

---

# THE GENERAL CHALLENGES INVOLVED IN HEALTH REPORTING AMONG NEWSPAPER HEALTH REPORTERS IN NIGERIA

*Semiu Bello*

University of Canterbury  
semiu.bello@pg.canterbury.ac.nz

---

## ABSTRACT

The important nature of health in society often makes it a prime subject of coverage in the media. Today, one of the major areas of coverage in journalism is health because members of society now rely on the media as a major source of health information. Considering the specialised and technical nature of health reporting, health reporters encounter different challenges such as the nature of the health topic being covered, the personality of the health reporters, the kind of relationships with the health and science researchers and the environment within which health reporting is done. In this study, the author investigates the challenges newspaper health reporters encounter in Nigeria in the discharge of their professional duty. Through in-depth interviews with 13 health reporters in Nigeria, the author discovered that: health and science researchers often refused to talk to health reporters; and that health reporters do not have access to current health data and statistics; no provision for on-the-job insurance coverages; insecurity and poor conditions of service. The study, however, concludes that these challenges, which majorly reflect the common features of developing countries, can be mitigated if media organisations and the Nigerian government play their roles, to facilitate the development of health reporting field to the level found developed countries.

**Keywords:** *Health reporting, health reporter, Nigerian newspapers, health, health and science experts*

## INTRODUCTION

The essential nature of health information to individual members of society and the need for the media to fulfil their information, education and agenda setting functions, often allow

health reporters all over the world give more attention to the coverage of various health issues in society. These functions of mass media – information, education and agenda setting, may help members of the public to make better informed decisions on issues affecting them within their socio-economic environment. Consequently, mass media have been described as a powerful presence in the daily lives of nearly every person on this planet regardless of race, nation or social-economic class because people watch television and movies, listen to radio, read newspapers and browse the web (Rendon, 2002). Hence, “Media construct our reality and help to define who we are and even who we wish to become.” (Kenix, 2011, p. 1).

However, one important component in every society is health. The health of a particular nation reflects largely on the well-being of the citizenry and partly, its level of development (Agbonifo, 1983). This is why all nations of the world treat the issue of health with ultimate concern. According to Lambe (2008):

All nations of the world take health issues as one of the fundamental concerns of government. At the global realm, the establishment of the World Health Organisation (WHO) as an organ of the United Nations charged with the responsibility of monitoring global health trends and proffering appropriate course of action as and when due, is a testimony to the primacy of health to the continual survival of the universe. (Lambe, 2008, p. 191)

Health reporting involves several challenges. These challenges depend on the personality of the health reporters, the nature of health topic being covered, the environment of coverage and the cooperation enjoyed from the health and science experts. However, it is essential to note that the general challenges involved in health reporting in a particular location and at a given time go a long way to determine the degree of job performance of health reporters in that environment. The experience of newspaper health reporters in Nigeria with regards to the general challenges they often encounter, as reported in this study, revealed that, over the years, they have been impeded to achieve optimum job performance in health reporting.

## **HEALTH REPORTING AND ITS GENERAL CHALLENGES AMONG REPORTERS**

Health, which is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (World Health Organisation, 1993, p. 5) is seen as “sharing symbolic relationship with communication as they both deal with living things and people.” (Owens-Ibie, 2002). Therefore, mass media can be regarded as vital channels in promoting health information and publicising various health issues and diseases for public awareness. Mass media have the potential to inform and educate the general public on various health issues and provide health information that may engender healthy living among people. Ankem (2006) supports this view that the media are important allies in any public health matters as they play the role of being sources of information as well as advocate health awareness. This, as observed by the United States Agency for International Development (2006), allows health authorities to entrust the media with essential health information, relayed to the public in readily accessible formats through a variety of media channels. Boyd and William (2009) also aver that mass media in general, help health workers to expand their audience reach because they (mass media) are effective in informing and perhaps persuading the target audience to adopt new behaviours or remind them of critical information on various health issues or diseases, and where to seek help.

In this contemporary world, people need information to survive on a wide range of issues affecting them. The reason being that, information according to Mtega (2012), is a vital resource, alongside land, labour, capital and skills. People need information in their day-to-day activities and for the development of their environment. Weiss, Crowder, and Bernardi (2000) describe information as the cornerstone of successful socio-economic development because it plays key roles in decision making. Mtega (2012) further states that information provides the facts or knowledge needed to answer some questions faced by people in their daily life. Every person needs information for decision making. The types of information needed range from common physiological to psychological information needs.

Over the years, people access information through various channels, namely from the media, family, peer groups, school, work places, professional platforms, friendships, interdisciplinary networks and research communities. The need to access information from various channels is essential for decision making on several issues affecting their lives such as the acquisition of knowledge and for general survival (Pilerot & Limberg, 2011). Also, Robinson and Levy (1986) found that when people need some information on issues that better their lives, they rely on other people, media, and information repositories such as documents and databases.

Meanwhile, one of the major areas of information that people need is health. They need health information to learn about health risks, disease outbreaks, domestic and international alerts and healthy living (Torwel & Rodney, 2010). Mass media have been identified as major sources to learn about health issues and to receive health information for healthy living and survival on health related matters. This is because “mass media are the nexus between public and policy agenda and are highly influential in shaping discourses about health and research. The way in which news media affect the public is complex and diverse” (Lewison, Tootell, Roe, & Sullivan, 2008, p. 569). In health communication scholarship, research has shown a substantial corpus of literature demonstrating the impact of mass media in shaping public opinion towards the health care systems of many countries (see Benelli, 2003; Collins, Abelson, Pyman, & Lavis, 2006).

Considering the importance of health in human society, journalism has over the years, given adequate attention to its coverage. As such, news coverage of health issues has become more prevalent in the media (Ahmed & Bates, 2013). In other words, the strategic position of the media in society often makes public health advocates and researchers use them to convey important health messages. This is because mass media have the potential to create awareness about health issues and influence health behaviours, as well as health policies (Chapman, McLeod K, Wakefield, & Holding, 2005). Health and science researchers also use the media for awareness campaigns such as on preventive screening, suicide prevention and smoking cessation (Durrant, Wakefield, McLeod, Clegg-Smith, & Chapman, 2003; Niederkrotenthaler & Sonneck, 2007). In the health reporting field, however, health reporters in general face several challenges in their professional duties because of the intricacies and technicalities involved in reporting science and health issues (Sharma, 2013). It is important to note that health journalists themselves confirmed that they often encounter several challenges. Most journalism institutions and training are deficient in producing journalists, who are versatile in science and health reporting. Schwitzer et al. (2005) acknowledged this limitation and confirmed their inadequacies.

Association members know that readers and viewers may make important health care decisions based on the information provided in our stories. We do know

that journalists face two major challenges -understanding the clinical science and epidemiology. Medicine tends to be very methodical, slow, and subject to change. But the media want information that's definitive, they want it now, and, boy, it better be sensational. The medical industry churns out volumes of information for medical reporters to quickly sift through every day. There is a lack of special training for medical journalists (the general assignment reporter can expect to get thrown into the medical beat from time to time. (Schweitzer et al., 2005, p. 0579)

## METHODOLOGY

The study employed purposive and snowball sampling techniques to select thirteen (13) newspaper health reporters, who granted interview sessions for this study. A purposive sampling technique is a form of non-probability sampling frequently used in social science research, where the decisions concerning the individuals are included in the sample made by the researcher based on a number of criteria. These criteria also included specialist knowledge of the research issue and the nature of the study (Oliver, 2006). The criteria used for the selection of the reporters included:

- Health reporting as the current beat: Individual journalists selected were (as at the time of interview) reporting for a health beat or writing for health columns for their newspaper organisations. The newspapers were also selected for their content analysis for this study. This criterion was set in order to tap into the current trends in health reporting among health reporters in Nigeria.
- Full time employment: All the health reporters interviewed were officially employed by their national newspaper organisations in Nigeria as a full-time staff. A full-time staff is more accountable to the organisation vis-à-vis his or her professional duties, thus increasing the level of commitment to duty and experience on the job. The rationale here is that, the more a journalist is committed to duty given the status as a full-time staff, the more experiences that are likely to be garnered from the field. The researcher in this study considered this criterion essential in the selection of the health reporters that were interviewed.
- Five years of experience in health reporting: All the health reporters included in the interviews have had a minimum of five years working experience in health reporting for their newspaper(s) in the Nigerian environment. The rationale behind this criterion is that five years of experience of health reporting should be sufficient enough to make a health reporter a stakeholder, one will be able to discuss the intricacies and the dynamics involved in health reporting.
- Journalism training or training in health reporting: All the health reporters included in the interviews were professionally trained and certified in journalism, mass communication or through short courses in journalism or health reporting. Such qualifications or certificates include a Bachelor of Arts or Science (B.A/B.Sc), Higher National Diploma (HND), National Diploma (ND), Diploma, Postgraduate Diploma, Advanced Diploma and ordinary certificate.

As stated above, the study also adopted a snowball research technique, which is “a form of non-probability sampling in which the researcher begins by identifying an individual perceived to be an appropriate respondent. This respondent is then asked to identify another potential respondent. The process is repeated until the researcher has collected sufficient data. Snowball is also called ‘chain letter’ sampling.” (Oliver, 2006, p.1) Snowball sampling is a popular qualitative research technique used in sociological studies. It is also valuable given its potential to take advantage of the social networks of identified respondents, which is capable of generating an escalating set of potential contacts for a researcher (Atkinson & Flint, 2004). Atkinson and Flint (2004) also defined snowball sampling as “a technique for gathering research subjects through the identification of an initial subject who is used to provide the names of other actors. These actors may themselves open possibilities for an expanding web of contact and inquiry.” (Atkinson & Flint, 2004, p.1044)

Consequently, the researcher was able to get the phone contact of the health reporter from *The Union Newspaper*. After the interview with *The Union Newspaper* health reporter, the researcher asked for the phone contacts of other health reporters who met the stated criteria. This process was repeated with other health reporters until the last health reporter was interviewed. It is important to note that *The Union Newspaper* health reporter was able to supply many phone contacts of other colleagues because of the professional network already established among health reporters in Nigeria through the Health Writers Association of Nigeria. Using structured-questions format, all the interviews were conducted in the offices of the selected health reporters, each lasting an average of 50 minutes to one hour. All the interviews were tape-recorded with the permission of the interviewees. The researcher singlehandedly transcribed the interviews into texts, which were sent to all the interviewees via their email addresses. By so doing, the health reporters were able to check the texts against any factual errors and confirmed the accuracy of the transcriptions before the researcher analysed the interview data.

**Table 1: The newspaper health reporters interviewed for the study**

SN	Newspaper Organization	Years of experience in journalism	Years of experience in health reporting
1.	The Daily Independent	25	25
2.	The Vanguard	20	20
3.	Nigerian Tribune	17	17
4.	The Guardian	16	16
5.	New Telegraph	15	10
6.	National Mirror	15	5
7.	Daily Trust	12	5
8.	The Sun	11	11
9.	The Hallmark	10	5
10.	The Nation	8	5
11.	The Union	8	5
12.	Business Day	5	5

## RESULTS

### The general challenges involved in newspaper coverage of health issues in Nigeria

Apart from the challenges involved in health reporting within the purview of health and science training, this study also found that there are other general challenges that are associated with health reporting in Nigeria. According to all the health reporters interviewed in this study, one of the most common challenges experienced by health reporters in Nigeria is the refusal of health experts and professionals to talk to them. *The Hallmark* (2014) also noted that, "Most of these health experts and professionals, who are regarded as a major source of health information in Nigeria, are unwilling to talk to health reporters." *The Guardian* health reporter (2014) supported this view, stating that, "My observation shows that health researchers and professionals in Nigeria seem to be afraid of being heard and sceptical once they meet with journalists." Most of the health reporters interviewed emphasised this issue, but the health reporter from the *Business Day* provided an interesting perspective. "Health researchers and professionals in Nigeria have the attitude of non-disclosure. Health researchers in Nigeria are not really open to talk because they have the feeling that you are either going to distort what they say, or what they say might trigger some reactions from some quarters, which may undermine their offices or positions. Therefore, they tend not to give details and give you the face value of the issue at hand." (*Business Day* health reporter, 2014)

Furthermore, the *Daily Trust* health reporter noted that the unwilling attitude of health researchers and professionals to talk to health reporters is sometimes based on suspicion or official restrictions from superior officers and authorities. In this regard, the same health reporter stated that, "During the outbreak of Ebola virus disease in Nigeria in 2014, which lasted for about two months, an epidemiologist was called to clarify certain issues in relation to the disease. The expert refused to talk because there was an official restriction that prevented him to make a statement on Ebola." (*Daily Trust* health reporter, 2014) *The Hallmark* health reporter also emphasised that one major challenge was the health and science researchers, practitioners and professionals who were usually reluctant to talk or divulge important health information. This health reporter stressed that, "Some of the health experts sometimes feel that they are doing a favour to health reporters when asked certain questions, forgetting the fact that they have social responsibilities. Some would say, 'Look, if I discuss this issue elsewhere, I know how much money I can make in the form of honorarium. You can't just come and expect me to share it with you just like that.' So, you can imagine that kind of frustrating situation." (*The Hallmark* health reporter, 2014)

Given this attitude from health experts and professionals, health reporter from the *National Mirror* disclosed that health reporters in Nigeria have to devise other means to obtain information from health professionals and researchers. According to this health reporter, "We, therefore, have to devise means of getting the needed information, sometimes by speculating, as much as it is allowed within the scope of the subject matter, and without blaspheming anybody. We also disguised ourselves as ordinary members of the public in order to get our information." (*National Mirror* health reporter, 2014) *The Nation* health reporter, however, argued that the social responsibility dimension of the healthcare profession should be a



major consideration for health researchers and professionals to open up as much as possible and give needed health information to health reporters. *The Nation* health reporter (2014) further contended that, "Health and science experts need to talk more. They should know that, with the kind of job they do, they have a lot of responsibilities to the public. Whenever they endeavour to talk, they educate a good segment of society and whenever newspapers publish health information through them, it has a far reaching impact in the lives of members of the public. So they need to break their culture of silence." Similarly, the *Daily Trust* health reporter supported this view that, "The need for health experts and professionals in Nigeria to speak to health reporters is important in health reporting because it gives strength to health stories and it allows reporters to domesticate findings on health issues from foreign journals." (*Daily Trust* health reporter, 2014)

Another important general challenge that affects health reporting in Nigeria is the lack of current data and statistics. *The Business Day* health reporter stated that, "The lack of data is a problem in health reporting in Nigeria. Data and statistics are central in this profession. It is difficult to get access to data to support our stories from many organisations and government agencies." (*Business Day* health reporter, 2014) Therefore, "Reporting on health issues in Nigeria has often been based on estimates rather than actual data and statistics because there is no data on various health issues such as cancer and hypertension, which has also affected general health planning and implementation of health policies in Nigeria." (*The Hallmark* health reporter, 2014) *The Punch* health reporter also argued this challenge in a comprehensive perspective. According to this health reporter, "Of course, there are many challenges but the one that is very dear to my heart is the issue of getting statistics and access to local studies within the Nigerian context. So, getting aggregated data or statistics from national sources in order to support health stories is a big challenge." (*The Punch* health reporter, 2014) That same health reporter noted further that, "While there are cases of obsolete data and statistics, which are not relevant to current health situations, there are other cases whereby there are no aggregated statistics on some disease conditions in Nigeria and in a few situations where these statistics are available, those in charge may decide not to release them." (*The Punch* health reporter, 2014)

In the opinions of health reporters in Nigeria, health reporting has recorded a major setback due to what they called non-professionalisation of health reporting field. "Professionalisation of health reporting," according to the health reporter from *The Vanguard*, "is the process of recruiting a journalist principally and solely for the health reporting field. In this case, health reporters are allowed to grow in the field over the years, receiving continuous training throughout their career." (*The Vanguard* health reporter, 2014) This same health reporter contended further that, "One of the major gaps is that we don't have too many people who are professional health reporters, who are recruited, trained and grew on the beat. My case and a few others are exceptional. I studied science in the first instance, and then started journalism as a health reporter, and have been on that beat for over twenty years." (*The Vanguard* health reporter, 2014) This opinion resonated with the view of *The Guardian* health reporter (2014) who maintained that, "Unlike other health reporters, I have been on the health beat for the past fifteen years and I am better for it. I have received more than eleven awards including four from the Nigerian Medical Association. This is a product of being a scientist on one hand, and staying longer on the health beat on the other hand. The only award I have not received is from CNN." With the exception of a few health reporters with backgrounds in science, all the other health reporters interviewed had previously covered

other beats and the *Daily Trust* health reporter observed that they did not see their current health beat as permanent because they could be transferred to another beat by their superior officers anytime. "This indeed, in my view, is one of the major problems of health reporting field in Nigeria as most media organisations in Nigeria do not keep journalists very long on a particular beat except if such a beat is a specialised one. Only journalists with the required expertise are allowed to stay longer on such beats and a good example is health reporting. Those who have a background in health and science stay permanently on the health beat unlike those of us without health and science background." (*Daily Trust* health reporter, 2014)

This, therefore, accounted for why the health reporters who have no background in health and science are noted for being frequently transferred from one beat to another, which in the opinion of the *Daily Trust* health reporter (2014), "They do not see their current health beat as permanent." Consequently, such frequent beat transfers in journalism practice in Nigeria is considered a major problem by all the health reporters interviewed as it affects the field of health reporting. Constant transfer from one beat to another might not give the affected journalists the needed expertise and mastery they could gain on the job. Conversely, as noted above, the problem of constant transfer from one beat to another did not, however, affect the health reporters who have a background in health and science. All the health reporters in this category have consistently been working as health reporters since they have been in journalism practice in Nigeria.

With the exception of the *Daily Independent* health reporter, who graduated with a degree in English, and also has a Postgraduate Diploma and a Masters in Mass Communication, and was a health reporter right from the beginning, all the other health reporters in this category have been transferred from one journalistic beat to another. *The Daily Independent* health reporter, however, noted that, "While I have consistently covered the health beat over the last 25 years, I have also been designated to work on other beats occasionally in the past. But now I seem to be much more stable on the health beat." (*Daily Independent* health reporter, 2014) Furthermore, the problem of constant transfer of reporters from one beat to another is also reflected in what the health reporters interviewed for this research described as the non-professionalisation of health beat. *The Vanguard* health reporter described non-professionalism as a big gap in health reporting in Nigeria.

Another challenge that health reporters are facing in Nigeria is what the health reporters from *The Guardian* and the *New Telegraph* described as poor working conditions, which included inadequate remunerations, limited training opportunities and a lack of job insurance coverages. In addition to low remuneration of all health reporters in Nigeria, the health reporter from *The Guardian* noted that some journalists were not paid their salary for months, while the health reporter from the *New Telegraph* maintained that some reporters were not paid salaries for years. *The National Mirror* and *The Sun* health reporters argued that this has led to the promotion of bribery and corruption, technically called 'brown envelope', among journalists in general. In this regard, some of the health reporters interviewed stated that because of the poor working conditions and poor remunerations in journalism practice in Nigeria, most journalists demand money from newsmakers before publishing stories related to them. According to these health reporters, some journalists demand a particular amount of money or place a price tag before certain stories can be published depending on the personalities or organisations involved in the stories. Another area of bribery and corruption is what the health journalists interviewed described as 'goodwill'. According to these reporters, goodwill is a general practice in journalism across all beats in Nigeria. Goodwill is a form



of monetary appreciation that a newsmaker willingly extends to a journalist. This could be in forms of transport fare or other financial appreciation. The health reporters interviewed argued that goodwill, though not official or journalistically ethical, is acceptable among them since it is done by newsmakers willingly. They admitted that although it is a form of 'brown envelope,' but this is more preferable than the deliberate act of requesting money or specifically placing a price tag on news stories, which is offered by other journalists.

This study found that in Nigeria, journalism is not a job covered by insurance despite the risks involved. "This is a significant challenge as it limits the scope and the level of our commitment to professional duties." (*Business Day* health reporter, 2014) Despite the fact that job insurance coverage is not a common practice in Nigeria, undeniably "This is one of the reasons why journalists in developed countries excel in their careers than journalists from developing countries." (*The Guardian* health reporter 2014)

Moreover, *The Guardian* health reporter stated that in terms of professional gadgets and equipment, health reporters in Nigeria provide their own except for a few media organisations that assist their reporters in this regard. "What is common in journalism practice in Nigeria is that most media organisations employ journalists but they do not facilitate the journalists in doing the job. Most journalists have to provide the needed gadgets such as the midget and camera, and the mobility of transportation, themselves." (*The Guardian* health reporter, 2014) *The National Mirror* health reporter (2014) also corroborated this view that, "Health reporters and journalists in general are challenged in Nigeria. They are poorly remunerated and most media organisations do not support them with the needed gadgets to work with and other logistics to achieve the best results on the job. The situation is so bad in Nigeria that despite the poor remuneration and lack of organisational supports, media organisations can still issue a query or suspension letter to a health reporter who fails to report an alarming health story reported by other newspapers." Most of the health reporters interviewed, therefore, argued that poor remuneration and lack of organisational supports to journalists in Nigeria, have contributed to the prevalent practice of 'brown envelope' among Nigerian journalists.

The state of insecurity in Nigeria and lack of adequate attention to the health sector by the government are other challenges identified by the health reporters interviewed in this study. *The Hallmark* health reporter (2014) maintained that, "Another challenge is the issue of insecurity, especially in the northern part of the country. Tied to this is the fact that journalists in Nigeria do not have insurance coverage in case of eventualities in the line of duty. So, if you are thinking of doing a story on polio, which may take you to the north, you are reluctant to go due to the state of insecurity in the region."

According to *The Union* health reporter (2014), "The fact that the government does not give adequate attention to the health sector also affects the level of priority newspaper editors place on health stories in general." This health reporter noted further that, "In Nigeria, government funding to the health sector is poor as the national budget on health is less than 6% while the World Health Organisation recommends at least 15%." (*The Union* health reporter, 2014) Consequently, "Health stories are not given prominence in newspapers. So, when you bring in a health story, it is not considered a selling story that can be projected in the front page and it is not attractive to the editor unless it is an alarming issue involved" (*The Union* health reporter, 2014). This view is also supported by the *Daily Trust* health reporter (2014) who contended that, "Health does not sell newspapers in Nigeria except when there is a national or international health outbreak." This, according to this health reporter, is why health reporters become frustrated after working hard on health stories and editors do

not consider such stories important enough to be given a prominent space in newspapers.

### **Managing the general challenges in health reporting: The place of self-motivation and passion among health reporters in Nigeria**

Given the general challenges such as the state of insecurity, poor remunerations/general working conditions, lack of job insurance coverage, non-professionalisation of health beat and lack of current data that health reporters encounter in Nigeria, *The Guardian* health reporter (2014) stated that, "Journalists in Nigeria are not generally motivated to give their very best to their professional practice." Interestingly, all the health reporters interviewed contended that they are only motivated to do their job because of the impacts they make in the lives of the reading public. "Those health reporters and journalists that excel in their professional career in Nigeria are self-passionate and self-motivated. We are not motivated by our salary, working conditions and the Nigerian system as a whole." (*Daily Independent* health reporter, 2014) This same health reporter noted that, "This is because in my own case, I see journalism as a humanitarian call. I would have liked to be a teacher and I think health reporting is a teaching art as it affords me to teach people about their health and wellbeing. So, writing for health as far as I am concerned is like teaching." (*Daily Independent* health reporter, 2014) He also mentioned, "Each time I receive a positive feedback on my health stories from the reading public, I feel fulfilled. Whenever I receive calls from people thanking me for my health reports, I feel fulfilled. The situation is like a teacher who imparts knowledge and feels fulfilled on the success of his or her students. That is it for me. I am not fulfilled by the salary and the working conditions because if I am to give consideration to all these factors, then I would have left this journalism practice many years back." (*Daily Independent* health reporter, 2014)

This view is also supported by *The Nation* health reporter (2014) who stated that, "I am very passionate and self-motivated about my job regardless of the challenges that I face in Nigeria. So, I am not deterred to excel in my career because I deliberately choose to practise journalism. I was once into sport, football to be precise, but I realised journalism can give me more fulfilment than any other profession, so I decided to come back. This is because health reporting affords me more opportunities to impact lives than anything else." *The Hallmark* (2014) contended that, "In health reporting, passion is my watchword. It is the secret to my little success in the profession. If I should give consideration to money or salary, then I wouldn't have stayed this long. I remembered I quitted at a time when I was working for an NGO but because the fulfilment was not there, I had to make it back to health reporting." This health reporter argued further that, "The fact that I am impacting lives through my health stories makes me fulfilled. Many readers call from various parts of the country to give testimonies of the benefits they had received from reading my health stories and that makes me feel fulfilled. Even if it is only one soul that comes across my health stories and he or she is able to benefit from it, it is an achievement as far as I am concerned." (*The Hallmark* health reporter, 2014)

Adding credence to the fact that health reporters are motivated by passion in Nigeria despite several challenges they often encounter in the health reporting field, the *Daily Trust* health reporter said, "The opportunity to impact lives makes us fulfilled. Many people call me to get medical help, especially those who could not afford medical bills for a particular disease. We help them to mobilise fund from the public. There are those who also call to appreciate the health contents and their usefulness in their lives. So, that public impact is

sufficient as a motivating factor for me regardless of the challenges that Nigeria poses to us.” (*Daily Trust* health reporter, 2014) Similarly, *The Sun* health reporter explained that the passion that motivated health reporters and journalists in general in their practice made the field of health reporting similar to priesthood. “Health reporting and journalism as a profession is a calling and that is why it is described as priesthood. This means that if you studied mass communication and you are not called, you may not practise journalism, but when you are called to practise journalism without studying mass communication, you would find yourself in the profession. Being ‘called to priesthood’ in this context means having the passion and the motivation to do the job.” (*The Sun* health reporter, 2014) From the experience of this health reporter, it is stated that, “In my own case, I didn’t study mass communication, but today I practise journalism. In priesthood, if you are called to be a priest, no matter what the challenges, you would find yourself as a priest. No matter what the challenges are in health reporting in Nigeria, the passion we have for the job and the impact we make in peoples’ lives increasingly motivate us to be in the profession.” (*The Sun* health reporter, 2014)

### **Health reporting and the specialised code of ethics: The Nigerian experience**

This study found that there is no specific code of ethics and other similar measures for health reporting in Nigeria. All the health reporters interviewed in this study confirmed this. According to the *Daily Independent* health reporter (2014), “We don’t have anything like a specific code of ethics for health reporting in Nigeria. But now that you have said this, I think it is time we start to work on something of that nature. But the fact is that, at the moment and as far as my experience over twenty-five years is concerned, there is nothing like that in Nigeria.” *The National Mirror* health reporter (2014) further maintained, “For health reporting, there is no code of ethics in Nigeria. If this is to be put in place, it will really cover a wide range of issues like: Who is a health reporter? What qualifies someone as a health reporter? Under what condition do you report health? It would really cover many other important issues.”

Consequently, all the health reporters interviewed stated that compliance to the general code of ethics for journalism practice is the guiding principle for health reporting in Nigeria. *The Nation* health reporter, however, contended that ‘individual self-regulation’ is another important principle that health reporters in Nigeria have adopted. *The Nation* health reporter further provided a clear perspective on the practice of the principle of self-regulation. According to the reporter, “There are no specific codes for health reporters in Nigeria except your individual self-regulation. Through self-regulation, I know that there are some expressions that I am not allowed to use in health reporting. For instance, you don’t refer to people with HIV/AIDS as HIV patients, rather, you say people living with HIV because HIV is no longer a death sentence. So, with the principle of self-regulation, you can minimise professional errors and earn more public honour as a health reporter.” (*The Nation* health reporter, 2014) Generally in health reporting in Nigeria, “We also observe medical ethics in relation to patients and hospital environments in order to maintain professional integrity and earn public confidence.” (*The Sun* health reporter, 2014) This same health reporter stated that, “Despite the fact that there are no specialised code of ethics in health reporting in Nigeria, I am aware that each beat or desk has some similar and peculiar requirements that should be fulfilled by any journalist designated to work on such a beat. In the case of health reporting, we often talk to patients in different pathetic conditions and in doing that, we must exercise some caution and carefulness. If we are to interview a cancer patient for instance, looking at the tumour is a difficult task, but because we need the story, we must

not show any sign of irritation while conducting the interview. The same thing is applicable if we are to interview the parent of a deformed baby; we must compose ourselves as health reporters so much so that the interviewee does not feel more depressed about his or her condition." (*The Sun* health reporter, 2014)

*The Vanguard* health reporter also supported this view. "Of course there is no specialised code of ethics in the practice of health reporting in Nigeria. But a health reporter who wants to conform to international requirements vis-à-vis health reporting must place certain obligations upon himself. For instance, HIV has its specific language and other nomenclatures. As a reporter, one must be conversant with all these. That is why when reporting on HIV, we do not describe someone as an HIV victim. There is no HIV victim. What we are trained to say is 'people living with HIV'. Things like these are very common in health reporting and any health reporter who wants to have an international reputation must then familiarise himself or herself with all of that." (*The Vanguard* health reporter, 2014)

The experiences of the health reporters interviewed suggested that the practice of health reporting in Nigeria is not regulated by a formal code of ethics. However, it may be interpreted that health reporters in Nigeria apply self-regulations in their practice in order to demonstrate social responsibility in the line of duty. It may be suggested further that the application of such self-regulation may be a reflection of the many training sessions (short courses, seminars and workshops) that these health reporters have attended over the years in and outside Nigeria.

## DISCUSSION

It was found in this study, as noted by several previous studies, that health reporters encountered many general challenges in health reporting. While this may not necessarily be due to a lack of health and science training, such challenges are determined by the environment of coverage (MacDonald & Hoffman-Goetz, 2002; Milazzo & Ernst, 2006; Ooi & Chapman, 2003; Pellechia, 1997). In other words, general challenges may not be regarded as universal. This is because the general challenges encountered by health reporters in developing countries are mostly different, as found in this study, from the challenges that health reporters encountered in developed countries of the world. However, most of the health reporters in developing countries encounter more severe challenges than their counterparts in the developed nations of the world. In Nigeria, this study has confirmed that newspaper health reporters confront several general challenges, reflecting the socio-political and economic system of Nigeria nation. This is different from the situation in many developed countries, such as the United States, the United Kingdom, Australia and Canada. For instance, one of the major general challenges noted by the health reporters interviewed in Nigeria is the non-availability of current data on many disease conditions to support health stories. This is not the case in many developed nations of the world. Health journalists in developed countries have almost unlimited access to an array of sources where they can readily access current health data and statistics. A few examples include the *National Centre for Health Statistics*, which is being managed by the Centre for Diseases Control and Prevention and the *Health Data Tools and Statistics*, which is being managed by Partners in Information Access for Public Health Workforce - a collaboration between the United States government agencies, public health organisations and health science libraries. In addition, current health data and statistics can be sourced in the United States through the *National Information Centre on Health Services Research and Health Care Technology* under the management of the United



States National Library of Medicine. The *Digestive Diseases Statistics for the United States* is another archive through which health reporters and other members of the public can access health information. This is being managed by the National Institute of Diabetes and Digestive and Kidney Diseases. In Canada, similar sources where health reporters and members of the public can access current health data and statistics include: the *Statistics Canada*, which is being managed by the Public Health Agency of Canada. Other archives for health data and statistics in Canada include: the *Global Public Health Intelligence Network*, and the *Health Canada for Public Health Informaticians*. The *Health Canada for Public Health Informaticians* is regarded as the best source for Canadian public on aggregated health data and statistics at the national level (Frisch, Borycki, Capron, Mawudeku, & St. John, 2014)

The major difference in the cases of the United States and Canada as developed countries, with Nigeria, as in the opinion of *The Nation* health reporter, is that, "Health journalists in developed countries have unlimited access to health information and they can readily access health data and statistics through many archives without restrictions." (*The Nation* health reporter, 2014) In Nigeria, "There are cases of obsolete data and statistics, which are not relevant to current health situations, and there are other cases whereby there are no aggregated statistics on some disease conditions in Nigeria. In a few situations where these statistics are available, those in charge may decide not to release them." (*The Punch* health reporter, 2014)

Compared to the improved conditions of practice that health reporters in developed countries have and enjoy, it is clear that despite the various challenges that health reporters encountered in Nigeria, they are still motivated to do their job. And the passion for the job increases because they impact lives through their health stories. This, according to them, is manifested in the many positive feedbacks they have received from their general readers. They, therefore, considered these various feedbacks as more valuable compared to the challenges they encountered in the job. It is, however, critical to note that while general readers applauded health stories in Nigerian newspapers, health experts and professionals sometimes complained about the quality of health stories in Nigeria. This situation may imply that while general newspaper readers considered health information to be of benefit to them in Nigerian newspapers, health experts and professionals are more critical about the contents/quality of health stories and the expertise demonstrated by health reporters in reporting various health issues.

By extension, the challenges that health reporters face with in Nigeria in the course of discharging their professional duties may be regarded as the summation of the challenges involved in journalism practice in Nigeria. This resonated with the study of African Media Barometer (2011), which found that:

Working conditions for Nigerian journalists in both state and privately-owned media organisations are simply deplorable. Not only are salaries very low, but they are also paid intermittently, with a cross section of private media journalists being owed arrears of up to ten months. Corruption is eating deep into the fabric of the Nigerian media, and is unfortunately condoned by media proprietors, who sometimes encourage reporters to extort money from news sources in lieu of salaries.

Despite the challenges that health reporters and journalists in general encounter, journalism practice in Nigeria has been described as the most robust and vibrant in Africa (Oso et al., 2011, African Media Barometer, 2011). This may then imply that, if health reporters and journalists in Nigeria can have a good and more enabling environment within media



organisations and the larger society, health reporters in Nigeria may be able to compete favourably with their counterparts in the developed countries.

## CONCLUSION AND RECOMMENDATIONS

Considering the findings of this study, there is dire need for health and science researchers and professionals to realise their strategic position in Nigerian society and be ready to fulfil their social responsibilities in developing the field of health reporting. They need to form an alliance with health reporters in improving the health sectors in the country through the strategic use of the media to disseminate health information. The more both parties see themselves as different entities without any cooperation, the more the field of health reporting suffers and the more Nigerians are denied important health information. It is time for the Nigerian government to prioritise the health sector through appreciable funding and the availability of current data and statistics. This is central to the health sector in general. Furthermore, improving the state of security in Nigeria by the government is highly essential to improve the scope of coverage in health reporting, especially in the northern region of the country. The north is noted for many communicable and non-communicable diseases including HIV/AIDS, malaria and polio, yet the state of insecurity in the region often prevents health reporters from investigating health issues that affect people from the region.

More importantly, media organisations in general are called upon to operate insurance coverages for all practising journalists as this would go a long way in motivating them to excel in their career. Professionalisation of health beat should also be a policy across media organisations in Nigeria. This makes a health reporter seasoned in the field as he is able to understand the dynamics and the intricacies involved in health reporting, thereby leading to higher productivity.

## REFERENCES

- African Media Barometer. (2011). *African Media Barometer: The first home grown analysis of the media landscape in Africa: NIGERIA 2011*. Windhoek, Namibia: Friedrich-Ebert-Stiftung.
- Agbonifo, P. O. (1983). The state of health as a reflection of the level of development of a nation. *Social Science & Medicine*, 17(24), 2003-2006. doi: 10.1016/0277-9536(83)90140-5
- Ahmed, R., & Bates, B. R. (2013). *Health Communication and Mass Media: An Integrated Approach to Policy and Practice*. Farnham: Ashgate Publishing Ltd.
- Ankem, K. (2006). Use of information sources by cancer patients: Results of a systematic review of the research literature. *Information Research*, 11(3).
- Atkinson, R., & Flint, J. (2004). *Snowball Sampling*. USA: Sage Publications.
- Benelli, E. (2003). The role of the media in steering public opinion on healthcare issues. *Health Policy*, 63(2), 179-186.
- Boyd, B., L., & William D., S. (2009). Unlocking health worker potential: Some creative strategies from the field. Retrieved 28/11/2013 <http://www.globalhealthcommunication.org>
- Chapman, S., McLeod K, Wakefield, M., & Holding, S. (2005). Impact of news of celebrity illness on breast cancer screening: Kylie Minogue's breast cancer diagnosis. *Medical Journal of Australia* 183, 247-250.
- Collins, P. A., Abelson, J., Pyman, H., & Lavis, J. N. (2006). Are we expecting too much from print media? An analysis of newspaper coverage of the 2002 Canadian healthcare reform

- debate. *Social Science & Medicine* 63(1), 89-102. doi: 10.1016/j.socscimed.2005.12.012
- Durrant, R., Wakefield, M., McLeod, K., Clegg-Smith, K., & Chapman, S. (2003). Tobacco in the news: an analysis of newspaper coverage of tobacco issues in Australia, 2001. *Tob Control*, 12 Suppl(ii), 75-81.
- Frisch, E. L., Borycki, E. M., Capron, A., Mawudeku, A., & St. John, R. (2014). Health Canada for Public Health Informaticians In J. A. Magnuson & P. C. J. Fu (Eds.), *Public Health Informatics Information System* (pp. 603-618). London: Springer- Verlay.
- Kenix, L. J. (2011). *Alternative and mainstream media: the converging spectrum*. London: Bloomsbury Academic.
- Lambe, K., M. . (2008). Mass media and the optimization of health policy in Nigeria: the participatory option. In R. A. Akinfeleye (Ed.), *Mass media and society* (pp. 190-209). Lagos, Nigeria: Department of Mass Communication, University of Lagos.
- Lewis, G., Tootell, S., Roe, R., & Sullivan, R. (2008). How do the media report cancer research? A study of the UK's BBC website. *British Journal of Cancer*, 99(4), 569-576. doi: 10.1038/sj.bjc.6604531
- Mtega, W., P. . (2012). Access to and usage of information among rural communities: A case study of Kilosa District Morogoro Region in Tanzania, *The Canadian Journal of Information Science, Practice and Research*, 7(1). doi: [http://www. Journal.lib.uoguelph.ca](http://www.Journal.lib.uoguelph.ca)
- Niederkrotenthaler, T., & Sonneck, G. (2007). Assessing the impact of media guidelines for reporting on suicides in Austria: interrupted time series analysis. *Aust N Z J Psychiatry*, 41, 419-428.
- Oliver, P. (2006). Purposive sampling. In V. Jupp (Ed.), *The SAGE Dictionary of Social Research Methods* (pp. 245-246). London: Sage Publications.
- Owens-Ibie, N. (2002). Communicating health issues in Nigeria: challenges for immunization Activities. In L. Oso (Ed.), *Communication and development- a reader* (pp. 229-238). Abeokuta, Nigeria: Jedidiah Publishers.
- Pilerot, O., & Limberg, L. (2011). Information sharing as a means to reach collective understanding: A study of design scholars' information practices. *Journal of Documentation*, 62(2), 312-333.
- Rendon, T. T. (2002). Implicit media literacy. *The Journal of Media Literacy*, 48(1), 22-27.
- Robinson, J. P., & Levy, M. R. (1986). *The main source: Learning from television news* Beverly Hills, CA: Sage Publications.
- Schwitzer, G., Mudur, G., Henry, D., Wilson, A., Goozner, M., Simbra, M., Baverstock, K. A. (2005). What are the roles and responsibilities of the media in disseminating health information? *PLoS medicine*, 2(7), e215-e215. doi: 10.1371/journal.pmed.0020215
- Sharma, A. (2013). Role of media in health communication. Retrieved 29/11/2013 <http://www.apc.org>
- Torwel, V., & Rodney, C. (2010). Newspaper coverage of health issues in Nigeria. *African Communication Research* 3(2), 235-251.
- United States Agency for International Development. (2006). Avian influenza: media orientation training notes. Retrieved 30/11/2013 <http://www.globalhealthcommunication.org>
- Weiss, A., Crowder, L., V., & Bernardi, M. (2000). Communicating agro-meteorological information to farming communities. *Agricultural and Forest Meteorology Journal* 103(1-2), 185-196.

World Health Organisation. (1993). *The health of young people: A challenge and a promise*. Geneva, Switzerland: World Health Organisation.