208. Spreading News or Panic? A Study Case on Brazilian TV Coverage of A (H1N1) 2009 Influenza

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Abstract. In this study we compare through content analysis the A (H1N1) flu coverage by two Brazilian leading TV programmes: Jornal Nacional (JN), aimed mainly at "hard news" daily broadcasting, and Fantástico,an infotainment program broadcast on Sundays. Both the "hard news" and infotainment programs' coverage peaked in May, had the number of cases or deaths caused by the new flu as the most frequent main topic and used more often as news sources governmental representatives and physicians. Fantástico coverage was more conspicuously focused on the disease spreading; more often relied on the average citizen as sources and voices; and more frequently constructed stories with personalization/human interest angle. Apparently, more than the hard news program, the infotainment program tried to create identification with ordinary people's lives and more fully explored the dramatic potential of the spread of disease.

Keywords: Science journalism; Health coverage

Introduction

Television is one of the major sources of information about science, technology and health/medicine both for the general public and for health professionals. Images that may be evident in society are re-circulated through television (Hodgetts, Chamberlain, 1999). The news provided by television is a source of information that can be accessed regularly, extensively and in a socially recognized way. Depending on choices made during coverage of an emerging disease, television can help to promote panic or to calm its audiences.

In United States and Europe, several studies have found that viewers have been witnessing an increasing number of trivial and sensational stories, or the "soft news", entertainment or infotainment quotient in television programs (Vettehen, Nuijten, Peeters, 2008; Leon, 2008; Uribe, Gunther, 2007). Differently from the "hard news" approach, that is "serious" or "fact-based", concerning "traditional front page and TV news stories which address the important issues of the day" and relying on elite news sources, "soft news involves 'light' or 'human interest' stories"
(Henderson, Kitzinger, 1999).

In the northern hemisphere spring of 2009, flu cases caused by a new virus strain were first identified in the United States and Mexico and then spread rapidly around the world. When the Mexican government began disseminating information about the spread of a lethal new respiratory disease, the world media also began spreading the news. On April 27, WHO raised the alert to phase 4. Less than one week after the first alert, new cases were confirmed in several countries, and the alert was raised to phase 5. Finally, on June 11, WHO raised the alert to its maximum, or phase 6 (Allam, 2009; Jones, Salathé, 2009). Brazil, second in the Americas and fifth in the world in population, was one of the countries hardest hit by the
A (H1N1) pandemic: 34,506 influenza-like severe acute respiratory cases of infection had been reported as of August 21, of which 16.7% were laboratory-confirmed pandemic A (H1N1) influenza. The first laboratory-confirmed case was detected in Brazil on May 7, 2009, and the epidemic peaked rapidly. On July 16, the first case due to sustained transmission was reported.

Coverage of A (H1N1) has been extensive and may have contributed to high levels of public anxiety. In the United Kingdom, in spite of extensive coverage, a telephone-based survey conducted less than two weeks after verified low levels of anxiety and limited behavioral changes (Rubin et al., 2009). In Saudi Arabia, on the other hand, most people expressed concern about the new flu. Saudi citizens stated they received their information about it mainly through television, newspapers, and magazines, which, along with information disseminated over the internet, may have contributed to a "misinformed dialogue" (Balkhy et al., 2010). In the United States, according to the report "Health news coverage in the U.S. media. January-June 2009," "swine flu was the number one story of the nation" at the height of coverage, that is, during the week of April 27-May 3 (The Kaiser Foundation, The Pew Research Center's Project for Excellence in Journalism, 2009).

The leading Brazilian primetime news program (Jornal Nacional) coverage of A (H1N1) influenza began on April 24 (Medeiros, Massarani, 2010), followed by the same network's infotainment program, that is called Fantástico.

In this study, we compare Fantástico and Jornal Nacional coverage of A (H1N1) 2009 influenza.

Methods

Jornal Nacional (JN) is TV Globo's main newscast. It is the audience leader of primetime television, reaching an average of 25 million people a day. Fantástico is an infotainment program broadcast by the same network (Rede Globo) on Sundays. We viewed JN nightly news and Fantástico programs from April 15 – data when CDC first confirmed the existence of the new disease and it became a potential news subject− through August 31, 2009. Stories about the new A (H1N1) flu began to appear on April 24, but after August 31, they grew sparse and were no longer covered with any regularity. JN and Fantástico stories were studied through content analysis.

We created a protocol of analysis of television coverage of the new H1N1 flu based on a protocol created for analyzing stem cell coverage (Nisbet, Brossard, Kroepsch, 2003) and on the studies of media coverage and risk perceptions of drugs, health risks, and diseases cited as references in this study.

Using this protocol, we collected data on 21 variables, seven of which are described in this paper. We classified each story by the main topics covered: (1) characteristics of the new flu; (2) economic impact of the disease; (3) increase/decrease in the number of cases or victims; (4) prevention or control measures; (5) research and development.

The main frames analyzed in this study were: (1) disease spreading/victimization: focus on the number of suspected, confirmed and/or discarded cases, as well as deaths caused by the 2009 flu; (2) containment: focus on the sanitary measures taken by governmental representatives, companies and citizens to avoid infection or to treat the disease; (3) personalization/human interest: focus on drama or tragedy of people affected by the new flu; (4) scientific-medical background: focus on previous scientific knowledge about influenza and pandemics; (5) economic impact: focus on the economic burden of disease; (6) research and development: focus on the development of vaccines or antiviral drugs fabrication.

Besides main frames and topics, we analyzed: the distribution of stories in time; sources; voices; presence of images of scientists or research laboratories; presence of contextualized information, that is, whether the reporter responsible for a story or the anchor who relayed brief news items made reference to past events, previous epidemiological data, or prevention and control measures in order to afford viewers a broader perspective of the new flu.

Results

JN stories were more frequently broadcast in May, but in July coverage peaked once more. Fantástico coverage, in turn, peaked only in May (Figure 1).
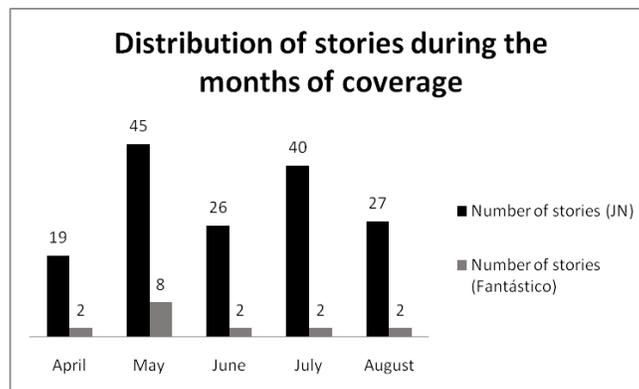

Figure 1. Distribution of the TV stories along the 5 months of coverage

In JN, we found five types of main topics. Increase/reduction in the number of cases (42%) and measures of prevention/control (38%) of the new disease were the most frequent main topics of aired news. Fantástico stories, instead, addressed a lower diversity of topics: only three. Increase/decrease in the number of cases was also the most prevalent subject of stories (Figure 2).

In JN, we found six types of main frames. Containment (44%) and disease spreading (42%) of the new flu were the most frequent. In Fantástico, the new flu spreading (56%) was the predominant frame, followed in frequency by containment and personalization/human interest (Figure 3).
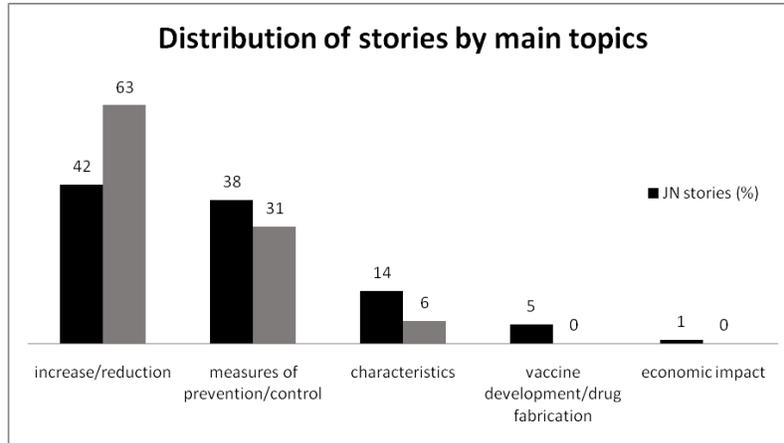
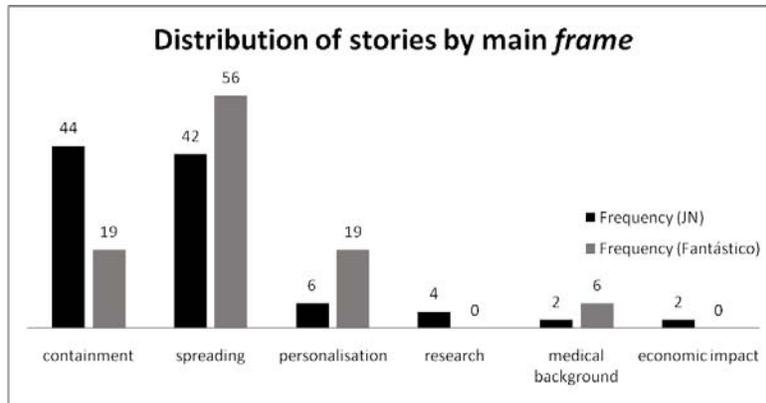*Figure 2. Distribution of TV stories by main topics*

Figure 3. Distribution of TV stories by main frame

In this study, we distinguished between news sources–people and/or institutions responsible for information or opinions used to construct a story–and news "voices", people and/or institution(s) interviewed to compound the narratives. In JN we found a total of 310 sources; the only expressive ones were governmental representatives (59.4%), physicians (17.1%) and international authorities (10%). In Fantástico, governmental representatives (35%) were also the most common sources, but physicians (27.5%) and the average citizen (25%) were more frequently mentioned. The most frequently heard voices in JN were average citizen (36%), governmental representatives (30%) and physicians (17%). As the figure shows, in Fantástico the average citizen represented a still more frequently heard voice. The only other expressive voice was the physician's one, which represented 16.1% of the total (Figure 4).

In Fantástico, only 3 out of 16 (or 18.8%) stories showed images of scientists and research laboratories. In JN, 15% of stories
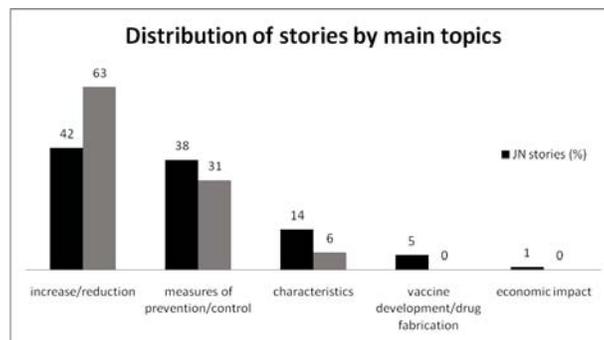

Figure 4. Frequency with which each voice type was consulted by Brazilian TV programs

(or 23) broadcast such kind of image. Contextualizing elements were present in a minority of the JN stories, that is, in only 10 out of 157: 3 mentioned the so-called Hong Kong flu of 1968; one mentioned the 1930s identification of a new H1N1 strain; one mentioned a past but recent political meeting; one talked about the emergence and spread of a new virus from Mexico to the United States, Canada, and other countries; one mentioned actions taken by the Brazilian government after WHO warned the world about a potentially pandemic flu; one mentioned the use of a homeopathic medicine to prevent dengue in one Brazilian state; one mentioned the Fort Dix flu outbreak and 1976 vaccination program in the U.S.; and one was about the 1918 pandemic. In Fantástico, contextualized information was found in only 2 of the 16 analysed stories. One referred to the 1918 and the 1968 pandemics of flu. The other gave some perspective to the emergence and spreading of A (H1N1) 2009 influenza.

Discussion

Both programs' coverage of A (H1N1) 2009 influenza was extensive and peaked in May, but JN coverage peaked one more time in July, when the new disease emerged and "re-emerged," respectively, after apparently declining in relevance in late May and June. The 2009 flu was no longer new but the growing number of cases contributed to the "re-emergence" of the disease as a public health threat.

The prevention or control measures, together with the growing number of cases of new flu and victimization from it, were the most frequent main topics found in JN coverage. Regarding frames, the only two expressive ones in JN were containment and disease spreading/victimization, which fluctuated along coverage (Medeiros, Massarani, 2010). As Young, Norman, Humphreys (2008) remark, equal coverage of both frightening and reassuring information by the media at a similar time can make people "take longer to trust the reassuring information". Media coverage can contribute to raising people's levels of fear, concern, or anxiety, which is necessary to motivate actions leading to a reduction in risk exposure. However, it can also lead the public to take exaggerated self-protective measures or spread a pandemic of fear (Rubin et al., 2009; Fielding et al., 2005). Fantástico had disease spreading/victimization as the most frequently explored interpretive device; the containment frame was found to be as frequent as the personalisation/human interest frame, which refers to an effort to personalize, dramatize, or "emotionalize" the news (Semetko, Valkenburg, 2000)". Contextualized information was more often broadcast by Fantástico than by JN.

Scientific research had a minor role in both programs. Scientists represented only 3% of people voiced by the "hard news" program and 4.8% of the total of voices in the infotainment program' stories. In JN coverage, the most relevant sources used to construct journalistic stories were governmental representatives, physicians and international authorities. Fantástico also had sanitary authorities and physicians as the most frequently mentioned sources, but in contrast with JN the average citizen was more often used to construct the narratives. Physicians were also more frequent sources in the infotainment program.

The most common voices presented by JN were the average citizens, governmental representatives and physicians. In Fantástico, the average citizens were still more frequent. Our results indicate that sources and voices play distinct roles: whereas sources lend the stories credibility, voices, in turn, contribute to make the topics personally relevant to audiences (Kitzinger, 1999). Apparently, more than JN, Fantástico tried to create identification with ordinary people's lives and more fully explored the dramatic (sometimes tragic) potential of the disease spreading.

Fantástico seems to have privileged disease spreading due to the dramatic potential associated with information and images of infected and dead people. In the coverage of diseases or health risks, not only the "body count" is relevant: it is also important "who are at risk": threats to "people like us" tend to attract more attention than threats to "others" (Kitzinger, 1999). In the case of the 2009 flu, people with great dramatic appeal were among potential and real victims, that is, children, young adults and pregnant women. The potential impact of this kind of story cannot be neglected. Our results suggest that Fantástico, the infotainment program, can have contributed, more than JN to the amplification of risk perceptions regarding the A (H1N1) 2009 influenza. Whether Fantástico coverage could be said sensationalist, however, is a matter of debate.

Acknowledgements

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