VICTIMS OR HEROES? HOW DID JOURNALISTS FRAME THE EBOLA CRISIS IN LIBERIA?

Tamah Kamle, MPH (c); Abigail Alberico, MPH; Eme Udoh, MPH (c); Hina Shaik, JD, MPH (c); Jiaxin Meng, MPH (c); Nwanneamaka Ume MPH (c); Skylar Lisse, MPH (c)

Supervision: Dr. Monique M. Turner & Dr. Rajiv Rimal

RESEARCH OVERVIEW

STUDY RATIONALE

The Ebola Virus Disease epidemic in Liberia 2014-2015 made headlines worldwide with 10,800 cases and over 4800 deaths (CDC, 2016), causing fear and posing a challenge to traditional media. Individuals and communities rely on media to obtain health information, including decisions related to disease prevention and behavior to protect their health. Therefore, frames used by the media to report about health emergencies greatly impact public perceptions.

AIM

To assess the types of message frames utilized in Ebola-related communication in Liberia during the epidemic and evaluate the presence (or lack thereof) of risk communication best practices, so that lessons learned can be applied for future local, national, and global crises.

PUBLIC HEALTH CONTEXT

➢ The epidemic was unprecedented in scope, size, and areas of spread
➢ EVD claimed approximately 0.11% of Liberia’s civilian population, compared to 8.07% of its health care workers (doctors, nurses and midwives).
➢ Weak Public Health Infrastructure

“Facilities with little or no personal protective equipment – not even gloves – and virtually no knowledge about how to use this equipment properly. Under such conditions, treatment of the first hospitalized patients ignited multiple chains of transmission, among staff, patients, and visitors, in ambulance and taxi drivers who ferried the sick to care, in relatives, neighbors, and eventually entire neighborhoods. Case numbers that had multiplied quickly began to grow exponentially” (WHO, 2015).

EPIDEMIC TIMELINE

➢ March 30, 2014: 2 cases of EVD confirmed in Lofa County near Guinea’s border
➢ April 7, 2014: 10 deaths and 21 suspected and confirmed cases reported by Lofa County
➢ June 2014: 51 cases reported countrywide (390 in Guinea & 158 in Sierra Leone)
➢ September 2014: 400-500 cases per week
➢ August 6, 2014: President Sirleaf declared a national state of emergency
➢ September – October, 2014: Arrival of foreign assistance from WHO and foreign governments, including training of Liberian health care workers
➢ January 14, 2016: Liberia declared Ebola-free by WHO with flare-ups

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

MEDIA LANDSCAPE

Population: 4.6 million
Newspapers: 18 newspapers (8 dailies) – limited reach
Radio Stations: 16 (2 nationwide) – accessible to every Liberian
Television Stations: 6

METHODOLOGY

➢ Quantitative content analysis of randomly selected 745 newspaper articles and 182 audio files
➢ 3 major newspapers, 4 regular programming radio stations and 3 funded programming radio shows
➢ January 2014 through December 2015
➢ Theory-driven codebook developed
➢ Extensive training of 6 coders divided into 2 teams
➢ Intercoder reliability score Kt.65 across all teams

RESULTS

Newspapers

Radio

CONCLUSIONS & IMPLICATIONS

➢ The four main journalistic frames differed between radio and newspapers. Radio emphasized behavioral steps while the press highlighted efficacy. A combination of both and focus on anti-stigmatizing messages are essential.
➢ Blame frames present in both channels partially linked to unfounded information.
➢ Behavioral steps had higher emphasis on radio than newspapers. The unprecedented nature of the epidemic warranted more efforts from both.

"The messages about don’t touch the dead, wash your hands, if somebody is sick, leave them – these were all strange things, contrary to our tradition and culture."

Dr. Jerry Brown, head of the Ebola Treatment Unit known as ELWA, Time magazine’s “Person of the Year 2014”

Health emergency preparedness is key for media.

Forging partnerships with the public to increase trust between government and communities.

ACKNOWLEDGEMENTS

The project was funded by USAID and subcontracted to George Washington University Milken Institute School of Public Health by the John Hopkins Center for Communication Programs.

References


watershed

THE JOURNAL OF COMMUNICATION - WASHINGTON, D.C.

JOURNAL OF COMMUNICATION - WASHINGTON, D.C.

The four main journalistic frames differed between radio and newspapers. Radio emphasized behavioral steps while the press highlighted efficacy. A combination of both and focus on anti-stigmatizing messages are essential.

Blame frames present in both channels partially linked to unfounded information.

Behavioral steps had higher emphasis on radio than newspapers. The unprecedented nature of the epidemic warranted more efforts from both.

"The messages about don’t touch the dead, wash your hands, if somebody is sick, leave them – these were all strange things, contrary to our tradition and culture."

Dr. Jerry Brown, head of the Ebola Treatment Unit known as ELWA, Time magazine’s “Person of the Year 2014”

Health emergency preparedness is key for media.

Forging partnerships with the public to increase trust between government and communities.

CONCLUSIONS & IMPLICATIONS

➢ The four main journalistic frames differed between radio and newspapers. Radio emphasized behavioral steps while the press highlighted efficacy. A combination of both and focus on anti-stigmatizing messages are essential.
➢ Blame frames present in both channels partially linked to unfounded information.
➢ Behavioral steps had higher emphasis on radio than newspapers. The unprecedented nature of the epidemic warranted more efforts from both.

"The messages about don’t touch the dead, wash your hands, if somebody is sick, leave them – these were all strange things, contrary to our tradition and culture."

Dr. Jerry Brown, head of the Ebola Treatment Unit known as ELWA, Time magazine’s “Person of the Year 2014”

Health emergency preparedness is key for media.

Forging partnerships with the public to increase trust between government and communities.

ACKNOWLEDGEMENTS

The project was funded by USAID and subcontracted to George Washington University Milken Institute School of Public Health by the John Hopkins Center for Communication Programs.