a multiplicity of events, there was a multiplicity of reports, contributing to the amount of coverage of any particular health issue. On the other hand, such events had financial benefits for many reporters and therefore were more featured than self-investigated stories or other forms of news. Elaborating on the latter point, Lawal, health editor and assistant newspaper editor, confirmed that the coverage of events was the easiest way to generate income for many reporters, who were often owed salaries months in arrears. Furthermore, provisions for investigative journalism were very limited and on this note, events were the most accessible forms of news and income from the honorarium they got for attendance.

... people want to survive. You discover that journalism here in Nigeria...at times people are being owed, we owe them months of salary...when you consider the economic implications, these people have to run after these stories.

Despite the financial implications that such events had on news reporting some respondents insisted that they did not affect the ‘umpire’ stand of journalists, as one event was considered as good as the other and did not influence objectivity or necessarily engender allegiance.
As we are leaving that (maternal mortality) particular event, people that are into Cancer will call you and say, come and cover Cancer for us. As you are leaving that one, people that are into HIV will call you and say come and see HIV...

(Chikwe, journalist interview 1)

10.2.4 International donors and International Agendas

Respondents were asked to discuss the role that international donor bodies and agencies, such as the WHO (World Health Organisation), UNICEF (United Nations International Children’s Education Fund) or the Foundations, played in influencing the media agenda. On this note, three factors were identifiable from the data as being relevant to the media agenda: the credibility and newsworthiness of such organisations, the resources available to them to push their agendas and the relevance of such international agendas on society in general.

For instance, it was the opinion of all respondents that certain international bodies and agencies by reason of their ‘socio-political’ status and charter, were considered credible, newsworthy and relevant to the global health and policy climate, therefore they were deserving of coverage.

...WHO, UNICEF or whatever group, affect these editorial decisions from time to time. Of course, these are the global news makers (emphasis mine)…so whatever they bring out from time to time has a lot of impact on editorial decisions…because you know the source, the source is credible...

(Agabi, journalist interview 7)
It depends on the integrity of the organisation involved. If it’s UNICEF, WHO or DFID…those kinds of organisations…but if it’s just a nameless [organisation]…we won’t really…

(Adebayo, journalist interview 4)

These bodies were also considered to have the relevant resources to maximise media partnership and these often translated into an increase in coverage and salience of whatever issues they considered to be of importance on their own agendas.

You have to agree with me on the issue of international partners…they have the money, the technical assistance, everything. So they raise documents, raise scientific data, raise professionals, do workshops…[which generate media coverage]

(Mwuanya, journalist interview 6)

They [International agencies and donors] will just get somebody, the person will form an NGO, they will be pumping dollars to the person and the person will be promoting the issues…calling the media, holding seminars and they [media] are writing.

(Chikwe, journalist interview 1)

In addition to this vast amount of resources, the leaders of many foundations were influential personalities and were able to attract high media attention and fund media engagement costs. Using the example of Polio and Bill Gates, Chikwe elaborated on a visit by the former to Nigeria during which all 36 governors of the federation as well as the minister for health were present at the event. This sort of attendance was exceptional and rare.
What did he [Bill Gates] come to do? To play up the issue that Nigeria should be polio free. He came and made a donation of 70 million dollars. Throughout the period we were all writing about Polio...we were engaged and we were taken to Abuja, all expenses paid...so they shifted our focus to Polio, at least for some time.

(Chikwe, journalist interview 1)

On a final note on the influence of international bodies, some journalists stated that the agendas of such bodies were relevant to maintaining the standards in the public health system in Nigeria. Therefore, whatever they considered to be of importance, was accrued the same level of importance by the media, toward the end of generating public awareness and/or eliciting government action.

By the time WHO is talking so much and UNICEF...they are talking about the action of the government not been adequate enough to tackle such diseases, it becomes the concern of the media to now start to talk about it to bring government on their toes

(Dada, journalist interview 2)

If UNICEF or UN release a report...it depends on how hard it hits...if they release a report that Nigeria is the worst place to have a baby, we will actually follow that lead and it will be in the media in the next maybe one or two months.

(Adebayo, journalist interview 4)
10.2.5 Personal Preferences

Some respondents were keen to mention that their personal persuasions played a part in the salience they accorded issues on the agenda. For some respondents, it was a question of their ‘social conscience’, with some journalists stating that they [media] were also part of society and therefore just as affected by prevailing issues. Such ideological positions evidently had an impact on the salience they accorded any health issue on the media agenda. Highlighting this point, Adebayo stated that relative to the perceived importance of politics, economy and business, health issues were not a priority for the government and as such, the media felt it was its role to advocate and bring such issues to the fore.

...people dying, it could have an economic effect but it will not have a profound...it is not immediate, like if the government says “we are no longer importing sugar”....they [the media] are the voice of the voiceless, the vulnerable groups...so that policy makers can see that this is what the people want.

(Adebayo, journalist interview 4)

....I am a change agent for HIV and AIDS (emphatically)...I am also very passionate about reproductive health and rights issues...we push those issues in the media, we use our platforms to agitate for that...

(Ogundipe, journalist interview 8)

Some journalists attributed some of their ideological positions to their professional training. For example Mwuanya, health editor of the Guardian, stated that he had an inclination to put epidemiological indicators first…”maybe because of my background as a scientist; my first
degree is in Botany and then my M.Sc. is in Pharmacognosy.” This therefore determined the place of an issue on the agenda where he was concerned.

10.2.6 Global health days

Throughout the year, there are designated days set aside by the World Health Assembly for specific health conditions. Majority of the respondents stated that these days contributed significantly to the coverage that a health issue received. This was because it gave journalists a platform to discuss the issues and the prevailing global discourse around them. It also served as an opportunity to discuss the status of these health issues in Nigeria.

...there are certain periods of the year that have been allocated for certain health issues....so definitely around that period, everybody who writes health knows that you need to do stories. So you will see the papers, the media, awash with such stories.

(Ogundipe, journalist interview 8)

WHO [world health organisation] has slated some days for celebrating or highlighting some topical health issues. For instance March 7th is World TB day...December 1st, World AIDS day...these things influence our decision on what to use and what not to use.

(Mwuanya, journalist interview 6)

Beyond serving as a platform/reason to write about these issues, these designated days also had an impact on the number of events, as governments, international bodies and civil society
organisations often maximised this opportunity to commemorate the dates. These events, as earlier highlighted had a direct impact on media coverage.

...Whether state government or the federal government, they will want people to see them as actually doing something to commemorate that particular day...they will invite the media for coverage and you see the following day, even weeks after, you will be seeing reports on that particular topic.

(Lawal, journalist interview 5)

According to the respondents, these event days stipulated by the world health assembly played a very vital role in the amount of coverage and reporting an issue was given and even served as a platform for raising awareness even about issues which were relatively obscure in Nigeria, such as blood donation and hepatitis.

10.2.7 Government and Policy Makers

Respondents were asked about the role that government and policy makers played in influencing news coverage for any health issue. Three factors were clearly identifiable from the data: in some instances, the influence of government was in some ways by default; at other times government did deliberately influence the ‘amount and type’ of coverage health issues were given; and in addition to coverage generated, this influence was sometimes manifested as a form of self-censorship on the part of the media.

In exploring government influence by default, I highlight here the fact that the ‘Newspaper culture’ in Nigeria is driven predominantly by news on policy and economics, and the reporting of such news is foundational to publishing success, as already stated by some
respondents. On this note, even in instances where the government did not make deliberate efforts to control the agenda, their ‘influence’ occurred almost by default: some health issues were automatically given coverage because of their importance or on-going relevance, on the political landscape or agenda.

If there are policies that will affect a particular health issue, then it is going to be focused, it is going to be analysed, about how that particular policy is going to affect that disease or health condition going forward.

(Agabi, journalist interview 7)

[For example] Nigeria is looking at the health bill that will improve healthcare in Nigeria, so the focus in the last two years is the health bill because that is the policy that drives the sector [maternal health]

(Adebayo, journalist interview 4)

In relation to deliberate actions on the part of government to influence coverage, some respondents stated that such influence was limited to government owned newspapers. This influence was not only in relation to the amount of coverage given to an issue by such papers, but also the type of coverage and, in many instances, the extents to which government positions on health issues could be challenged or investigated.

[The Punch newspaper]... has no alliance to government, what we sell is our credibility...If I go for an assignment and the minister says “we’ve provided two maternal centres giving free drugs”, I may investigate and report it. The reporter
However, some other responses indicated that such government influence was not only restricted to government publications but also to ‘government biased’ reporters in independent papers, who were part of the government press machinery. The role of such journalists was evident when government tried to drive some of these health issues themselves often as a way of showing their commitment to the causes, and sometimes as a proactive step towards protecting their political interests.

...the government takes...they try to take the front seat...it could be to protect government interest....[for example]...if the country has bird flu epidemic and it is consuming the people in droves, government could want to cover up....so while the independent reporters might be reporting from the point of view of the people, the government reporters might be reporting from the point of view of the government

(Shokunbi, journalist interview 3)

In situations like the above, there is a corresponding increase in coverage of such a health issue, resulting from the multiplicity of reports from the ‘people’ as well as the ‘government’ side of the stories. Interestingly, the data also suggests that even amongst ‘independent reporters’, some measure of priority was often given to government and their agendas in the news coverage. However, as a way of asserting independence in such circumstances, a balancing act was often involved, in which government news was indeed reported, but not necessarily as the most important story.
(Yes)...the government tries to drive us. Just like the last two weeks, there were the national immunisation days. Yes, last two weeks we had a news feature on that, but we didn’t give it more than a half page. The palm oil story [an issue of personal interest] was a full-page story. That was my decision technically.

(Mwuanya, journalist interview 6)

Finally, there is also to be deduced from the data, an influence of government in relation to ‘what was not covered’, even by independent newspapers and reporters and this perhaps is another addition to the balancing act principle suggested by Mwuanya. For example, Sola Ogundipe was careful to insist that his newspaper, the Vanguard was “reputed for its strong and critical views, when government is wrong…and at the same time when government has done well.”

However, he also alluded to the power that government wielded in relation to the flow of information in society, suggesting that some measure of care was appropriate on the part of the media in the reporting relating to government.

...the bulk of the media is independent...it is not sponsored by the government, it doesn’t have any apologies to the government, is not tele-guided by the government. But anybody in this business will also realise that it is always good to be in the good books of government. So you will not want to do anything that will alienate your medium from government. [So]...depending on the situation...you try to be a bit more

(Ogundipe, journalist interview 8)
10.2.8 Editorial decisions and the Inter-media agenda

As part of this study, the role of the editor was also discussed. The aim of the researcher was to understand the extent to which the editor influenced the media agenda in the short and long term. In exploring this area, it was discovered that there was a relationship between certain dimensions of the editorial influence and the Intermedia agenda, which were interwoven, and therefore both subjects are presented together in this section.

In discussing the role of the editor, all respondents agreed that the (health and/or newspaper) editor was ‘powerful’ and had the capacity to determine or change the course of any news publication or media agenda for a period of time. This editorial influence was to be seen both in the correspondent-health editor relationship (which I term relationship 1) as well as in the health editor-newspaper editor relationship (which I term relationship 2).

In relationship 1, data showed that health editors considered themselves to be serving in a supervisory, almost dictatorial role in news reporting, toward the end of getting stories that lived up to their expectations, as well as those of the newspaper editor. However, they made a point of stating that this approach was essential if good quality publications were to be found in the health pages of the newspapers. This was because the culture of investigative journalism, engaging reporting, innovative writing and diversity in thinking was declining.

Furthermore, as pointed out earlier, when left to their own devices, reporters tended to drift towards issues that had immediate financial compensations, leaving many other newsworthy health issues under-reported.
If you as the editor on the desk are not in tune with what is actually happening, it is what they pay people to write...that is what will be seen on the pages of our newspapers. It is now left for us as editors to tell them, “these are the pressing issues, these are the statistics that are baffling”...until you practically force them...“I want you to do this, I am not going to use any of these on the run stories for you except you do these investigative reports”....

(Lawal, journalist interview 5)

This broader implication of this position, i.e. a lack of initiative, was to some extent at variance with the positions proffered by some reporters who suggested that the [health] editors had ‘the final say’ and reserved the right to do so. And in instances when they chose to exercise this right, it was done without much deference to the opinion of the correspondents. This was somewhat contradictory to the health editors’ position, which implied a dearth in innovative reporting, not necessary an encouragement of the same.

The editor generally has the larger part of the decision making as to what should be investigated or what should be reported. Fine, you could bring your own [issue] as a reporter or as a sub editor or whatever category you represent...but the editor has the right to alter it...eventually, he changes the course of that report.

(Agabi, journalist interview 7)

To explore this position of health correspondents, the researcher put forward their suggestions to some health editors; the proposition that to some extent, health editors already had an idea of the sort of content they wanted and were not open to suggestions or the opinions of the correspondents. Refuting this argument, Mwuanya, science/health editor,
provided a narrative of his career progression from a trainee reporter to health editor, insisting that editors only reacted in that manner to reporters who did not show adequate skill in their work.

...when I was at that level, ....[I think to myself]...what will I do so that after writing the story, so that my editor will not even touch a word? So overtime I got to know their psyche, their mentality, what they want and how they think...if I buy them in the first three paragraphs, I have sold my story. And this is something every reporter has to learn.

(Mwuanya, journalist interview 6)

In relationship two, health editors highlighted the factors which influenced their relationship with the editors and again some deferential politics, to the authority of the newspaper editor, could be seen here also. However, while this deference was acknowledged, some measure of influence could also be seen to be available on the side of the health editors over the newspaper editors. Therefore, to a good extent, they evidently had control over the content of their pages.

I may say I want to write a story on diabetes related deaths and my editor may say, “No, this person just died of Cancer. Write this story on Cancer.” That’s to show how much they can influence. But they also depend on you to give them feedback because you are on the beat; you have the pulse of the beat.

(Adebayo, journalist interview 4)
The editor, as somebody that is the gate-keeper that handles all the beats, expects you as the line editor or correspondent on the beat to feed him information, carry him along on what is happening on the beat. So when you really touch him where it tickles him, he forgets every other thing and follows you.

(Chikwe, journalist interview 1)

When respondents were questioned about the fact that perhaps the very nature of health was that it did not make news and so was not a priority to newspaper editors, the majority of respondents were in disagreement. On this note, they were of the opinion that it had to do with the presentation of the facts, the framing of the news and an overriding respect for the business objectives of the newspaper.

Also in addition to the above element of deference in the ‘health-editor’ and ‘newspaper-editor’ relationship, respect could be perceived amongst the former, for the economic imperatives of the latter: therefore, the scripting of news in a manner that ensured sales and profit was stated as essential to pleasing the editor.

Before now, there had always been this problem of ‘health stories don’t make headlines’. But this is not true. Health stories can and do make headlines…. (question is) what perspective will make the sales? Because the primary objective of every business man in the newspaper business is to make money…what news will sell the paper? So the business will make its money and you will have your day.

(Shokunbi, journalist interview 3)
The media in Nigeria today is based on policy statements to the human angle. If you get a human angle story for any editor...you can get the front page. You can lead the paper...that’s how you get the editor to be interested.

(Chikwe, journalist interview 1)

Within the context of relationship 2, the question of the intermedia agenda was mentioned i.e. the influence of some newspapers on the agendas of others.

...If it comes out in another paper and it doesn’t come out in Punch, my editor is worried that “are we not keeping up. The reason why people will buy us is because they know that we will give them as it is happening”...

(Adebayo, journalist interview 4)

...On a regular basis, they [editors] hold editorial meetings. And when they hold it, they compare notes. They go through all the newspapers to see “what are the contents of other newspapers? What are the news they carry, which ‘This Day’ [newspaper] didn’t carry?”

(Dada, journalist interview 2)

If for example someone gets that story [referring to a health story]...they (newspaper editor) will call Shola [health editor of the Vanguard] and say, “Where are you? What are you doing...where were you when your colleague got this story?” And he will call me [health editor of the Sun] and say “Ah! Please carry me along”...

(Chikwe, journalist interview 1)
The data above shows the intermedia agenda to be a relevant and indeed real principle of operation within the media, with no newspaper editor wanting to be left out. However, this was more on the basis of profitability and competitiveness, than it was on the basis of institutional collaboration to push an agenda or an obligation to follow the leadership of another paper.

10.3 Part 2: THE SOURCE-MEDIA RELATIONSHIP

This section is focused on discussions with the respondents on the source-media relationship, with a goal to understanding the premises and dynamics that govern the interactions between both categories and how these principles contribute to the media agenda setting process for health issues in general. For the purpose of the interview and agenda setting in particular, ‘sources’ referred to two groups of issue proponents: NGOs and Government. In addition, the overriding aim of the interview process here was to identify the dynamics of this interaction on the bases of trust and collaboration.

10.3.1 The Media-NGO Relationship (Trust)

To begin, all respondents were asked to describe the relationship between the media and NGOs. Responses on this subject were ‘cordial’, ‘alright’, ‘has not been good’ and for the majority of the respondents, ‘suspicious’. The description of the relationship using the latter i.e. suspicious, was of particular interest to the researcher because in all of the instances where it was utilised, it was done before the researcher had the opportunity of asking the respondents to describe this relationship on the basis of trust.
The data strongly indicated that there was a feeling of mistrust bordering on disenchantment on the part of journalists for NGOs. To begin, journalists felt that they were simply ‘being used’ by NGOs to obtain visibility, toward the end of impressing their donors and getting more grants. Chris Agabi emphasised this by stating that: “…the trust factor is an issue…that these people are just using you to collect grants…” This point was echoed by a number of other respondents with some implying an almost ‘indispensable’ quality to the relationship.

I have been in this job for thirteen years so I know everything that goes on and that is why sometimes I get pissed off...these people [NGOs] have an interest and what do I care? They are here to forward their own interest...their interests is to get the thing covered, get their photographs, get the story, send to their sponsor and they get their grants...their interest is to justify the funds they get.

(Mwuanya, journalist interview 6)

... [NGOs] they want publicity, they want the rest of the world to know about them...when they have an event, they will invite us and they beg us [emphasis mine] to please write about their events...all in essence is just to say that they are doing this and sending that to their overseas donor who will reimburse them...they cannot do without us.

(Dada, journalist interview 2)

In addition to ‘using the media, sentiments were seemingly further aggravated by the fact that NGOs were perceived not to be delivering on their assignments. Although the data suggests that this ‘using’ of the media was not without its financial rewards, this fact did not seem to
undermine media disapproval. There was a strong insistence on the moral failures of NGOs and a consequent ‘personal distance’ from such NGOs on the part of the media.

...they [NGOs] will take money [from donors]... when they are about to account for it, that’s when they start doing programs and going to the media...you [NGOs] call the media and give them fifty thousand Naira, meanwhile what you did in that place is not more than ten thousand Naira. So it’s really sad.

(Abedayo, journalist interview 4)

...not that they are not willing to spend money on media relations...actually they even try to buy media with the money they are supposed to spend on their focus area.. At a point we got fed up, so much talk, no action...you feel bad receiving it [the money] because of what you see around you...

(Chikwe, journalist interview 1)

This perceived lack of credibility was a shared sentiment and a weighty subject across all respondents, as each one commented on this, stating emphatically that most NGOs, with a few exceptions of international NGOs and a handful of local ones, were in the ‘business’ for profit and did not have genuine interests in the causes that they were representing.

I don’t trust local NGOs. I don’t trust them at all! ...you can hardly find credible NGOs...fine, not all of them are fraudulent...[but] there are those ones who prefer not to do anything at all but to pretend as if they are working...

(Adebayo, journalist interview 4)
There are some of these NGOs that could be trusted...they have international reputations...they have been able to convince their donors that they are doing the real job...some lesser NGOs are just doing what they are doing because they are looking for a means of survival.

(Dada, journalist interview 2)

Buttressing the credibility challenge with an example, Adebayo recalled a situation in which an NGO fighting the cause of HIV/AIDS victims at a State house of Assembly, conducted a rally with individuals who supposedly HIV positive but were not, who had been enlisted with a promise of financial compensation. However, when the NGO did not live up to its obligations, a quarrel ensued between parties publicly, and the matter was brought to light with the ‘victim’ claiming “I staked my reputation for you. Do you know how many people will see me on TV? You know I am not HIV positive.” Adebayo stated that such scenarios were not uncommon and had contributed to the poor image of NGOs where the media were concerned.

Besides the factors identified above, respondents also suggested another reason for the mistrust towards NGOs: that on several occasions, NGOs did not give media personnel their ‘dues’ when they attended their events, and when they did, the latter were often short changed. This point was of interest to the researcher because NGOs had stated during the earlier phase of this study that corporate policies did not permit ‘paying for news’.

Furthermore, I had assumed that ‘brown envelopes’ were not a ‘set charge’ but at the discretion of the giver. However, on this note, respondents insisted that this was not the case for all brown envelopes, especially during events like workshops or seminars. During such
events, participants were paid an allowance for attending and media personnel also attended as registered participants.

>You have mixed up two things. When you have a program or event, in requesting your funding...they call it per diem...it is not that you are saying they should pay for news...some people that work in media have also worked in NGOs, so we know what is happening...they build in the thing using per diem and when they now get to the event, they will tell you that you are asking for money for news.

(Shokunbi, journalist interview 3)

Even as a media man, imagine me at my level. If I were to be doctor so and so, I am a consultant. So if you were to take me out and waste my three hours, you are going to pay me my consultancy.

(Mwuanya, journalist interview 6)

The above narratives indicate a general mistrust and, as earlier stated, feelings close to disenchantment on the part of media with NGOs. However, in addition, some respondents stated that they had also benefitted from NGOs through capacity building initiatives.

...they engage in capacity building for journalists because I have attended a couple of trainings sponsored 100% by NGOs...so that knowledge they give you, you could use for your work and that's value for your newspaper or radio or whatever.

(Agabi, journalist interview 7)
Another respondent also described the relationship as “fantastic” based on some of these elements, as well as his personal involvement with some NGOs.

[reacting to the general sentiments] I would say fantastic...because I belong to several of them, I work with them...I am on their advisory board, I contribute to their policies and all that...they are just people trying to make a difference in their own way...that is not to say all NGOs are like that...the NGO-media relationship is a bit strained, there is suspicion.

(Ogundipe, journalist interview 8)

In conclusion, the majority of respondents did not think that there was a good relationship between the media and NGOs and were of the opinion that there was a lack of trust between both parties that undermined media commitment to NGO causes.

10.3.1 The Media-NGO Relationship (Collaboration)

The research also explored the level of collaboration, if any, between NGOs and the media, as this was considered essential to the agenda setting process. On this note, the data suggests that there is some measure of collaboration but a limited sense of commitment on the part of the media to the causes of NGOs. In asking respondents to describe or evaluate the level of collaboration between the media and NGOs, the responses showed that the measure of collaboration was minimal, the attitude of the media was non-committal, and where collaborative, was dependent on NGOs fulfilling their financial obligations.
The collaboration is just at the level of “invite me for your program, I do your program, settle me with a brown envelope and I will write a story for you”. It’s just that.

(Dada, journalist interview 2)

The responses also indicated that high-ranking media officials such as senior correspondents and health editors did not typically get personally involved in NGO related activities, such as their events or press conferences, but rather delegated such tasks to their subordinates. However, upon closer review, it was evident that this was predominantly as a result of the perceived lack of credibility on the part of NGOs and a consequent sense of ‘disenchantment’ on the part of the media.

Today if you are an NGO and you are doing something and you invite me, I will not come. I will send my subordinate to go…we’ve all lost interests in NGO activities [emphasis mine]…not only journalists, even the average Nigeria now sees NGOs as a front to siphon money from donor partners.

(Chikwe, journalist interview 1)

At this level, it will take my MD to say Chukwuma I need you to be at this event organised by an NGO…or maybe I just feel, let me just go for emotional or psychological reasons.

(Mwuanya, journalist interview 6)

This sense of detachment was not just because of the lack of credibility but also from a perceived lack of coordination and cohesion amongst NGOs, making the financial rewards a more important focus as opposed to the moral outcomes. Emphasizing this, Adebayo
addressed the futility of having so many NGOs dealing with different aspects of an issue and yet having no structure for ensuring that there was continuity and a holistic outcome of the work being done.

...there is no cohesion. There is no synergy. Everybody just wants to be in the papers.

“I went to screen some men in that village.” After you screened them, what did you do?...is there an NGO that you will link them up with that works on treatment?...it has undermined our loyalty, because you go with the highest bidder, who is it that treats me well the most...leaving the agenda behind.

(Adebayo, journalist interview 4)

Furthering discussions about media collaboration with NGOs, it could also be gleaned that the media did not feel ‘involved’ in NGO initiatives for other reasons beyond those identified above. One strongly highlighted reason bordered on a sensed lack of respect and ownership. On this note, a very illuminating term was utilised by one of the respondents to describe the situation:

...two reasons. Number one, mutual suspicion and secondly, because some people think, “these media guys who are they? They are supposed to just come and report what they see”. There is no stakeholding. The media has not been given the role to be included, to have a partnership, a sense of belonging.

(Shokunbi, journalist interview 3)

On this ‘stakeholding’ note, sentiments were mixed. While the majority opinion implied the lack of stakeholding identified here by Shokunbi, a few respondents had an opposing view
i.e. there was a high level of stakeholding by the media in NGO advocacy initiatives, even on a personal note. For example, Ogundipe describes a different quality to the nature of the collaborative relationship, even on the level of trust. In his view, the challenges in the NGO-media relationship arose because NGOs were of the opinion that the media was only interested in discrediting their efforts and branding them as fraudulent. He therefore called for objectivity in the relationship from both parties, building the relationship not on information that NGOs may consider to be confidential (such as grant details), but on the issues at hand.

I [media] might think that maybe you just want to use me to get something done...they [NGOs] think I am only interested in how much grants they have collected...but when you have a relationship...the relationship is built on an issue, so you know you are working towards the same point...I don’t need to know what their bank statements are like...that is not my business...my goal is what are you working on...how do I fit in?

(Ogundipe, journalist interview 8)

Buttressing this point on the trust note, another respondent attested to a growing collaboration between NGOs and the media. This was based on an acknowledgement among NGOs that the media was vital to successful advocacy efforts, because society in general believed whatever they read in the media. In addition, there was also a growing willingness on the part of media to collaborate with NGOs in forwarding their causes, predominantly in scenarios where trust and credibility were not an issue.

Once that trust has been established and you know okay, these people are not just out to make money, they are really out to make an impact...a lot of them will testify that they have been getting media support, if we can actually establish that trust.
In bringing some reasonable conclusion to the points presented here on collaboration in the NGO-media relationship, I highlight the connections and interactions of the various factors: each one leading to, depending on, or aggravated by the other. For example, a sense of detachment influenced by a perceived lack of credibility, and a reversed response where trust can be established; a perceived lack of cohesion on the part of NGOs, and a consequent penchant for journalists to place a base value on all causes, paying the most attention to the highest bidder…the interactions are numerous.

Furthermore, for each of the highlighted factors, we see mixed sentiments amongst respondents of the same category, e.g. varying opinions amongst editors. However, it may be surmised that the view of the majority of respondents, and indeed the general opinion, is that the relationship between the Media and NGOs is poor; characterised by suspicion; driven by financial rewards; and lacking in a sense of stakeholding on the part of the media.

10.3.2 The Media-Government Relationship (Trust and Collaboration)

As the literature review has shown, government plays an essential role in the agenda setting process, and for the purpose of this section of this thesis, as an issue proponent. Therefore, the researcher was interested in exploring the media relationship with government, and comparing this with the NGO-media relationship, to determine where possible its impact on the media agenda. The results of this phase of the interviews are reported below.
In discussing the subject of trust in the relationship between the media and government, journalists made it quite clear that they did not trust the government and felt disconnected from them. But this lack of trust was not considered to be out of place, as this was the general sentiment amongst Nigerians. In this case however, it was further aggravated by the tactics employed by the government in its press relations.

_We don’t trust government, the way Nigerians don’t trust their government...they will dish out information to you but they don’t give you the information that you want...they will tell you...”this is not in public interest”...how so we determine what is in public interest...we are removed...it’s not just distrust...there is a disconnect._

(Adebayo, journalist interview 4)

When this lack of trust on the part of government and the apparent acceptance of it, was compared with the attitude of disenchantment with NGOs, respondents insisted that the expectations from both parties were different.

_Already we know what government is like. Government is not sincere, they are not honest, they are there for self-aggrandizement...their own case is known. So what journalists do is more or less, “let me go and take my share.” They don’t expect them to perform beyond what they are doing..._

(Chikwe, journalist interview 1)

This lack of trust between the media and government did not however appear to deter collaboration between the two. This fact was attested to by NGOs and other sources interviewed in the first phase of this research. In their opinion, media was partial towards government giving them far more coverage for their health advocacy initiatives than they
gave NGOs and other proponents. Responding to this, media personal admitted that government had access to more resources and, overall, contributed more financially to journalists as individuals and to their publications as a whole.

...I have also had instances where I got some level of training from those government bodies...they have stronger relationships [with us] because they also have access to resources.

(Agabi, journalist interview 7)

However, this proposition, i.e. government had a better relationship with media because they were free handed with resources, was at variance to what some respondents in the earlier phase had suggested. On their part, there was the implication that government was given coverage for minimal or no cost, a privilege which NGOs and other proponents did not have. Refuting this argument, another interesting term was used by a journalist that I highlight in the quote below:

...they [NGOs] don’t know what goes on, are they there?....when they [government] are building their budget, they build in media. We call it opendential, [emphasis mine] it’s there as you have confidential...and they will not hide it.

(Shokunbi, journalist interview 3)

This ‘opendentiality’ implied that government actually did put in a lot of resources into media and probably far more than NGOs did because they did not have policies restricting them from doing so, and had come to accept that this was standard. On this note, the researcher probed further to confirm if this was the reason government got more coverage and why
according to NGOs, this coverage was overall not comparable to what they received, resulting in more prominent coverage for government on health related issues and their agenda, as opposed to other proponents. However, all respondents did not agree on this note. Some disagreed on the basis that NGOs were never satisfied with the coverage they were given,

...NGOs don’t always feel that they have enough media coverage. Maybe because their grants are tied to the level of publicity they are able to get. But government agencies don’t have that condition...they [NGOs] don’t always seem to have enough, I think that may just be what is shaping their judgement.

(Agabi, journalist interview 7)

Others however agreed that perhaps NGOs were right but not because of the reasons they [NGOs] may think, but rather on the basis that the coverage that government was given was not optional, but relevant in the current milieu of media practice and in some ways, served as a baseline for the opinions of other proponents.

...we should be people oriented, it should be what is coming from the masses that should be on the front burner. But because of the nature of our country, we still cannot run away from the fact that what the minister of health says is important...whatever is coming from the minister is news.

(Lawal, journalist interview 5)

Yes, they are correct. Media is happy to go and hear what government has to say...there are some information you cannot get without government...there is no way media can work without policy makers...what are you writing if you don’t know
The responses above indicates that journalists considered government ‘collaboration’ essential in effective reporting, evidently premised on the fact that policy and politics were foundational to the success of newspaper publishing in Nigeria. However, in addition to these responses, some of the respondents elaborated further on the media-government relationship, particularly in relation to the suggestions of the sources (interview phase 1) that, not only did the media give government more coverage, but also was reluctant to criticise government when the need arose to do so.

Lawal and Dada comment on this ‘allegation’, with the latter endeavouring to compare both relationships. In his juxtaposition, what we see is rather contrary to NGO suggestions, and is equivalent to greater willingness on the part of journalists to be more flexible and complimentary on news relating to NGOs than they are to government

Not afraid per se...a lot of times, despite the fact that we report their [government] activities, we still report things they don’t like...for those of us in the private [media], we do a lot of criticisms...we have the free hand to operate

(Lawal, journalist interview 5)

That is their [NGOs] thinking, which is not the correct thing; because on a daily basis I am looking for how to hit the federal ministry of health. If I have a contact there, somebody that will give me information about something that is negative, I will be
prepared to pay…but in the case of NGOs we see them as people we need to assist…and the only way to assist them is to write whatever they tell us.

(Dada, journalist interview 2)

Ogundipe also tries to expand on the media government relationship and how it compared to the media relationship with NGOs. In his analysis, NGO agendas and the government agenda were often related and the success of the former was, actually to a very large extent, premised on the endorsement or support of the latter.

...even some of the NGOs or most of them, the issues they are working on, many of them don’t even have an agenda of their own. It could be a community agenda, an agenda that already exists...they try to make sure government’s role is accommodated...even UNICEF cannot come into Nigeria and say, “we want to save the children” without government’s approval...

(Ogundipe, journalist interview 18)

This perception is perhaps a significant driving force behind the way the media related with the NGOs and government, i.e. they perceive media support of government as being ultimately to the benefit of NGOs.

10.3.3 Source Epistemy

This study also explored the role of sources in the agenda setting process, with a view to understanding which sources were given priority and why. On this note, the subject of source
epistemy was investigated, and this has been extensively discussed in the literature review and summarised in the preceding chapter.

For the purpose of this thesis, issue proponents are here restricted to NGOs and government and factors affecting their role as sources are also discussed, in addition to the general principles, which govern the selection of sources for health news.

In relation to source epistemy, the data may be summarised thus: the factors that are considered relevant in the selection of sources are expertise, integrity, relational authority, organisational leadership, celebrity status and accessibility. These and other factors including the place of NGOs and government as sources, are also discussed and reported below.

- **Expertise**

Respondents probably considered this criterion the most important, as it was mentioned by all. Respondents were of the opinion that the most important factor they took into consideration in their selection of sources was the expertise of that individual. When the subject of expertise is examined closely, it is seen to mean ‘experience’ in the field; a relevance of such experience to the socially acceptable discourses and practices about the field or profession in question; and the acquisition and/or utilisation of such experience in the socially elevated or celebrated institutions for the practice of the specialty or profession in question.

*Of course the first thing will be that that person will be an expert in that field. If I am talking about maternal and infant mortality, of course I will like to talk to a*
...I won’t be talking about infant mortality for instance and expect an ophthalmologist to give me all the facts, you understand?

(Lawal, journalist interview 5)

You cannot be writing a story on maternal mortality and you interview the Inspector General of Police...you have messed up that story...the minister of health, he is an authoritative source on that issue...then your story is perfect.

(Chikwe, journalist interview 1)

This expertise could be seen to not only concern individuals, but also extended to institutions. On this note, academic and government institutions of healthcare were considered to be the most highly ranked institutional experts. Therefore, individuals who worked within such systems were accrued the same level of institutional expertise.

...for example, if there is an issue concerning children...we can just go to the academic institution like maybe LUTH4, LASUTH5, two heavy institutions (emphasis mine) and meet a prof who is probably a paediatrician...whatever he tells us, he is our source.

(Dada, journalist interview 2)

• Integrity/Credibility

The perceived integrity of sources was also considered to be vital to journalists, although this was not as highly rated as expertise.

4 University of Lagos teaching hospital
5 Lagos State University Teaching Hospital
I know you would try to avoid the word integrity, but there is no way integrity will not come into it.

(Ogundipe, journalist interview 8)

Interestingly, the discussions indicated that for the majority of interviewees, their responses suggest that the integrity of the individual was just as important as that of the professional and, often times, there was transference of integrity from the person as an individual to their role in that professional capacity.

- **Relational Authority**

The difference between this factor and ‘expertise’ or ‘organisational leadership’ is nuanced but nonetheless clear. I use the term relational authority to mean the ranking of that individual relative to all other institutional leaders and authorities on the subject area in question. This differs from expertise (earlier discussed, labeled here as ‘a’) or institutional leadership (shortly discussed, labeled here as ‘b’), both of which coincidentally may be found in the same individual who holds relational authority, e.g. the minister of health, who is the politically appointed head of all health institutions and bodies, is also a medical practitioner (a) and head of the ministry of health (b). For the most part, the data showed government officials to hold the highest relational authority with the media. This may be explainable from some of the responses discussed earlier in relation to government-media collaboration. Ogundipe uses an example with HIV/AIDS.
...the director general of NACA, Professor Igboko. He is the highest authority...there is no other person you can talk to about HIV and AIDS in Nigeria that will supersede...I know so many people who are researchers on HIV themselves. They may even know more than Igboko, they may be more qualified... but by virtue of his position as the NACA DG, he is the focal person for HIV and AIDS in Nigeria.

(Ogundipe, journalist interview 8)

He [minister of health] is the authoritative source that will give you a clearer picture, a balanced picture from every angle because all these [other] angles report to him.

(Chikwe, journalist interview 1)

- **Organisational Leadership**

Besides the positions of individuals relative to all other possible sources, as described above, the data also indicated that respondents preferred the head of organisations as their primary sources, on the basis that they were authorised to speak and this lent credence to the stories in the minds of the general public.

Somebody is positioned to take care of something and that person is the best person that can speak about that thing, whether he is doing well or not...you can go to town with that information and people will believe you.

(Chikwe, journalist interview 1)

- **Celebrity Status**

6 National Agency for the Control of AIDS.
Respondents also indicated a penchant for sources that had some sort of celebrity status. I use the term ‘celebrity’ here with caution and do not mean to define a narrow category as is typically applied in western contexts: often individuals in the entertainment, sporting and lifestyle industry. In this instance, while celebrity does not preclude this category of people, it is more applicable to any individual who has a measure of prominence socially (such as a senior religious figure) and very importantly, a senior politician.

The data indicates that the relevance of such sources was not necessarily related to their expertise or capacity to contribute ‘meaningfully’ on a professional level to the discourse; but rather their capacity to attract readership by ticking the box for newsworthiness, political relevance and, in general, raising the profile of the story.

...what makes a story relevant? It is either the personality in that story or the issue itself. For instance, if it’s about President Jonathan, his personality is the focus and will be the thrust of your story...even if I say “Professor...[so and so]”, he is a prof quite alright, but nobody knows him.

(Ogundipe, journalist interview 8)

- Access

Some respondents mentioned accessibility as one of the factors that influenced their choice of sources. On this note, a preference was indicated for sources based on the majority of factors highlighted above. However, they acknowledged that sometimes, based on these criteria,
some sources were not accessible or did not even have access to the required information. Therefore, access was presented as a somewhat overriding consideration.

- **Other Factors: Source Confidence**

Some respondents highlighted the importance of confidence on the part of the sources: both in the journalist as an individual and in his publication as a platform for airing their views.

This concept of confidence was mentioned not as a factor that influenced the choice of sources on a definitive level, but as one that could affect the productive relationship between media and the sources, where absent.

Elaborating on confidence on an individual level, respondents stated that sources were only keen to provide information to journalists they could trust. And although such relationships took time to build, they were worth the investment because as they progressed, journalists’ could take certain liberties in their agenda setting for a particular issue.

...we have reached such a level of understanding that...[for example] I need professor Okonofua to comment on maternal mortality...because I know prof so well and his views...I can put words in his mouth. I can quote him...and afterwards I can call him and say “prof, this is what I said you said”...and he’ll say “good”...because we have reached that level.

*(Ogundipe, journalist interview 8)*
A source must have confidence in me and trust me that I will not betray the trust or that confidence. Most sources will not want to tell you anything if they have not gotten familiar and if they don’t know who you are.

(Shokunbi, journalist interview 3)

While this trust in question was for the individual, it was in most cases accrued from the reputation and standing of the newspaper in society. On this note the data indicates that sources, especially high profile individuals, were very selective of the newspapers where their views were published.

...It also depends on the media organisation itself...if I leave Vanguard today, I’m not trying to run down some media organisations...maybe before then I was very close to professor Igboko, he is my friend and I can call him anytime...[now] he doesn’t want to talk to me again...he says “sorry, I don’t want my views to appear in [so and so] paper”

(Ogundipe, journalist interview 8)

10.3.4 NGOs, Government and Source Epistemy

NGOs consist a critical mass (see chapter 1B) of issue proponents and are therefore of much relevance to the agenda setting process for health issues. On this note, the level of epistemy accrued to NGOs as sources was of interest to the researcher. Before proceeding, I wish to clarify here that I use the term ‘Sources’ not only to mean the origin of a story, but also the person or personality on whom the story is focused; the individuals(s) or group(s) that is first, and most referenced; and anyone considered relevant and therefore cited in that media report.
In exploring this notion, the researcher endeavoured to juxtapose this role of NGOs as sources, along with that of government as sources, with a view to identifying any differences, or confirming some of the positions earlier discussed. Based on the above definition, the majority of responses on this subject were the same. NGOs were considered important sources where they could pay for the coverage; utilised as an alternative to more ‘appropriate’ sources; sought out when the need arose to counter or buttress government positions; valuable where directed access to human angles were needed; and hardly ever used as the primary source of information or focus of a story, except in press releases typically reporting their own events or initiatives. There was a bias shown for government as their primary sources because they seemed to lend credence and ‘weight’ to a report, which NGOs did not do.

*I tell you the truth, in my own philosophy of reporting, I don’t give prominence to NGOs or international bodies, I give prominence to government or independent studies.*

*(Mwuanya, journalist interview 6)*

*It [NGO] can never be your primary source! They don’t have the capacity to be your primary source. The best sources are people positioned in government as overseers…you cannot take your story that “an NGO said”, that story is watery!*  

*(Chikwe, journalist interview 1)*

Respondents also indicated that NGOs were considered to be valuable as sources when media was trying to counter or confirm government positions on issues or when the media was having challenges with accessing government sources (see quotes 1a and 1b). In addition,
some respondents alluded to the expertise of NGOs in helping to obtain a human angle to stories because they had interactions with communities in the course of their work (quote 2).

(1a)...you can’t rely on the information from the teaching hospitals alone or data from the federal government....

(Lawal, journalist interview 5)

(1b)...if we are unable to get what [source] we want, we go with what we are able to get. Like the federal ministry of health...if you want to talk to an official, they entertain the fear that they are civil servants and whatever they say can cost them their jobs...on the other hand, the NGO is looking for publicity.

(Dada, journalist interview 2)

2) It depends on what we are looking for because we cannot rule them out totally. Most of the time, they have more access to those who are actually affected, because they are based in the communities...

(Lawal, journalist interview 5)

The above (1 and 2) indicate scenarios in which the media is willing to utilise NGOs as sources, and possibly at a primary level (quote 2). However, some of the data also suggests that the media sometimes found NGOs to be unavailable/inaccessible, undermining possible collaborative efforts.

...how many NGOs that do health do we really know? From my interaction with an NGO, I have the NGOs contact. But since I don’t know you, I can’t talk to you. Most
of them don’t really come out…in fact, most of them don’t really have that relationship with the press…

(Agabi, journalist interview 7)

The challenge delineated above transcends the extents of ‘NGO accessibility’ to the previously highlighted issues of mutual mistrust, a subject that was brought to the fore again, accounting for some of the constraints to media initiatives involving NGOs as sources. Here we find that media seemingly had more confidence in their government sources than they did in NGOs, especially in relation to obtaining sensitive information for the purposes of investigative journalism.

If you go to an NGO now and you want to find out certain information, they will probably have the impression that maybe you want to know what they are doing [confidentially]...we don’t feel safe to ‘steal’ from them, but I have stolen documents from government before...all you need to do is befriend the lower ranks...and they trust you...you can’t do that to an NGO...they are not easily penetrable.

(Shokunbi, journalist interview 3)

10.4 PART 3: AGENDA SETTING FOR MATERNAL MORTALITY AND HIV/AIDS

The first two parts of this chapter have discussed 1) the factors influencing the media agenda and 2) the source-media relationship. The former has highlighted amongst others, the role of events, public health indicators and editorial decisions in the agenda setting process. The latter highlighted the factors influencing the media relationship with NGOs as well as government, in relation to trust and collaboration.
However, the above elements were discussed in general and this approach was considered essential to providing an overview of how these factors may be applied to the agenda setting process for health issues on a broader spectrum. Therefore in this chapter, I proceed to discuss, specifically, the factors which influenced the agenda setting process for maternal mortality and, in particular, HIV/AIDS, which is the focus of this thesis. Respondents were asked to discuss these two health issues specifically and, as much as possible, comparably. On this note therefore, some of the facts previously mentioned may be discussed again, alongside other ideas. For clarity of the concepts, the forthcoming section has been divided into three: factors which influenced the agenda setting for the two health issues, recommendations for maternal health advocates and limitations of media agenda setting.

Respondents identified the following factors as to have had a direct impact on the rise of HIV/AIDS, and the low salience of maternal mortality, on the media agenda. These factors were: number of NGOs working on the issue, events, political attention and priority, capacity building, novelty of the issue, relevance on the international agenda, presence of a strong issue champion/political advocate, epidemiological factors, the news appeal, the fear factor and funding,

10.4.1 Epidemiological Factors

Almost all respondents highlighted the fact that HIV/AIDS presented certain epidemiological concerns. For the purpose of the agenda setting process, I have put these elements together under three categories: the ‘fear factor’, the ‘nouveau factor’ and the areas of prevalence. The first two factors are discussed here as one category because as the data will show, they were in some ways presented by respondents as interwoven in their relevance and impact.
• **The Fear and Nouveau Factor: “They said it was like a death sentence”**

Broken down, these two factors implied that HIV/AIDS differed from maternal mortality and rose on the media agenda because it was new on the scene; there was a general ignorance about the issue; it was contagious and contactable from a number of sources; and (at the time) had no expectations of a treatment or cure.

> *It was so scary, the information, the mode of transmission, the prevention, whether there was a cure or not, who could catch it, who got infected...there was so much myth, there was so much that was unknown.*

*(Shokunbi, journalist interview 3)*

*(Missing in Maternal Mortality but present in HIV)* ...the fear appeal! And of course people normally are driven by fear most of the time.

*(Agabi, journalist interview 7)*

According to respondents, these dynamics had a huge impact on the high salience of HIV/AIDS on the media agenda and when compared to maternal mortality, presented a more serious scenario. For one thing, maternal mortality was preventable, if government would live up to its socio-political obligations. Furthermore, maternal mortality was considered to be an ‘old’ issue and, I would argue, had in some way almost become a part of the social fabric.

> *...maternal mortality you can prevent it to some extent, if not for our leadership, if not for the infrastructure in our hospitals...But HIV...it’s more risky, even with your carefulness and everything...they said it was like a death sentence.*

*(Lawal, journalist interview 5)*
The whole world was made to feel that this was a very dreaded disease that has no cure and that you can contact easily and once you have contacted it, death is the next thing...we’ve been living with maternal mortality, people can die during childbirth, we are used to that, it is not strange. But AIDS came as a strange disease and very deadly.

(Dada, journalist interview 2)

• Areas of Prevalence: “When you say people are dying, how can you show it?”

It was interesting to observe that the fact that maternal mortality was prevalent mostly in the northern part of Nigeria had an impact on its salience on the media agenda. I say interesting, because it was not that the respondents, as individuals, were not personally affected by the issue; indeed a number of them spoke about personal experiences or encounters with maternal death. However, as professionals, this proximity of impact (or the lack of it) did not align with certain media logic and therefore the issue did not present a subject of priority in terms of coverage.

Do you know the issue of maternal and child health, the problem we are having is not from the south, it is from the north...so that is part of the problem...most of the newspapers are from the south. So when you say people are dying, how can you show it?

(Mwuanya, journalist interview 6)

• The News Appeal: “It was like a Designer Disease”
The data shows that the epidemiological characteristics of HIV/AIDS (not only those detailed here but also other elements such as the survival of its victims and the presentations of the various stages of the condition) added to its news appeal overall. And this added value transcended the particular imperatives of media logic already highlighted, such as the proximity of impact (see quotation by Mwuanya above). When I speak of news appeal here, I seek to emphasise the role of epidemiology not just as a deterrent but rather as a source of interest, almost to the point of fascination and magnetism for the media. Here we also see the impact of the nouveau element and how it made a difference between HIV/AIDS and maternal mortality.

*It was new, nobody really understood it and that made it a bit special...everything about it was news then...You see, maternal mortality had always been there.... [But] HIV...there is something about it that caught people’s fancy...it was like a designer disease!... there was so much glamour!*

*So when you open the paper today and you see skull with cross bones and then so and so number will die this year, x-diagnosed, no treatment...it’s attention grabbing!*...

*(Ogundipe, journalist interview 8)*

Furthermore, the underlying societal discourses about maternal mortality (i.e. we’ve been living with it) meant that, as an issue, it was not considered news and ultimately did not serve the business objectives of the newspapers.

*...ten pregnant women die daily in Nigeria. People look at it and say: “what is the big deal about pregnancy?” [they say] “maybe she didn’t go to the right*
hospital”…nobody cares about that…your editor will look at you and ask,” will this sell this paper?" (Ogundipe, journalist interview 8)

- Gender and Culture: “It affects everybody…men of all ages”

Some respondents also suggested that the fact that HIV/AIDS affected both men and women, compared to maternal mortality, which affected only women, made HIV/AIDS a higher priority on the media agenda. This was because it elicited a greater sense of ownership seeing as it could affect all categories of people including children.

In the issue of HIV, there was stakeholding. Everybody believed that they had to be involved, everybody was involved…whoever. That was mainly the difference. But with maternal issues…it’s only women. If a woman dies, the man will take another wife.

(Shokunbi, journalist interview 3)

...in as much as we know that maternal mortality should be in the front burner, but HIV is an infectious disease that affects everybody, not just women and children. Men of all ages...

(Mwuanya, journalist interview 6)

In addition, majority of the respondents were of the opinion that the foremost reasons for maternal deaths were cultural and therefore the extent of media influence toward the end of bringing about change was somewhat undermined.
...the causes of maternal death are also cultural and so on...Some people don’t like to go to hospital. They prefer TBAs...I’m not trying to say we can’t do better than we are doing with maternal health [but] I think it’s justified, the promotion they have given to HIV/AIDS.

(Mwuanya, journalist interview 6)

10.4.2 Strategic Factors

- The International Agenda/Political Priority

In the agenda setting theory, the role of government is essential: either as a subject of influence or, in recent academic discussion, as the source of influence. In this instance, the data suggests that government was a source of influence particularly where HIV/AIDS was concerned and, comparably, showed less investment in the case of maternal mortality. In discussing this influence, I do so alongside the influence of international agendas and agencies. This category had its own direct impact through funding of HIV/AIDS related activities. However, the data also suggests that both influences (i.e. government and international agencies) were inter-connected, with the former being somewhat motivated by the latter.

Governments were being supported [by international agencies]. Nigeria got a lot of grants.

Ogundipe, journalist interview 8)
Globally the political support was from every angle...UNAIDS, so many organisations set up research centres, sending you stories, everybody interested to find a cure.

(Mwuanya, journalist interview 6)

I am not even sure there is even a strong department on it [maternal mortality] in the federal ministry of health...you can imagine. NACA7 for HIV AIDS is like a ministry now...the political will for HIV is very high. NACA used to be national action committee on AIDS under the presidency. They used that political will, legislation to make it an agency.

(Mwuanya, journalist interview 6)

- Capacity Building: “You can’t report what you don’t know”

All respondents discussed the role of capacity building as one that was not only instrumental but also indispensable in the agenda setting process for HIV/AIDS. It not only filled in the knowledge gaps for the journalists in relation to the issue, but also enabled training organisations to make a case for joint advocacy efforts, and to elicit some form of ownership from the media. Therefore, with each capacity building initiative, journalists were geared up to report on the issue, increasing the frequency of coverage. This approach was seemingly understated in the advocacy efforts for maternal mortality.

---

7 National Agency for the Control of AIDS
You can’t report what you don’t know. If you don’t have sufficient information on anything of course your report will come out very watery. So you’ve got to have capacity in that very thing that you are reporting to be able to report.

(Agabi, journalist interview 7)

It is important in any health agenda...because I am not an expert, for me to know the gravity of anything, you need to educate me...You need to tell me why I should leave HIV for maternal mortality...People working on HIV, they do more capacity building...so you will continue to read about it...if you don’t educate me on why maternal mortality is unusual, why a woman should not die, I won’t be able to explain to my readers. [advocates should] build capacity. That way, they [media] will be geared up...

(Adebayo, journalist interview 7)

Particular references were also made by editors who had been on the beat for over ten years, on the work done by an organisation called Internews and the approach that was taken to the training given to journalists to equip them for the reporting of HIV/AIDS. Here I emphasise certain key elements of such training programs.

Internews did marvellously....anybody who was trained by Internews, the way that person will write a story on HIV and AIDS will be different....[ he understands the basics, he knows what to leave out and what to stress on, he understands the language of HIV and AIDS.

(Ogundipe, journalist interview 7)
In their view, this approach contributed to the reporting (both in terms of frequency and type of coverage) that HIV has received over the last decade.

- **Events: “If there are more HIV events, there’ll be more HIV stories”**

The results show that the frequency of events relating to HIV/AIDS was very high and that this contributed to the coverage it received. These, it appeared, were driven by International agencies and government but may not have been exclusive of the efforts of NGOs, a great number of whom were also working on the issue (this proposition is discussed shortly).

...at least, every morning, there must be a press conference, or a big workshop either organised by UNICEF or WHO, UNAIDS, federal government, NACA, states and local government, sensitisation and so on, so like every week, there was something. Maternal health is very serious and very critical but...maybe people were relaxed about it.

*(Mwuanya, journalist interview 6)*

So if there are more HIV events, there will be more HIV stories. If there are more maternal mortality events, there will be more [maternal mortality stories]....

*(Agabi, journalist interview 7)*

- **Number of NGOs working on the issue**

The discussions also indicated that the sheer number of NGOs working on an issue had an impact on the coverage that it received. While some of this is due to the events that they organise (as suggested in the preceding section), other outcomes are not. However, to what extent these are mutually exclusive, I am unable to categorically state from this data. But the
data is suggestive that aside from the contribution to events, the critical mass (to borrow from the term used by Colin Williams, see source interview 6) contributed significantly to the salience of HIV/AIDS on the media agenda.

...In fact in Nigeria, at a particular time for every ten NGOs you have, nine were working on HIV AIDS.

(Ogundipe, journalist interview 8)

But when there are no NGOs working on it, how do I get information? And I can’t be everywhere. Your media does not even sponsor you to go everywhere.

(Adebayo, journalist interview 4)

Again, this approach is seen to be missing with maternal mortality and according to respondents has impacted on the media coverage. The quote below also suggests that this approach can produce results even when funding is a constraint, because they add a human interest angle to an issue.

...there are not many NGOs working in that area (maternal morality) If there were as many NGOs working in that area, trust me. If there are NGOs that what they do is just to ‘collate maternal deaths in a community’, you will see so many stories. Because if we use a story and say “…hundred pregnant women die in this area in a month”... there are some stories that money or not, they will sell: stories of death, bad news, sells.

(Adebayo, journalist interview 4)
• **Funding: “Media in Nigeria is bought”**

Thus far, a number of elements have been discussed as being directly influential in the salience of HIV/AIDS on the media agenda and the impact of these elements on maternal mortality has been highlighted as well. As this chapter draws to a conclusion, I present here the issue of funding, which according to all respondents is the key factor. Within this text, it is being discussed as the last point because, as the proceeding results will show, it has implications for the majority of other factors hitherto presented. In extrapolating this notion that ‘funding is the principal thing’, I will also be discussing the relationships between funding and some of the other elements which have been discussed so far and, where evident, some other points of interconnection between factors.

• **Funding as a motivator and a discriminator**

The study provides evidence that the role of funding was first and foremost as a motivator. It encouraged NGOs and other civil society groups, to make HIV/AIDS a primary focus. It was also in some ways a discriminator, because by default, it affected the attention that was given to other issues, possibly including maternal mortality.

> I will tell you one thing that made HIV to be everywhere, there was a lot of money. Not even Naira, dollars! There were so many organisations, so many companies and even governments, they were ready to pump money into HIV and AIDS issues...that was the number one motivation...so many other issues suffered (emphasis mine), so many of them were neglected because there was no longer money to be made there

(Ogundipe, journalist interview 8)
HIV had a lot of economics in it. There was funding and people were also making money. There is so much economic implication about HIV. Of course you know the budget that goes into HIV and HIV AIDS activities compared to other health conditions (emphasis mine). So that drives the media content...

(Agabi, journalist interview 7)

This role of funding as a motivator was not only restricted to civil society but also to the media, as Ogundipe provided a narrative of the willingness of international agencies to fund media research projects and media NGOs on HIV/AIDS. In addition, where the media is concerned, I expand that role to include sustenance. This fact can be gleaned from discussions much early on in the chapter, relating to events and the reason why some reporters favour ‘ready-made stories’.

...honorarium is a big deal in Nigeria and why is that? Most employers don’t pay their staff...So if you have an agenda and you call ten media organisations, if you don’t provide honorarium for them, they won’t come. And if they don’t come, your story dies...funding is a big issue, it’s even the first issue (emphasis mine)...Media in Nigeria is bought!

(Adebayo, journalist interview 4)

...without money, NGOs may not be able to get the attention of the media...our colleagues will go to an event...at the end of the day, when they are leaving, and there is nothing for the press, we call it brown envelope...the reporter may decide that this story will not see the light of day.

(Dada, journalist interview 2)
• Funding and Epidemiology

As I have mentioned, some measure of interconnection can be deduced from funding and some of the other factors. For example, the data presented below indicates that even where there was some journalistic inclination for an investigative approach to reporting, because maternal mortality was prevalent in the north and most media houses were based in the south, funding remained a key deterrent.

...we media houses, most times we hardly set aside a budget for investigating health issues.....if I am going to be working on maternal mortality, I am going to be travelling to the north and that is not cheap. Somebody has to pay the bills and if my organisation is not willing to pick those bills, maybe that is not their focus at the time, if a NGO is willing to pick the bill for its own interest, fine.

(Agabi, journalist interview 7)

• Funding and News Appeal

It is noteworthy that, with all the propositions that have been made about funding, some respondents indicated that in certain scenarios it could be bypassed. And here, I highlight the role of news appeal in scenarios where funding is a constraint. To buttress this point, I repeat here a quote from a previous section and emphasise the portion of relevance.

If there are NGOs that what they do is just to ‘collate maternal deaths in a community’, you will see so many stories. Because if we use a story and say
“…hundred pregnant women die in this area in a month”... there are some stories that money or not, they will sell: stories of death, bad news, sells.

(Adebayo, journalist interview 4)

If a particular NGO can say... “somebody has discovered the cure for AIDS”...it is not even the money that is an issue now. It is how to get the story and be the one to break it to the public... ...even the media organisation will be prepared to pay somebody that has that sort of genuine information.

(Dada, journalist interview 2)

This concept of the marketability of bad news was discussed by Ogundipe in his description of HIV AIDS as a designer disease and that everything that had to do with it was news.

- Funding and Capacity Building

While capacity building has been discussed independently, it is important to indicate that it can to a large extent be tied to funding. This is because a number of capacity building initiatives generate some cost or the other in preparation and execution, except in situations where materials are sent to journalists online for their use which anecdotal evidence shows does not yield much result. To highlight this point i.e. the relationship between capacity building and funding, I use the quote below that describes the typical HIV/AIDS capacity building initiative.
...when you build capacity, when you hold a three day workshop in Sheraton8 in Abuja. Put journalists in a double standard room, feed them for three days. At the end of the day, you give him a fat honorarium...when he gets back to the office, he will write fantastic stories. The maternal mortality people cannot do that!

(Chikwe, journalist interview 1)

Issue Champions: “It’s like Politics: Who is your God father?”

So far, the role of an issue champion has not been discussed in this chapter and they play a very strategic part in the salience of any health issue on the media agenda. This is confirmed by the literature and by some propositions from the source interviews. Before proceeding further, I define the term issue champions here to mean governments, international agencies or individuals who have the political and financial power to fund health intervention initiatives and influence political and media attention toward the issues of their particular interest.

This factor has not been hitherto discussed because there is much semblance in the propositions relating to the subject, and to those earlier highlighted in relation to international agendas; for both elements are seemingly subsets of one another. Furthermore, as it will be observed shortly, funding is perhaps the enabling environment in which these subsets function.

8 A Five star hotel, which is expensive and luxurious accommodation and is one of two of such facilities in the country’s capital city. Cost of the double standard room is between £350 - £400 a night.
While this may sound like a complex interaction of factors, they are not at all complicated in view of all the data presented thus far. Here I identify a delicate distinction, especially where these two health issues (maternal mortality and HIV/AIDS) are concerned. For example, both issues are high on the international agenda, evidenced by their place in the millennium development goals. But both issues do not enjoy the strong support of powerful international or local champions, evidenced by their substantial financial investments: only HIV/AIDS does.

- **Issue Champion and Funding**

From the data, it is evident that the presence of an issue champion is perhaps one of the most important elements on the media agenda, for HIV/AIDS and maternal mortality.

*It depends on who is behind the agitation…when you say HIV has more prominence [on the agenda], who are those behind HIV agitation? How rich are they? How powerful are they? The US government is behind HIV agitation…those that are behind HIV are those that pushed it up [the agenda]. If tomorrow, Obama decides to support maternal mortality, all of us will shift ground and pitch tents in that area.*

_(Chikwe, journalist interview 1)_
• Issue Champion and News Appeal

The Role of an issue champion also contributed to the agenda not only in relation to funding but also in the generation of coverage for HIV/AIDS. This value was typically an outcome of the individual’s personality and position.

_The strength of a story is linked to ‘Who’ is talking. That is what determines the strength of any story...when it comes to HIV/AIDS, the people that talk are people that make news. But when it comes to maternal mortality, the people that talk are NGOs and they don’t matter....the ‘Who’ in Journalism is not well represented in the content._

_(Chikwe, journalist interview 1)_

• Issue Champion/Epidemiology

The role of issue champions relative to Epidemiology was also discussed and here there are contributions from other respondents. The views on this relationship are mixed, with some respondents suggesting that the epidemiological indicators for HIV/AIDS were the reason for engagement by some issue champions, especially government.

_People in government were also human beings...it was said that many of them were reckless in lifestyle. So they needed information, they needed to tell people what they needed to know about the disease [HIV]....there was serious possibility of personal risk._

_(Shokunbi, journalist interview 3)_
Other respondents however insist that the epidemiological factors alone do not justify the support of issue champions, especially when other health issues are taken into consideration.

> When you look at Polio, it is more or less a northern disease...but Polio is on the front burner because one multibillionaire [Bill Gates] somewhere is pushing money into it...who is behind maternal mortality?...other diseases have more scary information...if somebody is faithful in taking his or her drugs you won’t even know he has AIDS...they live out their live span....Maternal Mortality is taking more lives than HIV AIDS.

(Chikwe, journalist interview 1)

**10.4.3 Recommendations for Maternal Health Advocates**

On a final note, respondents were asked to make recommendations on how advocates can increase the salience of maternal mortality on the media agenda. In proposing these recommendations, five factors are identifiable from the data. These are: Events, Use of those affected to enhance stories, Increased capacity building, Increased Political Priority, Use of Issue champions and advocates, Increased media collaboration, Increased number of NGOs working in the area, and Increased collaboration amongst NGOs.

- **Increased Capacity building/Events**

Respondents suggested that there was a need for NGOs working on maternal mortality to increase the level of activities organised around the subject, especially those in relation to
capacity building. When compared to HIV/AIDS, the volume of events was the added advantage and in cases of capacity building, the quality of training.

[Comparing both issues]...if you attend their trainings or their workshops, they are driven by the same passions, but I think...what is more in HIV/AIDS campaign is the amount or should I say the quantum of activities around that, compared to maternal mortality. So that is the proportion.

(Agabi, journalist interview 7)

Most of the trainings that I have gone for, local and international, real workshops... was organised around HIV AIDS....(Internews) came and held several workshops around HIV/AIDS...They brought in guys that are really good, both in Journalism and the medical field....when you have a workshop and the workshop gives you materials. By the time you come back, what are you talking about...?

(Mwuanya, journalist interview 6)

If somebody calls a press conference now or does capacity training, training for a group of journalist...immediately they leave that place, you will start seeing your story in the media....so imagine if five NGOs are doing something very great, just in a place together...everybody will start talking about maternal mortality.

(Adebayo, journalist interview 4)
• Changes to Source Communication Strategies

In relation to source communication strategies, the foremost suggestion by respondents was in relation to the approaches that NGOs took in presenting maternal mortality to the media, especially in story angles provided in press packs and those showcased during media tours. Respondents were of the opinion that there was a need for more human interest approaches to the coverage of maternal mortality but this could only be done through the influence and guidance of the NGOs.

...real life situations where these women are dying. You know these are the things that generate emotions, real life situations, not statistics.... That was what helped HIV... People were coming out to break the silence. [Nepwhan9 had] very huge influence, very big influence. And we took them very seriously.

(Mwuanya, journalist interview 6)

...they will need to do more in terms of getting those who are actually affected. Ordinarily it's the journalist who is supposed to go out there and find out those affected...make the human angle story that everybody will be interested to read...If they lay their hands on some of these facts, they [NGOs] should endeavour to pass it and make it available....this is the story, this is the person, so we will be willing.

(Lawal, journalist interview 5)

9 Network of People Living with HIV and AIDS in Nigeria
• **Increased Collaboration with Media**

All respondents highlighted the fact that NGOs needed to collaborate more with the media in developing their advocacy initiatives. This would increase the sense of stakeholding and consequently the salience of maternal mortality on the media agenda.

...engage the media, not to come and cover your event, make us a part of the problem. Not that we want to come and plan your programs for you, No. But when you are planning your programs...invite me to know my role and let me understand what you are talking about. When I understand you, I will be in a position to advise you on how I can do my work. And then we will agree on whether you are comfortable with it. That is stakeholding.

*(Shokunbi, journalist interview 5)*

To buttress the value of such a stakeholding approach, Shokunbi discussed the work being done by a new network: the network of reproductive health journalists, which recently began in Nigeria. It worked with clusters of journalists across the country’s geopolitical zone and so far had been making some good progress in increasing the reporting for reproductive health issues.

*I am a member of the movement, network for reproductive health journalists today and we have a forum where all we do since 2012 is to write so much on reproductive health issues and for many of us who are in the clusters of this group, we try to [emphasise other issues]...you won’t find so much of HIV.*

*(Shokunbi, journalist interview 5)*
However when the idea of the network was mentioned to other respondents, some were positive, confirming their membership, and others were skeptical because the network was just ‘another NGO’.

*I feel like, what are these guys in here for? Are they credible?...I was treating them with that...whether mistrust or whatever. Whose interest are they protecting?...Nigerians are too sharp....I am just wary. There is a stage you get to in this job, you have to be very careful...you take things with a balanced approach.*

(Mwuanya, journalist interview 5)

- **Collaboration/Critical Mass**

One of the points highlighted by respondents was the need for more NGOs to work in the area of maternal mortality. The more NGOs there were in the field, especially rural areas and with faith based organisations, the more there would be for the media to write about.

*We definitely need more advocates that will work with Faith based organisations... So maternal advocates should walk with the media, they should walk with faith based organisations, work with government definitely, but maybe more with the rural community.*

(Adebayo, journalist interview 4)

However, comments were made on the apparent lack of co-ordination or cohesion amongst maternal mortality advocates. This undermined any initiatives that they did as individual NGOs and therefore needed to be addressed.
...a more concerted effort. I don’t even know maybe they are working individually, I don’t even know where they are. I don’t even know if they are working together or they are working separately...work together to share an idea, not to share money...

(Adebayo, journalist interview 4)

- **Issue Champions and Funding**

Finally, most respondents consistently highlighted the issue of funding. However, it is important to state that the majority of respondents highlighted funding in connection with increased political priority as well as the need for an issue champion that was powerful, influential and wealthy, like the US government. This they felt was important if the salience was to be sustained, as it was with HIV/AIDS.

*Because since the US is like the economic leader, more companies will begin to focus on maternal mortality. Donor agencies will focus on it as well and then they will begin to drive funding towards that segment and we may begin to see more activity.*

(Agabi, journalist interview 7)

On this note, Ogundipe called for greater transparency on the part of government. Using examples of the Dora Akunyili episode in 2008 (see literature review), he stated that government did not like to accept the facts relating to public health issues, especially maternal mortality. Rather, they preferred to accentuate the positive aspects, however minimal, of what they were doing as a part of their political obligations and as a way of pleasing the donor community.
The Lagos state commissioner will not come out and say “we have five hundred Polio cases in Lagos”. He will lose his job the next day....but he will want to look at the political implications...he will want to say “No, we immunized two million children and we have zero cases. We are not aware of any”

(Ogundipe, journalist interview 4

Speaking specifically about maternal mortality, respondents stated that at no time had the present government made a political statement about maternal mortality. When prompted by the international community, such initiatives have been described as sabotage. They therefore stated that without government involvement and commitment, even with the efforts of media, very little could be done to bring about change in maternal health issues.
### SUMMARY OF FACTORS INFLUENCING THE MEDIA AGENDA

<table>
<thead>
<tr>
<th>Factors influencing the media agenda</th>
<th>Overview of the source-media relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Media serving as an umpire</td>
<td>NGO-Media Relationship (Trust)</td>
</tr>
<tr>
<td>- Public health indicators</td>
<td>- Mistrust of NGOs bordering on disenchantment</td>
</tr>
<tr>
<td>- Events</td>
<td>- Media perception of lack of credibility on the part of NGOs</td>
</tr>
<tr>
<td>- International donors and international agendas</td>
<td>- Media perception of being used by NGOs to obtain more funds from donors.</td>
</tr>
<tr>
<td>- Personal preferences</td>
<td>- NGO unwillingness to support brown envelopes ‘policy’</td>
</tr>
<tr>
<td>- Global Health days</td>
<td></td>
</tr>
<tr>
<td>- Government and Policy makers</td>
<td></td>
</tr>
<tr>
<td>- Editorial decisions and influences</td>
<td></td>
</tr>
<tr>
<td>- The intermedia agenda</td>
<td></td>
</tr>
</tbody>
</table>

Overview of the source-media relationship:

- Mistrust of NGOs bordering on disenchantment
- Media perception of lack of credibility on the part of NGOs
- Media perception of being used by NGOs to obtain more funds from donors.
- NGO unwillingness to support brown envelopes ‘policy’
**NGO-Media Relationship (Collaboration)**
- Minimal commitment on the part of media towards NGOs and their causes
- Attitude influenced by lack of trust and the corresponding reasons
- No sense of stakeholding on the part of media towards NGO causes
- A perceived lack of coordination among NGOs working in the same area.

**Media-Government Relationship**
- No trust for government on the part of journalists
- Good relationship between media and government as civic duty
- Good relationship also facilitated by government ‘opendential’ (brown envelope)
- Good relationship based on importance of government in policy reporting and key to publishing and even NGO success
- Government perspective key to health agenda building, even by NGOs
- Private media willing and able to query government positions

<table>
<thead>
<tr>
<th>Source Epistemy</th>
<th>Factors influencing Journalists’ selection of sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expertise in the subject area</td>
</tr>
<tr>
<td></td>
<td>Integrity and credibility: Journalists rated very highly the integrity and credibility of the sources</td>
</tr>
<tr>
<td></td>
<td>Relational authority: signifying a high ranking of the individual relative to other individuals and</td>
</tr>
</tbody>
</table>
authorities in the area

- Position of the individual in their organizations
- Celebrity Status which guaranteed some level of readership and therefore was newsworthy
- Access to sources as and when required
- Source confidence in relationship with the journalist and publication

**NGOs as sources**

- Considered poor primary sources that resulted in watery stories
- Relevant and useful as alternative sources where there is no access to government
- Suitable alternatives for countering questionable information from government
- Provided useful information when a human interest or community angle to a story was required
<table>
<thead>
<tr>
<th>FACTOR</th>
<th>ATTRIBUTES</th>
<th>MATERNAL MORTALITY</th>
<th>HIV and AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>News Appeal</td>
<td>Was a problem that was integrated into society and culture and so did not present any new excitement or new appeal</td>
<td></td>
<td>Was considered a ‘new’, designer disease that captivated readers and sold newspapers.</td>
</tr>
<tr>
<td>Gender</td>
<td>Affects only women of reproductive age</td>
<td>Affects men, women and children of all ages and can be contracted through a variety of ways.</td>
<td>Considered a greater risk and with far reaching consequences and implications for society</td>
</tr>
<tr>
<td>Fear/Nouveau factor</td>
<td>HIV considered of greater risk and with greater negative consequences for society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of prevalence</td>
<td>Maternal deaths most occurred in areas far from the center of journalists’ news (rural areas) beat and centers of commerce/policy news.</td>
<td>Proximity to journalists and many members of society. Prevalent among all social classes including those resident centers of commerce and policy</td>
<td></td>
</tr>
<tr>
<td>International agenda/political priority</td>
<td>No indication of salience or corresponding salience&lt;br&gt;There was a lack of capacity to report maternal mortality&lt;br&gt;Significant number of events&lt;br&gt;Number and coalition of NGOs working on the issue</td>
<td>High on the international agenda and the local political agenda</td>
<td></td>
</tr>
</tbody>
</table>
| Capacity Building | Funding: served as a motivator, discriminator  
Issue champions and godfather | High level of donor funding and support in old and new areas of interests in relation to HIV and AIDS. Such funds often include funding for media capacity building and consistent engagement especially in relation to media buying and behavioral change campaigns. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td>Funding and donor priorities are limiting except for some long established donor relationships. Therefore this funding limitation affects the measure of media engagement</td>
<td></td>
</tr>
<tr>
<td>Issue Champion</td>
<td>No established and well known issue champion and this is misconstrued for lack of interest in the issue by the public and government</td>
<td>A range of issue champions and advocates including government officials and celebrities under scoring the degree of public and polity interest in the issue.</td>
</tr>
</tbody>
</table>
### RECOMMENDATIONS FOR MATERNAL HEALTH ADVOCATES

<table>
<thead>
<tr>
<th>EVENTS</th>
<th>Increase the number of events as this serves to increase amount and diversity of coverage.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAPACITY BUILDING</strong></td>
<td>Advocates should strategically and intentionally build the capacity of journalists to enable them report on maternal health effectively. Journalists are unwilling to report what they ‘do not know’ and therefore gravitate towards issue proponents who increase their knowledge and capacity</td>
</tr>
<tr>
<td><strong>SOURCE COMMUNICATION STRATEGIES</strong></td>
<td>Sources need to revisit their strategies and help to highlight the stories which can climb and sustain an agenda. This was particularly true for human interest stories as well as grassroots reports</td>
</tr>
<tr>
<td><strong>MEDIA NETWORKS</strong></td>
<td>Maternal health advocates should be more intentional in making strategic alliances with the media. There should be more focus on media advocacy groups (e.g. network of reproductive health journalists) as this helped to engender a sense of stakeholding amongst media personnel and facilitated sharing and self-capacity building. Very importantly, it also facilitated the inter-media agenda.</td>
</tr>
<tr>
<td><strong>COLLABORATION</strong></td>
<td>There should be increased level of collaboration and a sense of unified goals. This critical mass would make it easier to set the media agenda and to project maternal health issues as one of public opinion.</td>
</tr>
<tr>
<td><strong>ISSUE CHAMPION</strong></td>
<td>Maternal health requires a champion, an individual or entity with respect across all stakeholders, sufficient fund to sustain the media agenda and enough power and authority to also influence the agenda of the government.</td>
</tr>
</tbody>
</table>
Chapter 11

Discussion
11.1 INTRODUCTION

The focus of this thesis has been to evaluate the patterns in coverage of Maternal Mortality and HIV/AIDS; to identify the factors that influence these patterns; and to determine how to improve the salience of Maternal Mortality and possibly other health issues on the media agenda, learning from the HIV/AIDS example. The methodological approach taken to achieve the above objectives was a three phased research design comprising content analysis of newspaper coverage, interviews with sources (local and international NGO and donors) and interviews with journalists.

This chapter is a discussion of the outcomes of these empirical investigations. Although these have already been discussed in detail in previous chapters, in this chapter I seek to amalgamate these results on a broader level, and discuss them relative to the research questions and broad objectives of this study. In the concluding section, I shall be discussing the implications of these results for the literature and media agenda setting in theory and in practice.

11.2 RESEARCH QUESTIONS

As a guide, I list below the research questions as listed in the methodology chapter.

1. What are the patterns in coverage of Maternal Mortality and HIV/AIDS?
2. What role do sources play in the media agenda setting process?
3. What factors influenced source strategies for media engagement?
4. What roles do real world indicators, trigger events and the inter-media agenda play in the agenda setting process?

5. What factors influenced the salience of Maternal Mortality compared to HIV/AIDS on the media agenda?

This discussion will answer each of the above listed research questions individually. And the introduction chapter of this thesis has endeavored to provide some context for these results by highlighting, amongst other things, the political priority ascribed to HIV/AIDS and Maternal Mortality. Hopefully, those details will aid an understanding of the ramifications and implications of the forthcoming discussion because this study is based on the assumption that the media agenda was instrumental to setting the political agenda.

11.3 RQ1: WHAT ARE THE PATTERNS IN COVERAGE OF MATERNAL MORTALITY AND HIV/AIDS?

- Counting the Units: What do the numbers tell us?

Overall, in the period under review (2001, 2005 – 2010), HIV/AIDS had a total of six hundred and five (605 articles), compared to Maternal Mortality, which had a total of thirty six (36) articles. This difference in the amount of coverage, alongside other factors, could have had a corresponding impact on the difference in the salience of both issues on the public and policy agenda. Therefore, there is a question for how much agenda setting matters, or is possible at the second level, if agenda setting at the first level is not significant. Therefore the salience of maternal mortality on the media agenda was low on both the first and second level, compared to HIV and AIDS.
• Reading in between the lines: What is implied and what is excluded?

The literature previously reviewed introduced a second level of agenda setting, premised not only on the amount but also on the type of coverage (McCombs, 2005), and the methodology chapter justifies the approach taken by this study in evaluating the latter. This approach relies not only on the manifest content, but also on the contextual as well as ‘the excluded’ (Entman, 1995; Kitzinger, 2005; Reese, 2005). This in-depth qualitative approach facilitated the identification of the following subliminal patterns within the sample.

• Broad framing approaches

Frame analyses showed marked differences in the framing of Maternal Mortality compared to HIV/AIDS. These were in relation to the problem definition and attribution of responsibility, the use of images, the use of sources, and the language and narrative. A total of five framing approaches were identified for HIV/AIDS and only two framing approaches for Maternal Mortality. Space constrains me here to discuss each of these frames, individually, and their possible implications for the agenda setting process.

However, it is noteworthy that although both issues share a number of indicators, there were shared indicators between both issues; the only commonality found in the framing approaches was the science/health frame. There were no discussions around the cultural, social, human rights/interest or political contexts of Maternal Mortality although all of these and more are projected in relation to HIV and AIDS.

10 See chapter 1 for comparison of maternal mortality and HIV/AIDS
• Use of images

The majority of HIV/AIDS stories featured contextual pictures underscoring the various framing approaches. These images included starving orphans, skin and bones images of patients with full blown AIDS, agitating protest groups, sad ‘people living with HIV/AIDS’, influential political figures (local and international) and celebrities. Maternal Mortality reports feature healthy women or/and children in social settings (sometimes smiling), hospital settings or workshop participants. Compared to HIV/AIDS, there are no images of political figures, celebrities or any evocative or emotive pictures.

While it was suggested that it is difficult to present a picture of ‘maternal death’ (Shokunbi, Source Interview 9) compared to a picture of someone living with full blown AIDS, I argue that there are a variety of images that can be leveraged upon to contextualise the stories. For example, see AIDS story in results chapter 2 (AIDS orphans: Africa’s latest disaster). The picture used here is of starving, unkempt children and the goal is to give the reader a sense of those ‘left behind’. However this narrative (i.e. impact on those left behind) as well as such pictures, are just as applicable in discussing Maternal Mortality, but are not at all employed in its reporting.

• Use of Sources

Stories on HIV/AIDS maximised the use of the ‘Who’ in journalism (Chikwe, Source interview 5) such as celebrities, key influencers, industry leaders and political figures (local and international). These individuals are either endorsing or calling attention to the ‘battle’ against HIV/AIDS, or garnering public understanding towards those living with/or affected
by it. There is also repeated use of ‘people living with HIV/AIDS’ as individuals and as a network, reinforcing the existence and perhaps social isolation of this category of people.

Stories on Maternal Mortality however do not leverage on the ‘Who’ of journalism, i.e. does not utilise any celebrity or political figures to garner support for action. Sources cited are predominantly local NGOs, research reports and, sometimes, donor bodies and international agencies. Political figures are rarely featured and, on these occasions, only those at the state level (very often the wives of politicians). There is no reference made to those directly or indirectly affected (such as family members or relatives) and no attempts to use them as sources.

- Language and narrative

Stories on HIV/AIDS feature strong emotive language and narrative, relying on the personal stories of those affected (e.g. Women on HIV and AIDS: their cross, their destiny). Other stories are alarmist (e.g. this scourge called AIDS) buttressed by the choice of metaphors (Scourge, battle, apocalypse, Monster, Pandemic) and historical associations evoked (Civil war, apartheid). These utilized approaches served to bring the sense of risk down to the individual and supported the call for urgent action. The type of language and narrative used also suggests a personal commitment and judgement call by journalists in favour of action against HIV/AIDS, evidenced by their choice of stories (e.g. “Wanted: A concerted effort in war against AIDS”) and the use of possessive words such as ‘we’ and instructive words such as ‘must’, in addressing the issues and implying responsibility.
ure factual language and do not utilise any historical associations (Kitzinger, 2001). When compared to HIV/AIDS, the key phrases utilised depict a less serious problem such as death of mothers (compared to victims), maternal deaths (compared to battle, scourge or apocalypse). Overall, the majority of stories are simply a report of events and there are no investigative journalism pieces and no attempts to set the various contexts (e.g. culture, socio-political systems), except the health perspective. This approach may have undermined the news value of Maternal Mortality and served to distance readers from the challenge and failed to engage the polity on the basis of public opinion.

- Problem definition, attribution of responsibility and recommended solutions

In defining the problem, HIV/AIDS was defined as an issue that was of human interest; equal to a battle and impending apocalypse; a problem of individual, global and political concern; a challenge for science and public health; deserving of and requiring a global, multi-disciplinary and multi-sectorial approach to its resolution11. In summary, it was a pertinent problem, on the level of the individual, as well as the broader socio-political level. Reporters were also clear in expressing their opinions and counted themselves among the ‘public’, emphasised by the use of words like ‘we’ or ‘us’. Responsibility for resolving the problem is attributed first and foremost to government (local and international) and then to the rest of society, with the latter being implored to support people living with/or affected by HIV/AIDS. There are also clearly enumerated, plausible, do-able, recommended and demanded solutions.

11 All framing approaches extensively discussed in results chapter 2
Maternal Mortality is defined primarily as a health issue affecting women and a blight on development statistics, particularly the MDGS. The majority of the stories are event reports and the human interest angle is absent as there are no stories with reference to people affected by maternal deaths. The narrative leverages mainly on epidemiological considerations, depicting maternal health as a long-standing problem exacerbated by poor medical facilities and inefficient health personnel. Journalists take an ‘objective’ approach to reporting the facts, with reporters’ use of words such as “they” and/or “their” underscoring their sense of ‘personal distance’ and isolation from the issue. Overall, although the variety of approaches utilised for HIV/AIDS are easily applicable to maternal health, clearly recommended solutions are limited and, where stated, are predominantly medical and do not extend beyond the ramifications of improving health systems. When compared with similar parameters for HIV/AIDS, the implied need for urgent concerted, or political, action is absent.

11.3.1 What do the journalists sources have to say?

- If it’s not new, it’s not ‘news’…AIDS news is good news

Journalists were of the opinion that to begin, HIV/AIDS had inherent qualities, particularly the extent and ramifications of risk. These extents and ramifications of risk were buttressed by the novelty and the consequent fear factor, both of which attracted readership and sold newspapers (A designer disease: Ogundipe, Source Interview 10). Furthermore, they argued that the diversity in the patterns of coverage (both amount and type) was related to the diversity of funding sources that was available and committed to media capacity building and engagement. HIV/AIDS was also of interest to various segments of society, and the media
simply reported (not generated) the perspectives and events as presented by these parties of interest.

They also stated that the ‘Who’ of journalism was pertinent to the level of coverage that any issue received, and on this note AIDS information was news because it always featured the ‘right Who’ such as senior government officials, international agencies, important personalities, celebrities and sometimes the president. These were ‘global newsmakers’ (Agabi, source interview 4) and as such served the overarching objective of any publisher – to sell newspapers. In addition, they stated that the majority of human interest stories on HIV/AIDS were not orchestrated by the media but were written and ‘sponsored’ by the network of (or) people living with HIV/AIDS.

Comparing both issues, journalists stated that Maternal Mortality, on the other hand, did not have enough ‘news worthy’ events or perspectives presented to the media by advocates. In addition, it did not carry as much weight where the ‘Who’ was concerned because the stories often featured NGO heads or personnel, and sometimes this further reduced the news value as the majority of NGOs had lost credibility with the media and society at large. The biggest deterrents however were that Maternal Mortality was not a new or unknown phenomenon and therefore the curiosity factor was undermined; it did not present the same level of risk since it did not directly affect the majority of the population (including children and men); and maternal health advocates did not have the same level of financial resources to sustain salience on the agenda for years, months or days.

In their view, the media only reported the facts based on the prescriptions of the issue proponents, therefore media reports were a reflection of the facts and priorities expressed by
Maternal Mortality advocates. The coverage that the issue received was not driven by the media but by the issue proponents. On this note, they attributed the responsibility of drawing the media’s attention to the problem of maternal deaths, affected parties, the extents and ramifications of risk, to the advocates.

11.3.2 What do the sources have to say?

Interviewed sources (NGOs and Donor organisations) on the other hand could not proffer extensive explanations for the type of coverage that Maternal Mortality received. Instead, some respondents highlighted the multidimensional ‘nature’ of AIDS and the level of risk attached to the issue as a reason why it got more coverage. They also suggested that Maternal Mortality did not have the same level of funding as HIV/AIDS and therefore could not match HIV/AIDS on any level where media engagement was concerned.

It is important to highlight here that the above responses on maternal health are almost to be expected. As the next section will show, the data indicates that majority of maternal health advocates do not take a strategic approach to using the media. Some did not consider it necessary for the advocacy process, and where others stated that they considered media key to advocacy, this was merely in theory as they alluded to a different level of engagement in practice.
RQ2: WHAT ARE THE FACTORS THAT INFLUENCE SOURCE STRATEGIES FOR MEDIA ENGAGEMENT?

- Do the Media really matter….anyway?

The results show that across the sample of maternal health advocates there were mixed perceptions about the influence and relevance of media in the advocacy or policy agenda building process. Some sources were of the opinion that it was or could be relevant, and others were of the opinion that direct engagement of policy officials in the form of lobbying and/or courtesy visits was a more resourceful approach.

It was therefore not surprising to see that there was little priority given to strategic communication, particularly the use of mass media. Communication specialists serving the needs of not only the different programs but also the organisation as an entity were not included in the budgets or long term planning process. Services were engaged on a project-by-project basis and specialists were utilised mostly on a consulting basis. In major NGO programming initiatives, communication was often excluded at planning and early implementation stages and introduced half way through project.

The data however indicates that NGOs were limited by the cost of media engagement, not only at the level of direct media buying such as advertising, but also on the level of basic media engagement for outputs such as news coverage or feature stories. This was particularly aggravated by the institutionalisation of protocol style journalism in Nigeria versus the need for accountability to donors. Other factors included the underestimated value of the role of mass media in the advocacy process; the level of ‘media’ awareness of the leaders of the
organisation or the project planners; the lack of capacity amongst journalists; and the lack of funding.

Of all the elements listed above, the lack of funding was perhaps the greatest of all challenges to media engagement by sources. Both at the level of the publisher as well as the journalist, financial incentives are crucial to commitment and performance. NGOs however did not have these sort of resources allocated for media engagement, and where available, they could only be utilised on the basis of approved expenditure formats. This made it particularly difficult to account for ‘brown envelopes’, which were an established feature in media relations in Nigeria. Furthermore, some respondents highlighted that, in some cases, payments did not necessarily guarantee coverage.

11.5 RQ 3: WHAT ROLE DO SOURCES PLAY IN THE MEDIA AGENDA SETTING PROCESS?

- Do the Sources really matter….anyway?

The role of sources was emphasized by all journalists interviewed, although different levels of relevance were ascribed to the various source categories and this is discussed further along this segment. For clarification, I define the term sources as used in this study to mean NGOs, donor bodies, and advocates for Maternal Mortality or HIV/AIDS, including government.

All journalists were clear on the role of sources in the agenda setting process. In their view, sources were ascribed the responsibility of identifying the issues, analysing the various contributory elements and perspectives, and drawing media attention to the same. Therefore,
advocates for different issues had the responsibility of pushing their issues on the media agenda, as journalists had no obligation, or allegiance, to any issue in particular but rather, brought to public light whatever the sources brought to their attention and were able to show to be in public interest. It was also sources’ responsibility to highlight the ‘news value’ of any issue as media was about selling news. Therefore the stories had to have the extraordinary element and some measure of human interest to be able to catch the attention of readers, while also serving the financial objectives of the publisher.

In addition to (and in spite of) the above, however, the data indicates that journalists had a penchant for, and gave priority to, some source categories above others. While this is perhaps their prerogative as a standalone factor, it undermines the ability of other source categories to get their issues on the agenda, because agenda setting is a zero sum game (McCombs and Zhu, xx). I briefly discuss these concepts under different source categories namely local NGOs, international donors and agencies, and government.

**Local NGOs and the Media: A story of disenchantment?**

Of all source categories listed above, this category was the least regarded by journalists as having any epistemic authority or a chance of getting their issues on the media agenda. They had the least level of funding (which plays a key role in the ascension of any issue on the media agenda) and this was not only important for highlighting a multiplicity of perspectives around the issues, through events and media capacity building initiatives, but also for direct media engagement such as the distribution of ‘brown envelopes’ or the institution of performance awards.
Beyond funding however, the issue of trust was also pertinent to the epistemy of this source category. The results strongly suggest that the NGO-media relationship was at its very best, cordial. Local NGOs were perceived by media to be without credibility and ‘abusive’ in their use of media; that media was to enhance visibility and to impress donors so as to secure more funding. There was also a perception that NGOs were all talk and no action; genuinely did not have any commitment to the causes they were forwarding, and did not give the media a sense of stakeholding in their issues. There was therefore some personal distance between the media and NGO causes, with the media being to a large extent non-committal, and collaboration dependent on NGOs meeting up with their financial obligations (“you go for the highest bidder, and leave the agenda behind”, Adebayo, Source Interview 5).

Even though the media sometimes benefited from NGO initiatives financially, the fact that NGOs often ‘short changed’ them when executing these financial arrangements only increased their sense of disenchantment. NGOs were therefore not considered to be good sources and their agendas were not a top priority, at least relative to international bodies and government. They were often utilised as alternative sources where the preferred source was not available or used to counter government perspectives. However, they were considered useful when reporting a human interest angle because they were based in the communities.

- **International donors, international agencies and INGOs: the relevance effect?**

This category had the necessary level of resources to maximize media partnership opportunities and, where carefully planned, this could result in an increase in coverage and sustained salience on the media agenda. This financial power meant that they could fund their agendas not only with the media but also other respected social institutions. Although this
category also had ‘restrictive’ policies about media engagement (such as not paying for coverage), they equally had good compensation systems such as generous per diem structures, investment in capacity building (including sponsorships to international conferences) and, most importantly, their ability to sell newspapers.

The ability to ‘sell newspapers’ was pertinent to the relationship between the media and this category. The latter were labelled ‘global news makers’ and accorded the highest level of credibility amongst sources, government included. These entities were often headed by influential and globally respected individuals and for these reasons commanded media attention, public curiosity and policy action. Furthermore, they often had in their trail other influencers and newsmakers such as policy makers, celebrities and members of the corporate sector. Their relevance therefore had a multiplier effect across various newspaper audiences. Journalists felt that leads from this category were never to be ignored, and even in instances where there was no direct funding involved, their agendas were not to be ignored on the basis of public interest.

- **Government and Policy makers: Agenda setting by default?**

This category of sources had a higher level of influence than local NGOs. Journalists confirmed that indeed government agendas were given priority to a very large extent for the following reasons: they lent credence and weight to a report; the Nigerian newspaper business was founded on political and economic news, therefore whatever government had to say was news; government had the resources and the structures (such as extensive press agentry systems and ‘opendentials’) to fund their agendas and to sustain long term media
partnership; finally, government priorities for public health were often linked to international agendas, doubling the news value of their opinions, issues and agendas.

Explaining some of these points, some respondents stated that because it was in the interest of the newspaper to report issues around politics and economics, the coverage and salience that government received was by default. Therefore, although health issues fell into a different category, if they were discussed by government e.g. from a policy perspective, they automatically gained prominence on the agenda because whatever government had to say was important. Some other respondents on the other hand, insisted that the above factors did not necessarily mean that government issues were automatically accorded salience. Yes, they could be given coverage for the above reasons but this did not guarantee that the issues would always gain automatic prominence on the agenda.

However, in the same vein, some form of agenda limiting by journalists could be observed particularly in instances where government was not performing its duties. Here, the outcome

11.6 RQ4: WHAT ROLES DO REAL WORLD INDICATORS, TRIGGER EVENTS AND THE INTER-MEDIA AGENDA PLAY IN THE AGENDA SETTING PROCESS?

• Real World Indicators

The data suggests three points about real world indicators that are worth mentioning here. First of all, journalists can take a bearing on what issue to cover over a period, if it is a prevailing problem. This is particularly so for public health issues affecting a significant amount of the population or at least, to which a significant amount of the population is
perceived to be at risk and that risk features some level of proximity to the readers. This is even more pertinent in scenarios where the journalists themselves are affected by the issue or feel at risk from being affected by the issue.

Secondly, there is significant evidence particularly from maternal mortality and HIV/AIDS that issues need to appeal to some measure of media logic such as intrigue, sensationalism, fear, novelty, human interest or the presence of an influential ‘news making’ individual to enable it gain salience on the media agenda, irrespective of its indices in reality. This ability to fulfill certain criteria for newsworthiness was considered by journalists to be of more importance than its impact on a significant amount of the population, particularly if the latter were distant to journalists’ areas of coverage, reach of the newspaper and general centers of politics or commerce.

Thirdly, on the two levels above, HIV/AIDS met with the criteria, i.e. in relation to elements such as prevalence, perception/proximity of risk, possible ramifications of impact and the fulfillment of various criteria for newsworthiness. However, there was also the ‘supply effect’, by which I refer to funding. In achieving and gaining salience on the media agenda, funding was a far higher denominator and had to be present alongside the preceding elements or indeed any epidemiological indices. Where the funds were available and were significantly apportioned to media engagement as well as a range of events in which they (journalists) were included, the issues were assured of significant salience on the media agenda irrespective of their real world indices...and vice versa. In fulfilling the first two criteria and missing out on the third, issues were able to gain some coverage but this did not necessarily translate to salience which required extensive, varied and sustained coverage.
Examples included Polio, which on the basis of funding, had gained and sustained salience on the media agenda, even though reported cases of polio had almost become non-existent. Other examples include health issues that in reality affected a significant amount of the population and had no cure, such as diabetes and cancer. While the real world indices for these conditions implied an equivalent or perhaps more serious health challenge than HIV/AIDS, they occasionally received coverage but did not match the level of media engagement required for achieving and sustaining salience on the media agenda like HIV/AIDS.

- **Trigger Events**

The role of trigger events was not particularly discussed as being a factor for achieving or sustaining salience on the media agenda, but rather interestingly, it could be gleaned that it was a factor for kick starting the public agenda. An example of a trigger event in relation to HIV/AIDS was the death of Fela Anikolapo Kuti. Fela’s death was instrumental not for setting the media agenda because that aside, the issue had already begun to gain substantial salience on the media agenda through the work of international agencies and global media. Rather, Fela’s death was instrumental to kick starting the public agenda as this singular event added credibility to the ‘AIDS is real message’ and served to persuade a somewhat doubtful public. This was particularly so because at the time of his passing, the serving minister for health, Professor Olukoye Ransome Kuti, was his brother, lending credence to the cause of death and the implications for individual sexual behaviour and public health in general.

---

12 Fela Anikolapo Kuti was one of Nigeria’s most renowned saxophone players, music legend and social critic.
However this element was particularly missing in maternal mortality. Maternal health advocates stated that the women who suffered maternal deaths were in rural areas, obscured from main-stream media and indeed the centers for commerce and politics, and where there was some measure of proximity, they did not play any significant role in influencing public opinion or the political process. Journalists also attested to this fact, but discussed it more in relation to the ‘Who’ of the stories, stating that the issue of maternal deaths did not affect individuals of public interest and therefore did not have the capacity to ‘trigger’ the media, public or policy agenda on any level, except perhaps on a level of human interest.

- **The Inter-Media Agenda**

This study indicated that an Inter-Media agenda culture was fostered by journalists first and foremost to meet with editorial requirements to keep abreast of their game; publishing imperatives in relation to profits; and to a lesser extent, to validate their own journalistic judgments. In addition, while the literature makes propositions on the role of a leading newspaper (The New York Times) in chronicling events as well as setting the intermedia agenda in America, the data from this study suggests that there was no ‘leading’ newspaper from which others took their publishing directions. Rather, what obtained was a consensual setting of the media agenda by editors on a weekly informal level, and this was then distilled down to journalists and reporters.

This pattern however varied somewhat where health issues were concerned with the evidence suggesting that each newspaper sets its own agenda for issues to be covered and the extent and frequency of that coverage. This agenda would only be interrupted by outbreaks of epidemics, or political actions relating to health and health issues and on this note, there
would be evidence of an intermedia agenda, with reporters not wanting to miss out on the ‘new of the day’. This pattern was also repeated in relation to human interest stories and other health related initiatives featuring the right ‘Who’. On this note, journalists were seen to collaborate with one another at all levels. Therefore, this sort of intermedia agenda setting depended less on the epidemiology of the health issue and more in connection to these ‘newsworthy’ features.

Finally, journalists actually attested to the lack of a coordinated, pre-set intermedia agenda, as one of the problems that affected the media’s ability to set the public and policy agenda for some issues. Perhaps based on the need to stay ahead of the competition or to establish their identities by pushing forward their individual agendas, this deficiency was a key deterrent of media advocacy for health issues; especially issues like maternal mortality with minimal funding, no political champions, no proximity of risk and no strong trigger events.

11.7 RQ5: WHAT ARE THE FACTORS THAT INFLUENCED THE SALIENCE OF MATERNAL MORTALITY COMPARED TO HIV/AIDS ON THE MEDIA AGENDA?

- Epidemiology

The difference between the epidemiology of both health issues was considered to be a key driver of their salience on the agenda. Maternal Mortality was described as an age long problem, which did not present any unknown complexities or new risks and therefore, on some level, did not qualify as news. HIV/AIDS however was new on the scene, presented unknown ramifications of impact and by extension greater risk. It was also contractible from
a number of sources and, at the earlier stages of issue definition, did not present much hope of treatment or a cure.

From a media economics perspective, this novelty of the disease (HIV/AIDS) and the ramifications of risk resulted in a high sense of newsworthiness and a corresponding impact on newspaper sales. This newsworthiness was buttressed by the ‘victimology’ of both conditions, with profound benefit accruing to the fact that HIV/AIDS victims survived, compared to victims of maternal deaths. The former proceeded to become partners in telling the stories of the impact of HIV/AIDS on their lives, helping to reinforce the human interest angle to the issue and underline the proximity of risk to the everyday reader.

- **Gender and Culture**

Gender and culture were also identified as factors that influenced (or limited?) the salience of the two issues. While Maternal Mortality only affected women, HIV/AIDS affected all categories of people including men and children, limiting the measure of priority accorded the issue. Some cultural perspectives were also included here, such as the ability of a man to marry another woman upon the loss of his wife and the attribution of maternal deaths to the inevitable and almost the expected.

- **The International Agenda**

This was identified by all journalists as being critical to the salience of both issues on the agenda. To begin, the international community indicated a keen interest in HIV/AIDS evidenced by funding initiatives, policy making, the setting of global standards for action,
and the support for the implementation of such global standards on the national level (e.g. NACA and SACAs). Furthermore, such global institutions and individuals were newsmakers, adding to the economic value of such information. Finally, due to the allocation of resources based on this global agenda, there were numerous capacity building initiatives, institutionalization of a language and method around the reporting of AIDS, and measurable incentives for joint advocacy efforts with the media.

- **Media Capacity building**

In comparing the two issues, journalists clearly stated that there were limited opportunities or platforms set up by maternal health advocates to help build journalists’ capacity on the issue. However, this was the exact opposite of HIV/AIDS, with special work groups even set up to ensure ongoing capacity building for journalists. Therefore not only did journalists not feel abreast with the issues to the extent that they could report it in a range of approaches, but they also did not have enough information to persuade them of the state of maternal health and the need for media intervention.

- **Availability of funding**

Funding was another critical factor also pertinent to the salience of HIV/AIDS on the agenda. This funding had an impact on the following levels:

1) There were available resources for the implementation of various programs including specific, costly media engagement initiatives.
2) A critical mass of NGOs was derived early on in the advocacy process working on various aspects of the issue.

3) The availability of such funding facilitated a plethora of events, which drew focus to various aspects and ramifications of HIV/AIDS and consequently, more and sustained coverage.

4) Because Agenda setting is a zero sum game, this funding was considered a discriminator for other issues such as Maternal Mortality, which could not parallel HIV/AIDS in relation to the number of events or the generation of a critical mass of NGOs working on various aspects of the issue.

Moreover, because Maternal Mortality was more prevalent in rural areas and northern Nigeria, funding was required to support investigative efforts by journalists. Maternal health advocates on the other hand had limited resources and the impact of this is easily extrapolated on the various levels identified here for HIV/AIDS.

- **Issue champions**

The role of issue champions on the salience of both issues was likened to the role of Godfathers and identified as useful on the front as well as the back end of the agenda setting process. On the back end, it not only meant a show of interest evidenced by policy development (e.g. the MDGs) but also transcended into the realm of personal involvement on the political, social and financial levels. On the front end, such champions typically wielded a lot of influence and as such were considered global newsmakers, enhancing the newsworthiness of such issues. The power of issue champions therefore appeared to overrule certain aspects of epidemiology, with journalists stating that issues such as diabetes and
cancer or even maternal mortality were far more deadly than HIV/AIDS but were nonetheless less salient on the media agenda because they did not have strong issue champions (“If tomorrow, Obama decides to support Maternal Mortality, all of us will shift ground and pitch tents in that area”: Chikwe, Journalist interview 5).
CHAPTER 12

CONCLUSION
12.1 INTRODUCTION

This thesis has discussed up until this point, the literature, the methodology, and the results across the different research phases and the research questions. In this chapter, I bring this intellectual journey to an end. At this last stop, I shall be discussing the implications of this study for theory, the limitations of this study and opportunities for future research. While there has been much reference to HIV/AIDS, this has been done with a view to understanding a set of underlying principles, toward the end of applying these to maternal mortality under similar contexts. Therefore I shall bring this chapter to a close, by discussing recommendations for maternal health advocates, lending practical value to future interventions.

12.2 IMPLICATIONS FOR THEORY

12.2.1 Why does Agenda Setting Occur?

The literature suggests that agenda setting does not occur by happenstance, but that it is the outcome of the work by issue proponents to push their own causes (Dearing and Rogers, 1996). This study found this to be true, as sources and journalists alike conceded to this fact, with journalists indicating that the role of the sources was just as important as theirs in the agenda setting process. They (journalists) depended on issue proponents to alert them to the issues and to consistently update them with any information in that regard. While some sources were of the perception that it was the role of the media to perform this task as its civic duty, journalists highlighted the fact that there were a lot of issues ‘lobbying’ for their attention and they had to be objective by not showing any affinity to one issue or the other.
12.2.2 Who puts an issue on the Media Agenda?

- **Real world indicators and trigger events**

In chapter two I inferred that the severity of a problem in reality does not necessarily equate to its salience on the media agenda (Boot 1985; Schweitzer and Smith, 1991 and Adder, 1993), but that rather, it is about the perceived newsworthiness and the efforts of issue proponents. This research has particularly highlighted this fact. Borrowing from respondents’ examples, there were other more ‘deadly’ diseases that killed faster than HIV/AIDS, but these did not necessarily mean that the gravity of the situation was proportional to its salience on the media agenda. Using examples such as cancer and maternal mortality, they stated that media salience still boils down to issue proponents and their configuration in the system.

This however does not render real world indicators completely without value. For one thing, they provide a solid base for campaigns and other advocacy initiatives. There is also evidence that an issue could gain salience on the basis of its real world indices where it was a matter of public opinion, in public interest or where the subject is considered newsworthy (Gauteng and Rouge, 1965; Shoemaker and Tov, 2009). In addition, respondents validate the propositions of agenda setting as a zero sum game (McCombs and Zhu, 2000), explaining that there are only a limited number of issues that the media agenda can accommodate at any given time. For the sake of ‘objectivity’, no one issue must be given prominence over the other, except the ‘push’ was coming from advocates and issue proponents.

The role of news triggers was extensively explored and consistently confirmed by this study because all journalists and some sources acknowledged the role of trigger events in the
agenda setting process. Trigger events helped to kick start the agenda and keep it sustained. A plurality of events meant a plurality of perspectives, which translated into a plurality of articles and stories. Therefore the absence of trigger events implied that an issue’s capacity to gain salience on the media agenda was undermined. Furthermore, even when it does gain some salience, perhaps through the work of issue proponents or journalists’ personal efforts, such salience cannot be sustained.

While this study is not one about risk or news worthiness but about agenda setting, it is worth highlighting that the data indicated some relationship between the media agenda and risk, in relation to trigger events and real world indicators. Such similarity is evident in Kitzinger’s (2009) propositions on the media and coverage of risk. Her writings suggest that the media interest “…will often be stimulated by the death (or diagnosis) of one famous individual rather than the overall body count” (2009: 3), emphasising the underlying principle of trigger events and real world indicators (Dearing and Rogers, 1996) and their role in the agenda setting process. This point was confirmed to be the case in this study.

The study data also confirmed many of Kitzinger’s propositions (ibid.) that she states increase the newsworthiness of an event. From this study however, I believe that they also increase what I have termed the ‘salience appeal’ of an issue to journalists. Some of these elements include: threats that appear to be of some proximity to the journalists themselves; human interest angles; a human face; personal accounts; geographically close to journalists point of assignment; and the existence of strong images. All of the above were proven to be of significant influence in the media agenda setting for HIV/AIDS, as compared to maternal mortality.
- **News norms, news sources and other news media**

McCombs (2004) simplified the thinking and complexity that can sometimes becloud the understanding of the media agenda setting process. In chapter 1, I presented his descriptions around the media agenda, stating that it was made up of concentric layers comprising of news sources, other news media and news norms. This study found these propositions to be true, on two levels. On the level of news sources and news norms, there were clear indicators of the role and influence of these elements on the agenda setting process. McCombs (ibid) acknowledges that without the former, the news production and media agenda setting would be an entirely different.

The literature also suggests the role of the inter-media agenda, with a leading newspaper taking this position (in the United States for example, this would be the New York Times). However, this study did not identify any ‘institutional leaders’ where the print media was concerned in Nigeria. And on this level (i.e. the influence of other news media), it was evident that although this played some contributory role, it had greater influence on the individual ‘news events’ as opposed to the long-term agenda setting process. However, agenda setting is not about the salience of events, but about the salience of issues, through the transfer of salience from one agenda to the other. Therefore on the whole, the influence of other news media on the agenda setting process, at least for health issues in Nigeria, was not very significant.

Also noteworthy is the similarity in journalists’ thinking patterns, as some of the norms identified in this study were very similar to those identified by the Glasgow media group (pg. 148) on the AIDS crises in the UK. While I have mentioned some of these ‘norms’ in my
discussions on trigger events, I wish to highlight here some perceptions that were shared by the journalists in my study (Ogundipe) with their counterparts in the UK:

*AIDS fitted the bill...it frightens people. That makes good copy...from the point of view of specialist medical or health reporters AIDS was a challenge. It engaged their professional interest...it was such an extraordinary story. You don’t often have a completely new disease”*

12.2.3 Who influences whom?

In a range of the literature studied, I was interested in understanding the direction of influence in the agenda setting process. Not just as a matter of personal curiosity but as a necessity for the development of future interventions with an aim of setting the agenda for health issues. Accordingly, the literature review identified two positions on this subject: (1) the foundational studies and some recent material indicate that the media influences the public and policy agenda (McCombs and Shaw, 1972; Dearing and Rogers, 1996); (2) more recent studies, from a political communication perspective, acknowledge media influence but also attribute significant influence by policy makers over the media (Walgrave and Van Aelst, 2006; Walgrave and Vliengart, 2010, Van Aelst and Bennett, 2010). Therefore some understanding of these propositions, as they occurred in practice amongst the Nigerian media and in relation to health issues, were of particular interest to me – what was the operational approach and how did this compare to the theory?

Interestingly, the data from this study showed that the media held far greater influence over policy makers than policy makers had on the media. While this influence was perhaps equal
in relation to issues of policy and governance, in relation to health issues, the media maintained its independence to a large degree, possibly because the government did not particularly have an agenda for health issues. Of the different types of agendas identified by Van Aelst and Bennett (ibid) (setting, feeding, constraining and inclusion), agenda inclusion was the most common in the dealings of the Nigerian media with the Nigerian government, especially in relation to health issues. Some reasons given for this were that more often than not, if government had any health agenda, it was in line with international agendas and were carried out for the purpose of ‘ticking a box’ as opposed to making a difference. Therefore the media did not necessarily have to do much ‘bending over’ to please government. It simply followed the course.

However, this agenda inclusion was usually done on the terms of the media, who proceed to publish whatever health issues they considered pertinent on their own personal, organisational or institutional agendas. This does not imply that government did not try to influence the media. In fact, the extent to which it wanted to control the media is evident in the number of press agents and advisers.

It is also evident in its willingness to provide ‘opendentials’ (Shokunbi) as and when needed. There were also occasions when media agenda and the government agenda were somewhat connected, such as the outbreak of certain viruses or diseases. Such situations demanded media coverage as a matter of public health and in the public interest. On such occasions, government would put its mechanisms of press agents to work.

13 See interview with Friday Okonofua, source interview 10
When media advocacy is being considered as a way to setting the agenda and influencing policy and policy makers, it becomes pertinent to review the role of the press in society. This study surprisingly showed media to be non-committal to many issues except where there was some immediate gain. Drawing from the propositions of Zieglar (2008) on the various types of journalism, the Nigerian press was deficit in two categories: journalism as a mirror, journalism as a service (in public interest). Although one respondent did state that the media was a mirror, the conversation that ensued did not validate that ideology. Other respondents did not bother to consider this notion even in the case of journalism as a service. This was for me disturbing as journalists are supposed to be the voice of the voiceless (Wallack et al, 1993).

On this subject, there were positions for and against the notion of the role of the media as a service institution. Some journalists had become somewhat hardened because of the lack of welfare provisions including monthly remunerations, which many media organisations did not provide for their staff. Some others based their stand-offish attitude on the need for objectivity and therefore they did not show bias or favour to any side or to any issue (Merritt and McCombs). Others, who were willing to take a stand for maternal mortality, could not afford the costs of travelling into the areas where the issue was prevalent and therefore could not move their intentions forward. Finally, organisations and health desks, who had decided the issue was worth profiling and had begun to do so on their own account, could not sustain such initiatives as the agenda was often overtaken by other issues with more funding and stronger support (Bennett, 1990). However, I quote here again the words of Bennett and Serrin that:
Reporters and editors must make a deliberate effort to seek out and talk to and represent in the media ordinary people, to focus on their problems...those without wealth or power

Benthall (1993) underscores this responsibility in his discussions on media as definers of issues and I find it important to raise this subject here as I reflect on the role of media in society. On this note, this research found the institution of journalism in Nigeria deficient in its contributions to society. While this may not be entirely of their own doing, such an individual and institutional attitude has huge implications for issues like maternal mortality. Maternal mortality is not an issue that is easily encountered daily in the seats of government or commerce. It happens in the most remote of areas, in the places where the women have no records of being born and therefore there is no ‘need’ for records when they die. This research found, among some of its respondents, those who were willing to become stakeholders in the issues. But by the same token, it also did not find any respondents who were willing to do this for nothing. Abating maternal deaths therefore presents a far more complex set of factors where the media agenda is concerned.

12.2.5 Second level agenda setting (framing of the news)

Most journalists acknowledged the use of some framing mechanism in their news reporting. They were also aware of the implications of certain frames and buttressed this point using the HIV/AIDS issue. However, none of the respondents could provide an answer for the framing approach undertaken for maternal mortality. For HIV/AIDS, the number of events, the number of NGOs and the extent of funding available was presented as the answer for the framing approaches employed in reporting its news. There was also much credence given to
Internews, an international NGO that had trained many reporters and even editors on the reporting of AIDS in the news. The patterns in this framing approach and the outcomes of a comparison between maternal mortality and HIV/AIDS have already been extensively discussed in the results chapter 3.

12.2.6 Limitations of agenda setting

The respondents in this study at one point or the other discussed the limitations that media had over policy (Walgrave and Van Aelst, 2006). They stated that while they could try to set the agenda by putting an issue high on their own agenda, it did not necessarily guarantee that government or the required parties would take action. This notion that it might all ‘come to nothing’ also dissuaded them from advocating for some issues. The lack of a strong intermedia agenda was also presented as a limitation to media agenda setting. Respondents indicated that without the media operating as one, with one strategic direction, it was difficult and almost impossible to set the agenda, on its own accord, for maternal mortality.

12.2.7 The NGO media relationship

- Media as principal definers of issues

The literature indicates that there is some measure of influence and capacity of the media to (re)define an issue and confer on it their preferred status (Lazarfield, 1963). The outcomes of the content analysis indicated that this proposition was true, as maternal mortality was defined using a different set of parameters, compared to HIV/AIDS. In general, the sense of urgency and the role of government that accompanied HIV/AIDS was missing in maternal
mortality. Therefore, the issue was undermined at the two levels of agenda setting (Dearing and Rogers, 1996; McCombs, 2004).

This comparison was a clear example of the role of media as principal definers of issues (Wallack, 1993; Benthall, 1993; Cottle, 2009). From the interviews conducted as well as the newspaper samples, journalists had defined maternal mortality different to the way they had defined HIV/AIDS. In this definition process, their social and cultural allegiance was clear and their attitude underscored Clayman and Reisner’s point (1998) about agenda setting being a social construct. Indeed, most respondents recognised their ‘issue defining’ capacity but suggested that it could only be put to use and sustained where there were a range of other factors at play including funding. Such funding included the regular brown envelopes and financing for investigative journalism (Bennett and Serrin, 2005).

Deacon (2004) in his discussions on the NGO-media relationship highlighted the fact that most NGOs were unwilling to participate in media programs or develop media initiatives without an evident, financial, social or political incentive. In this study however, the reverse was the case: most media officials did not want to participate in NGO programs without some financial incentive. As explained previously, this may be due to the poor remuneration of these media personnel. Furthermore, it could also be attributed to the general disenchantment of the media with NGOs and their causes. It is against this backdrop that I proceed to discuss NGO Source Epistemy and their public relations strategies, as they relate to the literature.

12.2.8 NGOS and Source Epistemy
The writings of Ericson et al (1989) suggest a symbiotic relationship between the media and sources. However, this study indicated a somewhat different relationship, one in which NGOs were very dependent on journalists. This relationship was closer to the suggestions of Deacon (2004), and was attested to by all sources interviewed in this study. The data indicates that journalists were not very keen on using NGOs as sources because in their view NGOS lacked epistemic authority. In Nigeria, this lack of epistemic authority (mostly inferring a lack of expertise) was further complicated by a lack of credibility on the part of NGOs and apparent disenchantment with them, by the media. However, in concurrence with the thoughts of Deacon (ibid) on this subject of NGO-media engagement, the media occasionally would seek out NGOs when there was a need to counter government positions or to determine the situation of an issue at the grass root level.

12.2.9 NGO Public Relations Strategies

Previously, I had highlighted the discussions of Motion and Weaver (2004) as well as Cottle and Nolan (2007) on some of the approaches that NGOs have had to take to engage the media and to get publicity for their issues. In the Nigerian scenario, some of these points were applicable and being practiced, such as the usefulness of embedding journalists in NGO field work sites. However, some of the other prescriptions were not necessarily applicable in the Nigerian context. This was the case for two reasons: 1) Journalism in Nigeria has not quite attained to the level of expertise, development and diversity as is to be found in western media (for example 24-hour news channels); 2) NGOs did not have the expertise required to engage with the media at that level (Malan, 2005; Deacon, 2004). In addition, where the presentation of ideas and their alignment with modern media logic were the determinants of
media engagement and publicity, in Nigeria it was about the level of funding available and deployed to the media. This is the modus operandi for protocol journalism systems (Taylor, 2009) and Nigeria is no different.

However, over and above the question of protocol journalism, journalists insisted that NGOs did not present their material and agendas in a creative enough manner, and this was one of the propositions of Cottle and Nolan (ibid). Journalists claimed that NGOs had failed in bringing maternal mortality to the forefront by not engaging actively with the media. When challenged on the cost of media engagement (funding wise), they indicated that coverage could be achieved without funding, if NGOs brought out the human interest angles to their causes (Apps, 2009). However, relating this back to the subject of expertise, the literature suggests that, and this study found it to be true, NGOs did not have the level of expertise required to craft these approaches creatively (Deacon, ibid.)

12.3 IMPLICATIONS FOR PRACTICE AND RECOMMENDATIONS

This thesis has established, by the comparative approach taken in this study, the importance and effect of sustained media advocacy. Therefore to conclude this thesis, it is important to show the relevance of this study not only to theory as I have already done, but also to practice. In relation to the latter, I show its relevance by discussing/providing specific recommendations for maternal health advocates and the media through simple approaches that are within reach.
In making these propositions, I draw extensively from the data from this study and the literature review, including the section on media agenda setting in practice\textsuperscript{14}. Therefore while I shall not be referring to some of this literature directly, the text will show some similarity to these lessons in my recommendations for improving maternal health.

12.3.1 What can we not change?

To begin, I acknowledge that there are elements which have significant impact on the state of maternal health but which cannot be changed, at least not easily or immediately. Some of these factors include for example, the issues of culture and religion, which do not simply change by a one-time intervention. Rather, such issues evolve with time, with information, exposure and interactions with other cultures which have different perspectives and parameters for gender violence or the empowerment of women.

These cultural and religious elements to some extent perpetuate the proliferation of other factors with negative implications for maternal health such as gender discrimination predominantly among women of lower social economic class.

Other ‘unchangeable’ elements include epidemiological indicators such as the fact that maternal mortality is not contagious and therefore cannot ‘spread’ within the regions or on a global scale. Although it can have implications for family life and the life chances of the children, pregnancy is of greater risk to the pregnant woman than it is to her neighbour and the rest of society, locally or globally.

\textsuperscript{14} I refer here to the three case studies review: breast cancer, genetic research into human health and HIV/AIDS
Other epidemiological elements include the death of women upon incidence, undermining their capacity to reinforce the meaning and impact of maternal death for them as individuals and for their families. Finally, there is the challenge of geography - Nigeria is large and maternal deaths are almost relegated to peri-urban and rural communities. Therefore personal distance is reinforced as citizens, politicians included, may never meet or hear of anyone who dies in pregnancy, implying that the challenge may not as significant as advocates may suggest. However, just as there are elements like the above that cannot be immediately changed, there are elements that we can change and I discuss these in the next section.

12.3.2 What can we change?

In addressing the elements that we can change, I discuss my recommendations under two aspects: first in relation to operational/administrative issues and second, in relation to public and media relations.

12.3.2.1 Operational and Administrative Changes

- Change donor politics and priorities

This study has shown that funding is central to setting and sustaining the media agenda not only for maternal mortality but for public health issues in general. And on this note, the lack of funding implies that the work and impact of many NGOs working or intending to work in the area of maternal mortality, can be handicapped in their media advocacy initiatives. Therefore how donors prioritise their issues and interventions is a point that should be addressed. I call to mind here, some of the challenges discussed in the first literature review chapter (on donor – NGO relationships) and their implications for work in the area of
maternal mortality. These challenges have been confirmed by the perspectives of some advocates, stating that ‘he who plays the piper dictates the tune’. Evidently, donors choose what areas they wish to work in and on this note, maternal health advocates can be at their ‘mercy’.

I believe that donors are aware of the state of maternal health in Nigeria and yet contributions to maternal mortality programs have been minimal. However, as the world approaches the conclusion of the period for achieving the millennium development goals (2015), there is a need for donors to reflect upon their achievements and overall value for money. The achievement of some goals and none performance on others still equates to a poor achievement overall. Maternal deaths have implications for other millennium development goals such as the deaths of under five children, hunger and primary education, particularly for the girl child. Therefore donors should begin to engage with local NGOs and other local structures, especially community based partners, in creating new agendas for development; donating funds; and providing technical expertise or oversight.

However, donors are probably not a hundred percent to blame as it is also possible that the knowledge available to them on the subject is superficial; and does not indicate the true ramifications of the problem or the impact that can be made, should they decide to engage significantly with the issue. On this note, maternal health advocates in Nigeria have fallen short. Nevertheless, in spite of this shortcoming, donors should be encouraged to seek the information that is needed and in some ways, be inspired to do so by the fact that maternal mortality is a ‘sexy’ issue (because it relates to women and children). Therefore it can have positive impact on donor reputation, in addition to the fulfilment of their mandate to change lives.
How these elements can be leveraged upon and the best strategic decisions made, can be learnt from other donors who have initiated and sustained commitment to improving maternal health in Nigeria (like the Macarthur Foundation\textsuperscript{15}). Such organization can be a useful resource to donors for understanding how funding for maternal health can be generated and maximally utilised by foundations, bilateral and multilateral funding agencies.

- **Change structures for accountability**

  Advocates should campaign to Government for the setting up of accountability structures within health systems and the development of a legal framework to support such structures. Setting up such systems to ensure confidential enquiries into maternal deaths is not necessarily difficult. In Ondo State of Nigeria for example under the Abiye project, the state government has instituted a committee which enquires into all maternal deaths at government hospitals, documenting the outcomes and making recommendations for necessary changes or improvements to the system where required. Such structures are indicative of the level of importance attributed to the issue by government and will serve to check doctors and other medical personnel who have direct responsibility for managing pregnancies in health facilities.

- **Change the approach to information dissemination**

  There is a perceived complexity or specialisation about maternal mortality as a subject and by consequence, a sense of alienation of non-advocates and members of the general public. However, maternal mortality is not a subject that is so complicated, that it cannot be broken

\textsuperscript{15} The Macarthur foundation is an American based, international donor that continues to engage with issues relating to maternal health for close to two decades in Nigeria
down to the different levels of stakeholder engagement required. For example, the danger sings in pregnancy can be easily communicated using pictures and symbols and understanding them goes a long way in preserving the life of a pregnant woman. Therefore, advocates should work towards simplifying and disseminating information and campaign for the inclusion of such material in the curriculum for reproductive health in Nigerian schools.

12.3.3. Changing the approach to media relations and engagement

In this section, I wish to discuss elements which are specifically relevant to the use of mass media as a tool for advocacy and the media as a strategic institution.

12.3.3.1 Strategic relevance of the Media

This study has shown that many NGOs including those who work in the area of maternal mortality, do not take a strategic approach to communication. Therefore the use of media as a tool of advocacy was often an afterthought except (in very few occasions) when utilised in advertisements in Behavioural Change Communication (BCC) campaigns. They do not have communication experts in house who can work on different projects or be responsible for publications or other corporate communication initiatives.

However, I recommend that this approach towards media relations and engagement should be changed with NGOs becoming more proactive in engaging the media. Today, a good portion of society has been introduced to and is influenced by, some form or the other, of mass media. Therefore advocacy initiatives around maternal mortality should take such facts into
consideration and should seek ways and approaches to leverage on this media influence and increase the degree of public engagement and ownership.

This process should begin with orientation programs for senior management on the role of the media and how they can engage with them in their organisational or management capacity. This should be followed up (where the resources are available) with hiring this expertise in-house, on a full or part-time basis, depending on the resources available. In engaging and publicizing issues relating to maternal deaths through the mass media, advocates legitimize the issue; validate or refute important facts; and create an enabling environment to address maternal mortality; not only as a problem for women or their families in poor and in rural areas, but rather as a problem of all of society, requiring public and policy attention.

12.3.1.2 Managing the NGO-Media relationship

The relationship between NGOs and the media needs to be revisited and reconciled. While NGOs admit to some extent the need for a better relationship with the media, the extent to which efforts are made to foster collaboration and trust in this relationship are minimal. Media on the other hand, have a strong mistrust of NGOs and by consequence, collaboration is done on a ‘merchandising’ basis; in which the media does not engage with the issues as stakeholders, but rather as contractors – delivering an article here and there in exchange for invitation to an event or workshop.

This approach to media engagement does not serve the strategic objectives that need to be achieved, neither does it achieve salience, much less guarantee a place of priority on the media agenda. When functioning optimally, this relationship can deliver far reaching
outcomes including at the policy level. Until then, the current level (or the lack of it) of collaboration and trust will continue to be an inhibitor to maximizing the potential of this relationships.

I therefore recommend that an arbiter (possibly an international agency, coalition, government or even a professional body) should be commissioned with a mandate to rebuild this relationship and establish both NGOs and the Media as equal stakeholders in improving the state of maternal health. On their part, NGOs can also choose to hire former or even practicing journalists as a strategy for mending the fences and establishing ‘peer trust’ between media colleagues, on the two sides of the table.

12.3.1.3 Build media capacity

NGOs and other advocates, who realise the importance of media in setting a health agenda, must check and validate the level of understanding of journalists around maternal mortality. On this note, they must ensure that journalists have i) correct information and ii) feel ‘at home’ with that information, to the extent that they are able to utilise it their publications. Journalists have identified a need to their build capacity because to some extent, they find information around maternal mortality to be ‘inaccessible’, limiting reporting around the subject.

Therefore capacity building for journalists should break down information about maternal mortality, anchor this to their existing repository of knowledge and stereotypes but above all, be able to communicate the different perspectives around maternal deaths, as the medical aspect is just one of them. Maternal mortality should be communicated as not only a health or
public health problem, but also a social one with economic and social ramifications, in a way that journalists can understand - because what journalists do not understand, they are unwilling to report.

12.3.1.4 Institute a new approach to media engagement

This study has shown some degree of handicap in relation to the expertise that is available to NGOs in relation to communications and particularly media relations. The negative implications of this situation has also been discussed and demonstrated. Nevertheless, NGOs and other advocates need to adapt to the changing media and aid environment, and maternal health advocates are not exempt from this situation.

- Forming strategic media friendships

It is essential that advocates cultivate and maintain a good relationship with the media. This relationship should be with a goal to engaging the media as stakeholders, so that they do not only ‘report’ what NGOs want (e.g. events) but more importantly, they take up responsibility for educating the public using a strategic and well-designed approach. Examples of this nature is already visible through a network of reproductive health journalists of Nigeria. This group consists of journalists who have work in the area of reproductive health and who wish to create a coalition and strengthen reporting of reproductive health issues in general. However, this group’s engagement with NGOs remains insufficient, with the network running with its own agenda and NGOs doing the same. To be able to achieve any results of strategic significance, there needs to be some measure of synergy and interaction in the advocative efforts of both groups.
• **Finding the human interest value**

This study has shown that one of the most important elements in achieving salience on the media agenda is the human interest angle, especially in relation to long standing issues like maternal mortality. Journalists and publishers want to sell newspapers and it’s not news, if it’s not new. Therefore advocates must find ways of drawing out the human interest angle to every story on maternal mortality.

Finding these angles are not difficult and all that is required is a shift in focus from the numbers to the people. A range of human interest angles exist: from the death of the woman, the possible death of the child and the ripple effect of this loss (some of which I have previously highlighted). Stories of these women, their families and their communities all present a human interest angle. And just as it was in the case of breast cancer (Kitzinger and Henderson, xx), maternal mortality can easily be incorporated into soft representations e.g. in drama and other genre and also presents different layers and perspectives including loss, grief, et cetera.

• **Identifying the Risk…because risk sells newspapers**

Maternal health advocates need to incorporate the elements of risk in disseminating information on maternal mortality. This is imperative as the literature as well as the outcomes of this study shows that the media is more willing to engage with an issue at the agenda setting level, if there is an identifiable element of close or possibly, immediate risk. In relation to maternal mortality, this may be difficult to present without some tactical considerations given to the approach and I discuss some of these below.
The impact of maternal deaths on the family always represents some form of risk. There can be deaths particularly among under five children, older children can drop out of school and consequently become delinquents. These scenarios have impact on societal peace and stability. This stability transcends just the social level but also extends to economic ramifications because in Nigeria, women contribute 70% of family income in many rural parts of the country (UNICEF, 2012), they also present a risk to economic progress and stability, particularly at the grassroots level.

Finally, as distant as the challenge of maternal health may be, bearing in mind the challenges with the social infrastructure in Nigeria, all women face an element of risk in child bearing. In Nigeria, it is a lifetime risk of 1 in 18 women. Therefore, public and policy attention is imperative, as all women (whether they are represented as wives, sisters, daughters or mothers) society faces an element of risk from children from families who have suffered from maternal deaths; societal institutions suffer the risk of losing the economic contributions of women who lose their lives.

In addition, such training should also direct journalists to the human interest stories both and how they may be found. This is essential because the social classes and geography affected by maternal mortality are in some ways ‘distant’ to journalists and their stations. Therefore they must be told where and how these stories may be found. This also implies that NGOs must support journalists with such stories periodically.

I have also discussed the prevalence to society and this is easily projected as a communication message around risk to society and individuals. Furthermore, maternal mortality may not be as far from the everyday person as often believed wrongly. Some
women will, even in the best of circumstances be faced with complications in childbirth and where the necessary facilities are not available, may die in childbirth or face the life time risk of maternal death.

Some of the above elements are however not totally irredeemable or ‘useless’ in relation to advocacy for maternal mortality. For example, even though women die in the process, they leave behind family members who are affected by the loss. These family members have stories to tell and can give a human face to the numbers.

- **Events are a good starting point**

Journalists and advocates alike identify the role that events play in the agenda setting process as crucial. The literature also does the same. While agenda setting transcends the coverage of events, such coverage can help to spark or ‘trigger’ the relevant social and political conversations. Therefore advocates need to find interesting reasons to bring people together: from health days to project field visits, as these will serve as a platform to begin to introduce journalists to the issues and to begin to rebuild the credibility and trust that is currently undermined in the NGO media relationship.

**Political Champions**

This study has shown that the role of a political champion is indicative to journalists of government interest in an issue. On this note, maternal health has had occasional and publically expressed support from wives of governors and even the country’s first lady. However, this does not necessarily equate to ‘government’ support. Therefore advocates need
to engage more with government by educating them on the issues and enlisting their support for the subject, not only at policy forums but also publically in media and other social events. This will also address the challenges expressed by media in relation to the ‘Who’, suggesting that maternal health news did not feature individuals of importance.

- **Institute Coalitions for Consolidation**

Where properly set up, coalitions help to provide the media with a central source of information. They also serve to present a ‘strong’ force and by extension increased interest on the subject. Maternal health advocates should come together (and this may be coordinated by government or other bodies) to form a strong coalition of advocates fighting the course of the pregnant woman. Such coalitions will include advocates with different perspectives, such as those from a human rights angle, others from a health angle, some others from an empowerment angle etc. With such a body in place, journalists can be assured of a range of perspectives and therefore freshness in the news, a criterion that all editors and publishers want to see. Advocates will also be well informed on media initiatives and even training, where required. I try to illustrate diagrammatically how these elements should function overall.

**12.3.5 The Role of the media**

It is perhaps also important to discuss here the role of the press in society. Much of this has been discussed in the literature and I need to say too much. I believe that even as NGOs and other advocates begin to make changes in relation to these recommendations, the media has to make its own changes as an institution. The Nigerian media must revisit its institutional
conscience and remember its role as the mirror of society and the fourth estate. While journalists present sometime cogent reasons for the ‘mercantile’ approach taken with NGOs, they nonetheless should not allow these financial challenges or rewards prescribe the level of engagement with issues, especially long standing problems like maternal mortality.

Publishers should be willing to fund investigative journalism stories, allowing reporters to travel the unbeaten paths in the finding and telling the human interest stories that are required to catch society’s attention. Closer engagement with NGOs and other stakeholders should be encouraged and monitored as an act of social responsibility.

While such supportive structures are currently being put in place by some journalists (like the network of reproductive health journalists), editors and publishers should support such structures with the resources required and where not available, assist them in accessing resources from governments and other agencies with similar objectives.

12.4 LIMITATIONS OF THIS STUDY AND AREAS FOR FUTURE RESEARCH

The data utilised in this study was predominantly from one newspaper, the Guardian. Although this was confirmed by journalists and sources alike to be the most objective news publication, a broader range of publications may be utilised in the future, particularly publications which are read in northern Nigeria, which has the highest maternal mortality rates in the country.
This study also did not determine causality between government priorities and the media coverage of the issue. The resources available for the study did not permit this. However, where significant resources are available, this may be considered an area for future research.

A development and study of an actual campaign would yield very important results and also confirm some of the assumptions of this study. Therefore a pre and post-test design for understanding 1) salience on the media agenda and 2) effect of the media agenda on the salience of the political agenda.

This study utilised material from 2001, 2005 – 2010. There have been more work carried out by advocates and government during the completion of this thesis that may perhaps throw some light on how both the media and policy agendas have evolved and the relationship between the two parties and the corresponding impact on the state of maternal health.

The results of this study as well as the literature have informed the recommendations that have been proposed. However, both sources acknowledge the limitations of agenda setting, particularly, its impact on political agendas, budgets and other competing issues and resources. Therefore, there is no guarantee that the implementation of these recommendations will automatically result in change in government priorities: media salience does not always guarantee policy salience.

Therefore the extents to which these approaches are able to ‘revolutionise’ the status of maternal health are somewhat unknown at this time. However, I believe that they will create an enabling environment for more direct social and political engagement for tangible measurable interventions to improve maternal health.
**BIBLIOGRAPHY**


420


424


## APPENDIX

### RESEARCH TOPIC: MATERNAL MORTALITY AND AGENDA SETTING

### INTERVIEWEES PROGRAM OFFICERS/EXECUTIVE DIRECTORS IN NGOS

<table>
<thead>
<tr>
<th>SEGMENT</th>
<th>QUESTIONS/DESCRIPTION</th>
<th>PROMPTS/GUIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART 1</strong> (Introduction)</td>
<td>Please can you tell me a bit about your work?</td>
<td>Enquire about current work and general career path. Also volunteer some information on your own work and any points of parity with respondent.</td>
</tr>
<tr>
<td><strong>PART 2</strong> (Use of Media and PR)</td>
<td>From your experience, when NGOs develop a strategic plan, what are the elements taken into consideration and budgeted for?</td>
<td>Wait to listen for communication (particularly PR and Media). If not mentioned, raise the point and see respondent’s reaction to this.</td>
</tr>
<tr>
<td></td>
<td>In your work, how do you go about planning your advocacy strategies?</td>
<td>At this point, note the patterns in relation to time, issue and channels. Also make a note of communication elements such as audiences, objectives etc.</td>
</tr>
<tr>
<td></td>
<td>When do you decide to use media?</td>
<td>Very importantly, note and probe for the circumstances under which they decide NOT to use media and the reasons why. Also determine what elements in media structure affect your ability to use the media effectively (24hr news, widely proliferating channels e.g. the internet)</td>
</tr>
<tr>
<td></td>
<td>If you decide to use any media, what are your usual considerations?</td>
<td>Focus of this question is the influence of elements such as frequency, reach, publication choice, cost and corporate policies.</td>
</tr>
<tr>
<td></td>
<td>If you decide to use any media or public relations, what would be your planning process and features of such a campaign</td>
<td>At this point, listen for issues such as embeds, celebrity endorsements, features, opinion articles, digital media etc. Ask for specific examples in relation to particular campaigns and observe the difference in channel and media choice from campaign to campaign and issue to issue. Also prompt for content development particularly the use of subsidies. Explore how angles or ‘frame’ are determined for various news items?</td>
</tr>
<tr>
<td><strong>PART 3</strong> (NGO/Media Relationship)</td>
<td>Do you have a special media/PR department or official</td>
<td>Also use this avenue to determine how they make up for this lack of expertise.</td>
</tr>
<tr>
<td></td>
<td>How would you describe the typical NGO media relationship</td>
<td>Prompt for differences between this relationship relative to other NGOs apart from themselves. Also probe for perspectives on dependence, trust, collaboration. In relation to collaboration, identify patterns in payments, and other forms of protocol journalism.</td>
</tr>
<tr>
<td></td>
<td>How do you think the media views NGOs as sources?</td>
<td>Focus on defining the level of epistemony accorded to NGOs by the media. Also prompt for changes in this relationship overtime.</td>
</tr>
<tr>
<td>Question</td>
<td>Prompt/Request</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>How do you think the media chooses the issues it focuses on?</td>
<td>Prompt for perceptions on the issues which get more coverage, particularly HIV Aids and explore why this is so. Explore perception on NGOs ability to set the media agenda.</td>
<td></td>
</tr>
<tr>
<td>How would you describe the extent of media power in terms of advocacy?</td>
<td>Prompt for specific examples in relation to general social issues and then narrow down to specific examples for health issues or their own issues of interest. Explore media willingness or track record in undertaking to advocate for specific issues.</td>
<td></td>
</tr>
<tr>
<td>Which groups in society do you think this influence extends to?</td>
<td>Listen for perceived areas of influence particularly policy makers. If not mentioned, suggest this and prompt for perceptions of this element. Prompt for examples of this influence on policy identifying perceived limits and limitations.</td>
<td></td>
</tr>
<tr>
<td>What role do you think the media can play in the fight to abate maternal deaths?</td>
<td>At this point, allow respondents to simply speak in relation to their experiences, those of colleagues and their general opinions. Ask for specific examples where available. Important points to be identified here are the challenges, limitations and successes so far. Also identify any elements that are specific to MM as an issue as opposed to other issues particularly HIV Aids.</td>
<td></td>
</tr>
</tbody>
</table>

**Checklist**
- Samples of campaigns or media materials
- Profile of respondent including job description in present role
- Contact details of other colleagues who may be interested in this study or can offer useful information.