How to do (or not to do) . . .

Media analysis for policy making

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Introduction

Many developed and developing countries are considering major policy changes in the health sector, triggered for example by calls for cost containment, by changing needs because of demographic and epidemiological transitions or by a wish to resolve large inequalities in health and ditto inequities in access to health care. Both the problems encountered and the suggested policies to tackle them more often than not have roots or implications outside the health sector. They are not technical issues that can be regarded as low-politics. They are embedded in the social, political and economical culture of societies, and changes might involve shifts in status quo, vested interests or ideologies, making them high politics. Examples are the health care reform proposals in the USA, the essential drugs policy in Bangladesh, the introduction of user fees in Kenya and the introduction of an internal market in the UK National Health Service. The advent of new diseases such as AIDS or BSE/CJD also have important policy implications. Such issues will get extensive media coverage.

In this article the media are considered to include print and audio-visual mass media, such as newspapers, magazines, radio- and television programmes primarily devoted to news, background information and opinion, as well as professional journals, relevant newsletters etc.

The past decennia have witnessed an enormous increase in mass produced messages. According to Hall the media therefore have become a major cultural and ideological force, influencing the way in which social relations and political problems are defined and addressed. Gerbner classified mass communication as a form of ‘institutionalized public acculturation’, side by side with religion and public education or formal schooling. According to Rettig the media’s role in health policy deserves more analytical scrutiny because ignoring it, by definition, ignores the policy contribution of a major social institution and Nelkin argues that the most critical source of public information are the media, shaping public perceptions and the way individuals and social institutions respond to disease. The assumption that their influence is substantial forms the basis for the belief that they can inform policy-makers. Reading the daily newspapers during working hours is not only acceptable for politicians and civil servants, it is generally regarded as an indispensable part of their work.

This article will explain how systematic analysis of media output can inform policy-making, how it can be done and what its strengths and weaknesses are. It does not address how the media can be used to promote certain policies (advocacy), nor what the influence of the media is on the policies, nor what the effect of the media messages is on the consumer. Although all of these are valid research areas in their own right, they will only be referred to in as far as they affect the interpretation of media output for policy analysis.

Theoretical frameworks

To start with I will say a few things about the different theoretical frameworks within which media
analysis can be placed. Media analysis has roots in a number of scientific disciplines. The literature is a myriad of competing and complementary, partly overlapping theories; interesting, but difficult to read because of the diverging terminologies and jargon.

During the beginning of this century discourse analysis developed as a subdiscipline of linguistics, using grammar, style and syntax of language as well as lay-out, intonation and non-verbal signs as a tool to analyze text and speech. Even ideological positions, interests and power can be signalled through apparently context-free language characteristics as sentential syntax. Semiology (or semiotics) developed out of linguistics, the French philosophical movement of structuralism and social anthropology. It added the importance of the cultural and social context in which messages are produced and consumed, in exploring the latent content of communications. It looks for explanatory underlying structures or signifying systems that will give meaning to the messages. Marxist analysis grew out of political theory about class conflicts and interprets communication from this perspective. Psychoanalytic analysis grew out of Freud’s explanations of the human psyche, which it uses as a paradigm.

All of these approaches were developed in Europe. Each of them is a highly intellectual endeavour to analyze the complicated phenomenon of human communication and to explore how manifest and/or latent meaning can be revealed.

Across the Atlantic meanwhile content analysis developed out of mass communication studies, a subdiscipline of social sciences. It borrowed from all of the above and is described by van Dijk as ‘not just a theoretical approach of mass communication research, but an interdisciplinary method “for the objective, replicable and quantitative”’ description of texts’. It is the only type of media analysis that has quantitative aspects.

What can media analysis be used for?

The way media analysis is approached depends largely upon the purpose of the investigator. Using detailed language analysis is proper for in-depth investigation of a specific communication. Marxist and psychoanalytic approaches are doctrinaire and therefore controversial, although they can provide valuable insights into the motives of both senders and receivers of media messages, as well as in the agenda of the mediator (i.e. the journalist or the media organization). Semiology is mostly used to detect undercurrents in popular culture, such as soap series, comic strips, myths and fairy tales; very useful in the comparative study of ideologies, changing over time or differing between societies or groups.

For our purpose, to inform health policy, content analysis seems most appropriate:

1) to inform the policy process by analyzing how an existing or intended policy or policy options are perceived and feed this information into the policy-making activities;
2) to evaluate the policy process and the role of the media in it.

Content analysis

There is no one way to do a content analysis. Any systematic attempt to characterize or typify bodies of content qualifies for inclusion within the range of approaches. The most comprehensive definition is given by Wright: ‘content analysis is a research technique for the systematic classification and description of communication content according to certain usually pre-determined categories. It may involve quantitative or qualitative analysis, or both. Technical objectivity requires that the categories of classification and analysis be clearly and operationally defined.’ There is no clear model (except for the outdated, purely quantitative analysis) and the methodology is usually not described in the publication of results.

The following steps can be seen as essential elements of content analysis. They have been developed by the author, based on McQuail’s step-approach, Gerbner’s classification scheme (taken from their cited publications) and Walt’s policy framework. I will clarify them by referring to a specific policy: the national introduction of an educational package on AIDS/STD in secondary schools. Assume that the policy intent has been broadly communicated to the press and that you are a staff member of the institute that has been charged with the development and implementation of the policy or a civil servant in the Ministry of Education. You have been asked to scrutinize the media and analyze the coverage, so that any potential problem can be swiftly addressed (objective).
Step 1: specify the objectives of the analysis
What is it that you want to know? What kind of 'problems' might be expected? You could, for example, document which aspects of the policy are picked up and which are not covered. Is the coverage accurate? Which aspects get most attention or seem to be controversial (content)? Which actors and stakeholders surface? How is the institute covered? Can a political divide be discerned or one along lines of religious denomination (actors)? Is the policy covered as a health issue or an educational issue (context)? How does the discussion develop over time (process)?

Step 2: selection and collection of appropriate samples of media output
Decide which newspapers, talkshows, radio programmes etc. to include. Generally all national and major local media would be included. If teachers are expected to be important stakeholders in the health policy under consideration, professional journals should not be overlooked. The time-frame over which to collect the items would usually be current and on a continuous basis, unless one is doing an historical analysis. The cheapest and least time-consuming way to collect print items is taking out a subscription to a clipping service. They screen the selected media for key words provided by the analyst, and send the 'clippings' on a daily or weekly basis. The clippings should mention the source, date of publication and preferably its circulation. You could try to obtain readership profiles of media from advertising agencies. Similar services are available in some countries for audio-visual media. Ministries of Information could be sources in countries where commercial services might not exist. Another possibility is to subscribe to and screen the selected media yourself.

Step 3: make a classification scheme
From the questions formulated in step 1, content categories or themes can be identified. For each time the issue is covered in any medium the following dimensions could be noted:

- **content**: what is the message about, how much importance is it given in terms of space or time allocated to it, how accurate is the coverage?
- **context**: what qualitative characteristics or connotations are attached to the theme (values, point of views), is a relationship with other concepts evident?
- **actors**: which individuals or groups are mentioned as being involved or having an interest and what is their position and power?

From these, any development or process over time could be described in the analysis.

Step 4: code each media item according to the classification scheme
Be as objective as possible. For example, use number of words or column lines to describe how much space was devoted to a theme in each item. Use wording from the item, do not translate. Operationalize criteria for categories such as excellent, good, fair and bad. The most practical time to do that is after you have collected a (hopefully representative) number of items, so that you allow yourself to be informed by their content, before tying yourself down. An example is given in Table 1 for the theme of 'condoms' in the educational package for schools. The scheme should be regarded as tentative because non-expected issues or dimensions might have to be added. It should not become a strait-jacket hampering discovery of the richness of the material.

Step 5: analysis and report
You will now have a number of charts on different themes. Some basic indicators can be calculated, such as the frequency with which each (sub)theme appeared (or did not appear) in the media, how much space and time was devoted to it, and how many people have been exposed to it. You can comment on how accurately different themes were reflected (as compared with the intentions of the actual policy), what has raised controversy, who is likely to be supportive or opposed to the policy and for what reasons, how discussions on different subjects developed over time and whether shifts in content, context or actor's positions occurred. The report can be discussed in the team responsible for development and implementation of the policy to generate recommendations for follow-up.

Caveats, strengths and weaknesses of the method will now be mentioned because they can be instrumental in understanding the workings of the media and useful in enhancing the value of the analysis.

**Caveats**

1) The interaction between media, policy-makers, government, scientists and the public is a dynamic one: a platform for information and opinion, where policies are described, but also constructed. The
media sense public interest and write about something, thereby legitimizing it as an issue for public concern, both for the public and for policy-makers. But while the media are the single most important source of information for the public, policy-makers have other sources of information as well.

2) Mass media communications do not happen in a vacuum. Although the journalistic ideal is objective and balanced reporting, journalists are themselves part of society and subject to ideologies and to external influences. Communication is never value-free. The same is true for the media analyst.

3) Objectives of media are different from those of policy-makers – they sell news, so what they publish has to be newsworthy, i.e. dramatic, unexpected, negative, topical. DBI (dull but important) or BAU (business as usual) stories do not sell. If press exposure to a policy does not lead to extensive coverage, you can safely assume that it will not pose many problems.

4) Analysis can never be better than the data on which it is based. How informative the media are, both to the public and to policy-makers, may well have to do with the political system of the country. This is obvious where the media are controlled by the government, but less obvious in countries with a free press. My impression is that in countries with two major political parties, like the USA or the UK, the press seems to be divided along those same political lines. Any issue quickly becomes politicized and thereby polarized. In a country with many parties, like most continental European countries, where political coalitions are necessary to govern, the press also seems more diversified. Issues are less the property of one party and the press can pay more attention to discussion of content, closer to the goal of unbiased and balanced reporting.

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### Table 1. AIDS/STD educational package in schools: condoms

<table>
<thead>
<tr>
<th>Date/medium/circulation</th>
<th>What</th>
<th>CONTENT space/time</th>
<th>Accuracy</th>
<th>Point of View</th>
<th>CONTEXT why (values)</th>
<th>Context relationship</th>
<th>Who</th>
<th>ACTORS position</th>
<th>Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/96 Daily News 5 million</td>
<td>reflection of policy intent to teach pupils on condoms</td>
<td>10 column lines in 200 column lines article on page 9</td>
<td>good</td>
<td>neg. on including condoms in education</td>
<td>sex is for married people</td>
<td>promiscuity</td>
<td>parents</td>
<td>moderately against</td>
<td>large</td>
</tr>
<tr>
<td>12/05/96 6 o’clock news 12 million</td>
<td>announcement of policy, showing teenagers buying condoms</td>
<td>1 minute fair in 3 minute coverage on whole policy</td>
<td>neutral to positive</td>
<td>pragmatic, the reality is that teenagers have sex</td>
<td>responsibility</td>
<td>safety</td>
<td>pupils</td>
<td>largely in favour</td>
<td>small</td>
</tr>
<tr>
<td>13/05/96 Catholic Times 1.5 million</td>
<td>schools to promote condom use</td>
<td>headline front page 50 column lines</td>
<td>factual about condom but out of context</td>
<td>very negative</td>
<td>When you observe God’s law you do not need condoms</td>
<td>sin</td>
<td>promiscuity</td>
<td>church</td>
<td>strongly against</td>
</tr>
<tr>
<td>20/05/96 Teachers United 300,000</td>
<td>teachers as sex educators</td>
<td>90 column lines in 3-page art. on whole policy</td>
<td>excellent</td>
<td>positive</td>
<td>different values need discussed</td>
<td>teachers</td>
<td>need training</td>
<td>teachers</td>
<td>largely in favour</td>
</tr>
</tbody>
</table>
Strengths

1) Media analysis is non-reactive to the investigator, not subject to recall bias and not dependent on the willingness of stakeholders to talk to the analyst.

2) The raw material is readily available, accessible and cheap to acquire.

3) Media analysis can capture the policy process over time and reveal dynamic relations among the relevant actors.

4) Journalists make it their business to investigate controversies, hidden agendas and sensitive issues. They have access to large databases and networks of people. They often do research, read medical journals, interview key opinion leaders and stakeholders, go on field trips to observe reality. By using their output for policy analysis you basically have a large team working for you (although they have not been briefed by you and their methods may not be up to scientific standards).

5) Media analysis takes policies into society, puts them to the test of the pulling forces and pushing powers of the real world, in which they will have to be implemented, away from ivory towers and good intentions.

6) It might give policy-makers some ideas about how to improve on the policy content or its political feasibility.

7) It can be used as a basis for other tools, such as stakeholder analysis, especially because the concerted press is likely to do a better job in uncovering interests and opinions than the average policy analyst. And that information can be used because it was already published (whether it is true is another question – see below).

Weaknesses

1) Media convey indirect, mostly second-hand information. What journalists write/say is often not original, but derived from pre-existing messages, such as reports, press releases, scientific publications, interviews etc. News production involves interpretation. News analysis involves interpretation again.

2) Exactly how and how far mass media products reflect (and influence) people’s opinions, attitudes and behaviour, and those of policy-makers, is far from clear. How reliable and useful media output is for policy analysis is therefore a matter of careful estimation on the basis of good understanding of the media workings in a specific country.

3) The media are vulnerable to commercial attacks on objectivity/independence; for example being careful with negative stories on smoking because of their dependence on advertising income from the tobacco industries, or growing profit orientation due to (changing) ownership or declining readership, although these interests are often transparent. (Other sources of policy information, such as doctors and politicians, are possibly even more vulnerable to commercial attacks, in turn often exposed by the media.)

4) Case stories do not say anything about the quantitative importance of a problem, although some media do their own research to quantify any abuses of the health system that they might have uncovered. Opinions voiced in the media are not necessarily representative.

5) Great caution is warranted in the interpretation of the calculated figures. Numbers can be very deceiving. They may not take into account the authority of the medium nor the importance of its receivership (although all people are created equal, some are more equal than others). One can try to correct for this by weighing procedures but they tend to become cumbersome and suffer from lack of objectivity.

6) Although several attempts can be made to objectively quantify the process of media analysis, it is basically quite subjective. This feature is shared with all policy analysis tools and inherent to the complexity of human interactions. Sophisticated quantitative approaches usually fail to capture the interdependency of problems or change over time, losing the richness and conflicts of reality by oversimplification.

Conclusion

Media analysis, like any tool for health policy analysis, necessitates a good understanding of the ideologies, culture, politics and the health scene of a country. Above that a keen insight in the workings of the media is indispensable. It can be a powerful tool to inform policy analysis when media output is quantified with care and interpreted with caution, in the light of the drawbacks inherent to the subjective character of human communication and to the complex, dynamic interplay between policy-makers, scientists, the public and the media, where all are both senders and receivers of information and opinions.
How to do (or not to do)...

Endnote

The media also give ample space to news about medical advances, health and safety issues and case histories, revealing problems in the health system, sometimes leading to new policies. They have become a vital health education vehicle as well.

References


Biography

Maria Paalman, MSc (clinical psychology), became director of the Dutch Foundation for STD Control in 1983, after five years working in therapeutic communities with alcohol and drug addicts. From 1993–95 she worked in Tanzania for the EC to support the MoH in development of a national STD programme. She also did short-term consultancies for WHO/GPA and the EC AIDS Task Force. In 1995–96 she did an MSc in Health Policy, Planning and Financing at the London School of Hygiene & Tropical Medicine/London School of Economics. She is presently working as WHO Programme Management Officer in Hanoi, Vietnam.

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