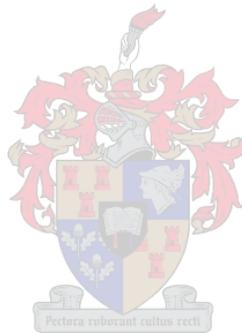


**Analysis of health reporting in three South
African women's magazines: *Fairlady*, *Sarie* and
*True Love***

by

Mary Mattheyse



Assignment presented in partial fulfilment of the requirements for the degree of
MPhil (Journalism) at the University of Stellenbosch

Supervisor: Professor George Claassen

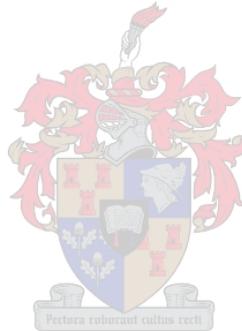
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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:

Date:



ABSTRACT

Health reporting in South African women's magazines has not previously been assessed. Therefore, a content analysis of health reporting in three South African monthly women's magazines, *Sarie* (S), *Fairlady* (F), and *True Love* (T), was carried out from February 2005–January 2006. Total coverage of health issues was analysed, as well as coverage of 11 specific aspects of health, namely: sexual and reproductive ('Sexual'), men's, women's, cardiac ('Heart'), spiritual 'Spirit'), mental and emotional ('Mental'), diet and nutrition ('Diet'), sport and exercise ('Sportex'), health-related items not covered by the other categories ('General'), pseudoscience with regard to health issues ('Pseudo') and parenting and child care ('Parent'). *True Love* devoted most space to all health items combined (17,7% of total subject material), compared with 13,8% for *Sarie* and 11,7 % for *Fairlady*. The top three categories (20,1%, 19,7% and 16,3% of total health coverage) were the 'Mental', 'General' and 'Sexual' categories, respectively. Comparisons of categories among the magazines showed the following trends for the most coverage: 'Sexual' (T); women's (F), 'Spirit' (T), 'Mental' (S); and 'Diet' (F). T was the only magazine to carry articles in the 'Parent' category. However, statistical analyses showed that the only significant differences were in women's (F>T); 'Spirit' (F>S; T>S); 'Mental' (S>F) and 'Diet' (F>S). The reporting in the magazines was not found to be balanced as regards the emphasis given to certain aspects of health. The most striking imbalance was that no information was given regarding prevention of HIV/Aids, now the leading cause of death in South Africa.

OPSOMMING

Die mate van gesondheidsverslaggewing in Suid-Afrikaanse vrouetydskrifte is nog nie voorheen bepaal nie. Daar is dus 'n inhoudsanalise gedoen van die gesondheidsverslaggewing van drie Suid-Afrikaanse vrouetydskrifte, *Sarie* (S), *Fairlady* (F), and *True Love* (T), wat maandeliks verskyn, vanaf Februarie 2005–Januarie 2006. Die totale dekking van gesondheidskwessies is geanaliseer, sowel as die dekking van 11 spesifieke aspekte van gesondheid, nl.: seksueel en reproduksie ('Seksueel'), mans, vrouens, hart ('Hart'), geestelik ('Geestelik'), emosioneel ('Emosioneel'), dieet en voeding ('Dieet'), sport en oefening ('Sport'), gesondheidsverwante kwessies wat nie deur ander afdelings gedek is nie ('Algemeen'), pseudo-wetenskap met verwysing na gesondheidskwessies ('Pseudo') asook ouerskap en kindersorg ('Ouer'). Gesamentelik het *True Love* (17,7% van totale onderwerp inhoud) die meeste plek afgestaan aan gesondheidsverwante kwessies, in vergelyking met 13,8% vir *Sarie* en 11,7 % vir *Fairlady*. Die top drie afdelings (20,1%, 19,7% en 16,3% van die totale gesondheidsdekking) was 'Geestelik', 'Algemeen' en 'Seksueel' respektiewelik. 'n Vergelyking van die verskillende afdelings tussen die tydskrifte het die volgende tendense vir die meeste dekking getoon: 'Seksueel' (T); vroue (F), 'Geestelik' (T), 'Emosioneel' (S); and 'Dieet' (F). T was die enigste tydskrif wat artikels in die 'Ouer' afdeling gepubliseer het. Statistiese analises het egter getoon dat die enigste insiggewende verskille in die 'vroue' (F>T); 'Geestelik' (F>S; T>S); 'Emosioneel' (S>F) en 'Dieet' (F>S) afdelings voorgekom het. Daar is gevind dat rapportering in die betrokke tydskrifte ongebalanseerd was ten opsigte van sekere aspekte van gesondheid. Die grootste gebrek was dat daar geen inligting oor die voorkoming van MIV/Vigs verskaf is nie, alhoewel dit bekend is dat dit nou die hoof oorsaak van sterftes in Suid-Afrika is.

To Fred

For never ceasing to believe in me



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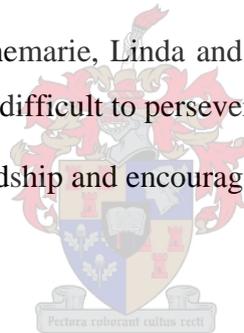


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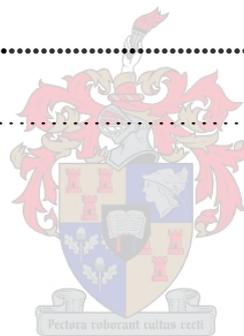
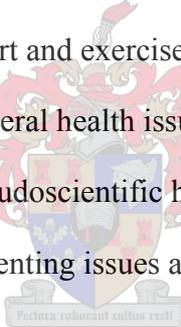


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CHAPTER 1

INTRODUCTION

The public is fascinated by health and medical matters. Consumers are hungry for information, particularly on health subjects that they can relate to, either because they apply directly to them or to people they know. The popular media know how to package the information in an understandable, digestible way. In the print media, the 'package' is often made even more attractive, even entertaining, by the addition of colourful graphics.

The public are happy to believe the information packaged by the media: the news media have authority - they have the weight of 'expert' opinion, 'reality' and 'fact' behind them as well as their dramatic and entertaining qualities to attract audience's attention. In medical reporting, the media can fulfil all their functions, namely to entertain, educate and inform consumers.

But to an even greater extent than in reporting on other matters, the media carry a great responsibility towards the public when reporting on health matters. It is vital that health reporting is done in a responsible manner, since "misleading information is potentially dangerous: it can even cost lives" (SIRC, 2001). A balance has to be struck. There is no sense in having an entertaining, understandable media item if it is full of factual errors. As Mark Twain reportedly said, "Be careful about reading health books; you may die of a misprint". We would surely not like this to be said of the South African media, for example women's magazines, which are often the only source of a family's health information.

Since health issues affect every member of the public and women's magazines are a readily available source of health information to the general public, an assessment should be made on reporting of health issues in these magazines. As far as is known, no study has been made of health reporting in popular South African women's magazines. This is particularly relevant in light of grave health problems in the country, such as HIV/Aids.

This study focused on three popular South African magazines, namely *Fairlady*, *Sarie*, and *True Love*. The aim was to find out the total health coverage of these three magazines over a twelve month period, and to analyse coverage of different categories of health topics. A comparison was made to see whether the different categories of health topics were given different emphases by the different magazines, which cater for different market segments.

CHAPTER 2

LITERATURE REVIEW

2.1 Why is good health/medical reporting important?

Good media reporting is important because the public rely on the media for information. Therefore this information should be accurate and not misleading in any way.

There is no doubt that the public rely on the media for information on medical and health matters. This was the conclusion drawn from a national poll commissioned by the National Health Council of America in 1997 (National Health Council report, as quoted by Johnson, 1998).

Seventy-five percent of those surveyed in the poll said they pay either a “moderate amount” (50 percent) or a “great deal” (25 percent) of attention to medical and health news reported by the media. The primary sources of health news listed by respondents¹ were:

- ◆ Television (40 percent)
- ◆ Doctors (36 percent)
- ◆ Magazines or journals (35 percent) and
- ◆ Newspapers (16 percent)
- ◆ Internet (2 percent)



It is clear that a large percentage of the public does indeed use the media to obtain medical and health information, although more up-to-date surveys would reflect different figures: the use of the Internet, for instance, has increased in leaps and bounds, and has become the primary source of information for many, for a host of topics including health matters.

For example, a 2002 survey showed that 80% of all adults in the United States sought health information online (Anderson, 2004).

¹ Since these figures add up to more than 100 percent, one can conclude that some respondents used more than one source to obtain medical or health information.

In developing countries, too, like India, the Internet is also used, although to a lesser extent. A 2004 survey in an urban, private sector hospital revealed that 24% of those surveyed, accessed health-related information from the Internet (Akerkar et al., 2005).

A survey among adolescents in Accra, Ghana on the use of the Internet as a health information source, indicated that 66% of youth surveyed, who were still in school, and 54% of adolescents who had left school, reported having gone online. Of all Internet users, 53% of had sought online health information, Youth reported 'great interest, high levels of efficacy, and positive perceptions of online health information' (Borzekowski, 2006).

To quote Kwankam (2004), 'e-Health systems can improve access to information, thus increasing awareness of what is known in the health sciences, while selective dissemination by electronic means can facilitate targeting of information on those who either request it or are most likely to use it'(Kwankam, 2004).

Television is also a major source of health information. As seen in the 1997 survey referred to above, television accounted for 40% of health news reports. But health information is not gleaned only from straight news reports. According to a survey carried out in 1999 by the U.S. Centers of Disease Control and Prevention (CDC), 50% of the 38 million U.S. residents who regularly watch daytime soap operas said they learned something about disease and prevention methods (Anon, 2006a) from these programmes. Furthermore, 26% of those in a follow up survey in 2002 said that prime-time TV was one of their top three sources for health information, and 52% said they trusted the health information they saw to be accurate.

The public does not just obtain information from the media, but follows it up with action. According to the 1997 poll, fifty-eight percent of those who obtain medical information from the media said they had changed their behaviour or taken some kind of action as a result of having read, seen, or heard a medical or health news story in the media. Forty-two percent reported seeking further information as a result of media reports.

In the 1999 survey on television viewing, one-third of the participants said they took some action based on what they had learned, including 7% who reported visiting a doctor and 6% who reported that they did something to prevent a health problem. Now the *KNOW HIV/AIDS* public education initiative is collaborating with the producers of soap operas to include information about HIV in the story lines (Anon, 2006a). This is an example of how the media can combine the functions of entertaining, educating and informing the public.

Since so many members of the public rely on media information in matters of health, it is vital that this information should be accurate and reliable. This is why the role of the medical reporter in telling the public about new advances in medicine is so vital: it is not merely a matter of providing accurate information, but also of letting people know how relevant the information is.

2.2 The role of magazines in informing the public on health/medical matters

As can be seen in the results of the survey carried out in America in 1997 (see above), 35 percent of the respondents said that they obtained medical information from magazines or journals.

Regarding deadlines, magazines have an advantage over newspapers, radio or television in that they have longer lead times, i.e. the gap among the deadline for receiving articles and the magazine going to press. For monthly magazines, for instance, the lead time is usually two to three months. The fact that the deadlines for magazines are not as tight gives reporters for these publications more time to get the facts right; in fact there is far less excuse to not report accurately and credibly. Unlike newspapers, which are news orientated, magazines are geared towards feature articles: they prefer longer, more reflective or in-depth articles to short items. This is mainly because of their longer deadlines.

Another characteristic of magazines is that they are kept much longer than newspapers and are dipped into for weeks and sometimes months, compared with newspapers which are expected to land in the dustbin the following day (White, Evans, Mihill & Tysoe, 1993:41).

In South Africa, as in other countries, the public has been made aware of health issues through publicity in the media in general. Not everyone has access to the Internet, and those wanting to find out more will often turn to magazines for more information.

In particular, mass-market women's magazines have traditionally been a significant source of health information for their readers (McKay & Bonner, 2002), since they very often include health issues among their feature articles and advice columns.

Since women's magazines are often the *only* source of health information for many families, these publications have a responsibility to present correct and balanced information. Unfortunately, this does not always happen.

In order to assess the quality of medical reporting in magazines or other media, we first need to examine what good reporting in this field is all about.

2.3 What is good medical reporting?

According to the award-winning medical editor Ragnar, the fundamental challenge in medical journalism is “how to tell fact from fiction on the medical beat” (Levi, 2001:xi).

Good medical reporters must be critical, and must be able to question to what extent expert sources can support their statements, giving their audience at least a hint of the substance behind the words (Levi, 2001:34). It is not enough to quote an expert source, even if that expert’s opinion is balanced by quoting another expert who disagrees with the first one.

Levi provides guidelines to assess evidence used in verifying or disproving medical claims. For example, he explains the relative credibility of meta-analyses, controlled trials, cohort studies, case studies, and qualitative studies. Furthermore, he provides a helpful guide on interpreting statistics (Riechert, 2004:89).

Because the importance of good medical reporting is recognised, together with unique challenges faced by journalists covering health care, codes of ethics have been drawn up for health care journalists. In May, 2004, a Statement of Principles was completed by the Association of Health Care Journalists (Schwitzer, 2004); and a set of guidelines for science and health communication has been published by the UK Royal Society (Royal Society)

2.4 Pitfalls and problems in medical reporting

There are a number of barriers to good medical reporting, including news production routines (tight deadlines), limited contact with the audience, reliance on sources and conflicting focuses of interest (Riechert, 2004:89).

Unfortunately, there are also many examples in the media of how reporting on medical/health matters has not been as accurate or balanced as it should have been.

The media have often been accused by those in the public health field of inaccurately reporting health issues, of inciting unfounded panic and fear by making sensational statements, of distorting the ‘facts’ and of ignoring important details (Lupton, 1992:30).

Inaccuracies, not putting facts into context, sensationalism and controversy are just some of the problems leading to the public being misinformed regarding health-related matters.

(2001) describes ten pitfalls in medical reporting and how (and why) to avoid them:

- ◆ Treating specialists as generalists

- ◆ Confusing science fiction with science facts
- ◆ Being misled by numbers games
- ◆ Depending on anecdotes for evidence
- ◆ Failing to question findings about a treatment's effects
- ◆ Extrapolating from research to clinical practice
- ◆ Hying a study's clinical implications
- ◆ Mistaking risk factors for disease, and
- ◆ Misjudging risks

(Riechert, 2004:89).

Levi's second point (confusing science fiction with science facts) should be given attention by many writers for magazines and the popular press.

2.4.1 Pseudoscience

'Science fiction' is also known as pseudoscience. Simply put, a pseudoscience is a set of ideas based on theories put forth as scientific when they are not scientific (Carroll, 2002). Put another way, it is 'an established body of knowledge which masquerades as science in an attempt to claim a legitimacy which it would not otherwise be able to achieve on its own terms; it is often known as *fringe-* or *alternative* science' (Hope, 2003).

Pseudoscience is used in many popular theories connected with health, such as promotion of special diets according to people's blood groups, acupuncture, aromatherapy, graphology, homeopathy, biorhythms, etc.

It is often difficult to detect the difference among credible science and pseudoscience, especially for a lay person. Proponents of pseudoscientific ideas are often extremely persuasive and convincing – in fact they are usually better 'salesmen' for their ideas than scientists, who are cautious in proclaiming any finding to be an indisputable fact: part of the scientific process is being open to having the 'facts' challenged with new experimental data.

Carl Sagan, in his book *The demon-haunted world: Science as a candle in the dark*, describes a 'baloney detection kit', a set of questions, 'tools for sceptical thinking', to help detect

pseudoscience. These can be asked to test the validity of a so-called scientific claim (Sagan, 1997:197-204).

Similarly, Shermer (2001), as cited by Claassen (2005), has drawn up a 'Boundary Detection Kit'. Questions from this 'kit' can be used to test claims such as those of Matthias Rath, that his 'natural' remedies can be used to cure all manner of diseases, including cancer and HIV/Aids,

The extent to which pseudoscientific theories are used in health reporting in women's magazines will be a measure of the scientific credibility (or lack thereof) of health reporting in these publications. It was therefore decided to look at the prevalence of this type of reporting in the women's magazines studied for this research assignment.

2.4.2 Popular science

Popular science is interpretation of science intended for a general audience rather than for other scientists or students (Anon, 2005a). Television documentaries and magazine articles are among the ways used to present popular science. Medical research is a topic often presented as popular science. Unfortunately, research results are often presented without putting them into context. This can lead to misinterpretation by the general public, who, without sufficient background knowledge, find it difficult to know how reliable the information is. To place the research findings in context, the reporter needs to cite earlier research on the topic and to seek comments from independent experts (Schwitzer, et al., 2005).

Popular science can also blur the boundaries among formal science and pseudoscience (Anon, 2005a). This can happen if the presenter / writer has a limited understanding of the topic or of interpreting of data, or if he or she is biased.

Levi's third point, namely 'Being misled by numbers games', needs serious attention.

2.4.3 Numbers and statistics

Genis (2001) has highlighted the disturbing lack of numeracy skills amongst journalists. This leads to them being unable to interpret figures correctly and may lead to misleading or confusing reporting. This could be particularly alarming in the field of medical reporting. However in a later study by Prinsloo (2006) it is reassuring to note that a sample of South African journalists performed well when they did a test which was designed to study their mathematical ability.

Misinterpretation of statistics is a major source of confusion in medical reporting. Cohn (1989) addresses this problem in his book *News and numbers: a guide to reporting statistical claims and controversies in health and other fields*.

Problems arise when reporters over generalise, over dramatise, and/or do not understand the differences among absolute risk and relative risk; causation and association; and higher risk and higher mortality (Lötter, 2004:55-59).

2.5 Examples of distortions / inaccuracies in medical reporting

Sensational and misleading information in the media can deceive the gullible public. If the incorrect information has to do with HIV/Aids, a major health problem in our country, it could lead to a great deal of harm. For instance, Parker (1999) describes how a group of HIV-positive prisoners in Diepkloof prison firmly believed that Aids could be cured by certain 'holy water' being dispensed by a 'healer' in Umtata. They had obtained this information from an article in a certain popular local magazine. The article included photographs of a woman who claimed to have been HIV-positive, but was now negative. Contact details of the 'healer' and the costs of treatment were supplied to add credibility. The prisoners felt that they were being unfairly denied access to this 'cure', and many other HIV-positive people made pilgrimages to Umtata to be treated. Some months later, the same magazine exposed the 'healer' as a 'profiteering con artist'. It was all a hoax.

Of course, sensationalism and controversy sell news, but if media adhere to ethical standards, this should not be the only consideration. Parker suggests how the media can report more responsibly, e.g by putting facts and figures into context, and can make positive contributions to dealing with the problem by, for example, workplace programmes amongst their own employees, and providing journalists with specialised training in HIV/Aids reporting.

Sensationalism and inaccurate reporting of facts are not the only problems in health reporting. The amount of coverage devoted to a particular disease may create a skewed perception of that disease's importance. For example, heart disease, the leading cause of death in America, received 27,9% less coverage in the news media than malignant neoplasms, the second leading cause of death (Frost, Frank & Maibach, 1997, as quoted by Wallace & Ballard, 2003). The reporting of risk factors for death showed a similar disproportion: for example, tobacco, the number one risk factor, received 27,9% less coverage than toxic agents which are number five on the list. Lebow (1999), as cited by Wallace & Ballard (2003), found that the articles in four

major US newspapers generally overstated the risks of the use of oral contraceptives, particularly with regard to breast, ovarian, and endometrial cancers.

On the other hand, the prominent coverage given to heart surgery and the portrayal of heart surgeons as glamorous heroes has the effect of detracting from the efforts of health care practitioners to emphasise preventative, rather than curative, solutions to disease (Lupton,1992:31).

Women's magazines have often not fared better than other media as far as good medical reporting is concerned. For example, *Good Housekeeping*, one of the major women's magazines of the early twentieth century, and ranked third in circulation during the period 1920-1965 among women's magazines renowned for their advice, was actually not a very useful source of personal health information (Chuppa-Cornell, 2005). The author found that not only were this magazine's health articles lacking in pertinent information on women's health issues, but its health advertisements were also factually misleading. Nevertheless, the magazine claimed to be an authority on women's health because it supported the new standards of health and hygiene that were promoted during this time.

Whelan (1996), in an American study, reviewed five months' worth of 13 women's magazines, regarding the reporting of health facts, specifically relating to smoking. She found that the magazines 'tended to emphasise non-existent or trivial health risks while largely overlooking major causes of disease, particularly cigarette smoking'. This 'misinformation and distortion' was attributed to the fact that cigarette advertisements accounted for a large amount of their advertising revenue.

Wallace and Ballard (2003) focused on how eight leading American women's magazines and two major newspapers reported on osteoporosis, a significant public health threat. They found that in many ways the reporting was not entirely balanced. They cite articles by other researchers who showed that some information presented in popular magazines and newspapers was ambiguous and incomplete.

2.6 Medical reporting and society

Medical reporting can reflect trends in society to do with health, or even be used to bring about changes in what is regarded as harmful to society.

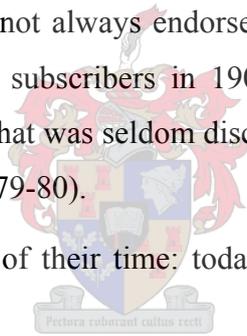
For example, North American popular culture can be characterised by its obsession with fitness and exercise. The dramatic increase in the number of exercise articles in women's magazines is a reflection of this trend in recent years, as are the proliferation of speciality magazines and television programmes dealing with exercise (Phillips, 2005).

An example of a deliberate agenda setting on the part of the media, is the early twentieth century crusade of the well-known American women's magazine *Ladies' Home Journal* against some patent medicines used by women to doctor themselves and their families. Unknown to users, many patent medicines with reassuring names like "Carney's Common Sense Cure" or "Children's Comfort" contained high percentages of alcohol or addictive narcotics such as opium, morphine, codeine and laudanum. Medical surveys revealed that by 1900 as many as two-thirds of American opiate addicts were women.

The campaigns of magazines like this led to the enactment in 1906 of the federal Pure Food and Drug Act (Playsted Wood, 1956: 119-20, as quoted by Johnson & Prijatel, 1998: 79-80).

Yet turn-of-the-century readers did not always endorse women's magazines in their approach. *Ladies' Home Journal* lost 75 000 subscribers in 1906 after printing an editorial about the dangers of venereal disease, a topic that was seldom discussed (Playsted Wood, 1956: 119-20, as quoted by Johnson & Prijatel, 1998: 79-80).

It seems that they were way ahead of their time: today, magazine articles detailing all things sexual are commonplace.



2.7 Methods of analysis of health reporting

Lupton (1992) notes that analysis has been mainly by classical quantitative content analysis. She states that content analysis is often the most appropriate method to show systematically the patterns of the portrayal of health issues in the media. However, it should be noted that she argues that content analysis does not give a complete picture. She feels that the socio-cultural and political context in which health, disease and risk are discussed in the popular media should also be taken into account. In this way there may be sensitivity to the belief systems underlying news accounts of events, which give meaning to the way health issues are represented (Lupton, 1992:28-29). Consciously or sub-consciously, the media may have certain agendas or may be perpetuating certain aspects of the *status quo* in the perceptions of society.

2.8 Previous surveys on health reporting in the media

A survey of SA print media with regard to science and technology reporting has been carried out by Van Rooyen (2002). She and coworkers monitored 15 South African publications over a period of three months in 2002. They further defined 19 different sub categories of which biomedicine, food science and nutrition, and HIV/Aids covered health matters. The sub category called pseudoscience could also have covered health-related matters. There were two magazines included in the survey; however these were not specifically women's magazines.

They found that the category for biomedicine was by far the most popular of science and technology reports, with 18% of the articles falling into this category, followed by HIV/Aids (12%).

However the total coverage of all science and technology articles accounted for only 1,8% of the editorial content in the publication over the three month period studied. This means that health related articles comprised a scant 0,54% of editorial content $[(18+12)/100 \times 1,8/100]$. This is disturbing when one considers the huge impact that health issues have on people's lives.

Lötter (2004) analysed reporting in the media on the WHI (Women's Health Initiative) study on Hormone Replacement Therapy (a *Time* magazine report and 13 reports in various South African popular media sources, namely the magazines *Sarie*, *Longevity* and *Shape*; the newspapers *The Cape Argus*, *Die Burger*, *Mail & Guardian* and *The Daily Mail*; the News24 website; and the television stations e.tv and SABC3). She found that bias or alarm was sparked more by "well meaning" but shallow reporting, than by deliberate manipulative omission (Lötter, 2004:12). Contrary to expectations, newspaper reports and not magazine features proved to be more neutral and less confusing (Lötter, 2004:60).

Research has been done on medical reporting in women's magazines on specific topics, such as smoking (Whelan, 1996), nutrition (Begley & Cardwell, 1996) and osteoporosis (Wallace & Ballard, 2003), but no study on a wide range of health/medical matters appears to have been done on different women's magazines, and not in South African women's magazines, to our knowledge.

Therefore it was decided to assess the reporting of health/medical matters in three different women's magazines, namely *Fairlady*, *Sarie* and *True Love* over a twelve month period.

CHAPTER 3

MATERIALS AND METHODS

3.1 Research methodology

The methodology used in this study, a preliminary overview, was quantitative and used the method of content analysis. Further qualitative studies could be carried out at a later stage to determine what is behind any differences.

The content analysis on health reporting was carried out on three different South African monthly women's magazines over a twelve-month period, from February 2005-January 2006. It was decided to analyse magazines over a whole year since the types of articles published may differ according to the time of year. In this way the whole spectrum of articles should be covered. Also, since we wanted to compare the magazines, twelve of each magazine would be the very minimum required (Nel, 2006).

The content analysis was to assess the magazines' total coverage of health issues as well as 11 specific aspects of health, namely sexual and reproductive health; men's health; women's health; cardiac health; spiritual matters; mental and emotional health; diet and nutrition; sport and exercise; general health matters; pseudoscience in health reporting; and parenting and child care.

A comparison among magazines should give some indication as to how coverage may vary in magazines aimed at different market segments.

3.2 The magazines analysed

Sarie, *Fairlady* and *True Love* are all monthly magazines published by the Media24 publishing group; and according to the Audit Bureau of Circulation figures (ABC's) for the periods January to June 2005 and July to December 2005, all three magazines are in the top 10 women's magazines.

The publisher, Mari Lategan, comments: "The combined efforts of editorial, advertising, marketing and merchandising have ensured the three titles' position as market leaders." She expressed confidence that Media24 women's magazines will continue to outperform the many other titles on the market (Anon, 2005b).

The following information about the magazines and their readers was obtained from the Media24 website (Anon, n.d.):

Sarie has the motto “*My Inspirasie*”. It was established in 1949 and according to the circulation figures (ABC’s), is the No. 1 women’s magazine in the country. It is aimed at “the modern-thinking, forward-looking Afrikaans woman of today”.

Fairlady is a ‘multi-dimensional general interest women’s magazine for South African women aged 30+’. It was established in 1965. Its motto is “*Conversations with women*”. It has readership over different generations (age groups).

True Love was launched in 1972 as a photo-story book for men before being repositioned as a women’s magazine in the early 80s. It is one of the fastest-growing magazines and is a “general interest, up-market publication aimed at young, modern black women, aged 18-35”. Its motto is “*All a Woman needs*”.

The circulation and readership figures which correspond with the period of the survey in this research assignment are shown in Table 1 (p.18).



3.3 Definitions

3.3.1 Magazine content

a) Total subject material (pages) (“TOTSUBJMAT”): total pages placed by the magazine, including the front cover page; that is, all pages excluding advertisements, ‘advertorials’ and ‘promotions’, even if they included useful-looking health information. However, competitions and notices about workshops arranged by the magazine were included in ‘magazine’ material even if they also included promotional material. Book reviews on health topics were included. Supplements, e.g fashion and beauty supplements in a separate ‘magazine’ enclosed with the main magazine, were not included.

b) Health articles (pages): Articles dealing exclusively with health issues, or mentioning health issues amongst others.

3.3.2 Categories of health items

(Abbreviations: S = *Sarie*; F = *Fairlady*; T= *True Love*)

Sexual: Articles about sex, reproductive health, contraception, HIV/Aids, (including social and political consequences thereof); vasectomy (T 04/05); health during pregnancy, including care of feet; rape; the effects of childbirth; male infertility; Caesarean births; intimacy/closeness in man-woman relationships.

Men's health: all items that apply only to men.

Women's health: All items that apply only to women; menopause; F 08/05 caring for your body at different life stages - including advice from an aromatherapist; scoliosis (curvature of spine – occurs in teenage girls); breast reconstruction; uterus.

'Heart': Items to do with cardiac health.

'Spirit' (Spiritual matters): forgiveness; all items to do with religion, where God or prayer are mentioned; Catholic church and Vatican discussed in the light of *The Da Vinci Code*.

'Mental': Mental/emotional health; Attention Deficit Hyperactivity Disorder; psychological wellbeing, e.g realising your dreams, e.g S 5/05: "Vervul jou drome": mental wellbeing by being yourself; depression; suicide, including link among HIV and suicide; coping with multiple roles; alcoholism; coping with stress; loneliness; getting over broken relationships; managing anger; play therapy for children; forgiveness; inner peace; coping with shyness; drug addiction – effect on family; self mutilation among teenagers.

Diet: Items to do with diet(s) and nutrition; obesity; nutrition issues, e.g rBST in milk; body shape (danger of abdominal fat); fast food; diet pills.

'Sportex' (Exercise and sport): items to do with sport and or/ exercise; article on t'ai chi - general health benefits but with pseudoscientific explanations; yoga (T 07/05; 01/06).

General: Health matters that did not fit into the other categories: Includes general information about functioning of the body, stem cell research, impact of HIV/Aids on households, bird flu, sun protection, antibacterial soaps, dental health, including information about teeth whiteners, foot care, hand- and nail care, including hygiene – washing hands; syndrome X; hair health; treating burns; heredity and disease; baby developmental milestones; value of napping; sleep and dreams; the role of laughter in general health; effect of alcohol on brain and general health; effect of music on health; deafness; the power of touch; Tourette's syndrome; sunglasses (particularly for children).

'Pseudo' (Pseudoscience): Items dealing with 'pseudoscience' as it applies to health issues; in this context, 'pseudoscience' means any therapy not generally used by the conventional medical

profession. Examples are: Influence of the colours of foods on, e.g soul, work satisfaction, emotional power, self assurance etc.; article on Dr Matthias Rath (F 11/05); lack of efficacy of echinacea; faulty thought patterns; polarity therapy, traditional healers; article about alternative therapies, including advantages and disadvantages, e.g iridology, magnetic therapy, reflexology, Bach flower therapy, Ayurveda (T 03/05); chakras (T 03/05), flotation (T 07/05); facial analysis diet (T 08/05); therapy by sound; interpretation of dreams; the paranormal: clairvoyance, telepathy and precognition; possible dangers of traditional /herbal remedies during pregnancy.

‘Parent’ (Child care and parenting skills): Items which do not fit into above categories but which are health related and to do with child-rearing, e.g separation anxiety; sleep deprivation in parents; calming fretful babies; limiting children’s watching of TV; babies’ teething; preventing children drowning.

Table 1. Circulation and readership figures during the period of the survey.

ABC= Audit Bureau of Circulation. These figures indicate actual sales of the magazines; AMPS = All Media Product Survey. This indicates how many people read (though not necessarily bought) the magazine.

MAGAZINE	ABC’s (Circulation) (Net Sales)		AMPS (Readership)
	Jan-June 2005	July–Dec 2005	Mar-Sep 2005
<i>Fairlady</i>	90 852	81 756	827 000
<i>Sarie</i>	143 434	141 733	678 000
<i>True Love</i>	115 904	115 009	1 729 000

3.4 Methods of content analysis

In each case, pages were counted – text plus graphics. Fractions of a page were estimated in cases where the material did not take up the whole page due to advertisements, other non-health items, etc.

- Overall view of the total health reporting. To get this, the total pages dealing with health matters were expressed as a percentage of total subject material. The total pages over the period of the year of the study (February 2005 – January 2006) were added.
- The next step was to look at the total health pages and break them down into the 11 different categories, namely sexual, men's, women's, cardiac health ('Heart'), spiritual health ('Spirit'), mental health ('Mental'), diet and nutrition ('Diet'), sport and exercise ('Sportex'), general (items not covered by the other categories), pseudoscience with regard to health issues ('Pseudo') and parenting skills ('Parent'). The total number of pages in each category was expressed as a percentage of the total subject material over the period of the study.
- Pages of monthly health articles in each of the categories were assessed for each magazine for the twelve-month period.
- The percentage of reporting in each category was calculated for the total reporting of health items for the three magazines combined. This gave a general picture of emphases of the women's magazines as a whole.
- Comparisons were then made among the three magazines over this period in order to find out whether there were statistical differences in reporting among the three magazines. This was done as follows:

3.5 Statistical analyses

Statistical analyses were done using Statistica 7 (StatSoft Inc., 2004).

To test whether there were significant differences among the number of pages on a particular health category published by the different magazines, a Kruskal-Wallis non-parametric test was used on the number of pages for each month over the period of study. The Kruskal-Wallis test is used to determine if the means/medians of independent populations are equal, if one knows that that data from each population are not normally distributed. The Kruskal-Wallis test then replaces the actual observations with their rank orders and tests whether the sums of the rank orders of the different tests differ from each other significantly. A significance level of 5% was

used in this study indicating significant differences if $p < 0,05$. If the p-value of the test is smaller than 0,05, it indicates that there is indeed a significant difference among population averages/medians, and we reject the null hypothesis that they are the same.

A non-parametric multiple comparison procedure was used to determine where the significant differences were, if significant differences were detected with the Kruskal-Wallis test. In the case of the 'Mental' category a Newman-Keuls multiple comparison procedure was used to determine where the significant differences were.

Multiple comparisons procedures can be explained as follows:

If the null hypothesis of equality of three or more means/medians is rejected, multiple comparisons procedures are used to determine where the differences are by testing two means at a time. If the original hypothesis entails only two means/medians, such procedures are not necessary, since we know these two means/medians are significantly different. The Scheffe-, Bonferroni-, Tukey-, Newman-Keuls- and LSD- methods are possible methods which can be used for this purpose.

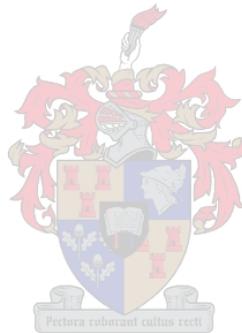
3.6 Research questions

The analyses above were used to answer the following questions:

- How much coverage is given to health matters as a whole in each of three popular women's magazines?
- How much coverage is given to health matters in various specific categories in these magazines as a whole?
- Does the coverage of various health categories vary among the magazines and if so, are the differences significant?
- If the answer to the last question is yes, follow-up research could be done – beyond the scope of this study - to try to determine why magazines aimed at a certain market segment should place more emphasis on certain health issues when compared with magazine(s) aimed at a different market segment.

3.7 Theoretical assumption and purpose

The assumption being made is that health reporting in South African women's magazines is not balanced, either in the amount of reporting done on health matters as a whole, or in the emphasis given to certain health matters. This assumption is based on many instances of unbalanced health reporting which have been found in overseas publications. There is no reason to think that South African publications would be any better. This research will either prove or disprove this hypothesis.



CHAPTER 4

RESULTS

Figure 1 is a bar chart comparing the amount of health reporting in the three magazines over the period. As can be seen here, *True Love* devoted most space to health items (17,7%) compared with 13,8% for *Sarie* and 11,7 % for *Fairlady*.

Figure 2 shows the amount of coverage given to different categories of health reporting by the three magazines (combined results). It can be seen that of all health reporting in the magazines, 20,1% was on ‘Mental’ (mental and emotional health), 19,7% on ‘General’, 16,3% on ‘Sexual’ (sexual and reproductive health), 12,1% on ‘Diet’ (diet and nutrition), 11,0% on ‘Spirit’ (spiritual matters), 7% on Women’s health, 5,3% on ‘Pseudo’ (pseudoscience in health), 5,2% on ‘Parent’ (parenting and child care), 1,8% on ‘Sportex’ (sport and exercise), 1,3% on Men’s health, and 0,3% on ‘Heart’ (cardiac health).

Figure 3 gives a “big picture” comparing coverage on different health topics by the three magazines. Here it can be seen for example, that spiritual health is given more coverage in *True Love* than in *Sarie* or *Fairlady*.

Figures 4 – 14 quantify the differences in each of the 11 different health categories by means of the bar charts (a); and show the box plots for the non-parametric statistical analyses (where applicable) for each category (b).

FIGURES

TOTAL HEALTH PAGES

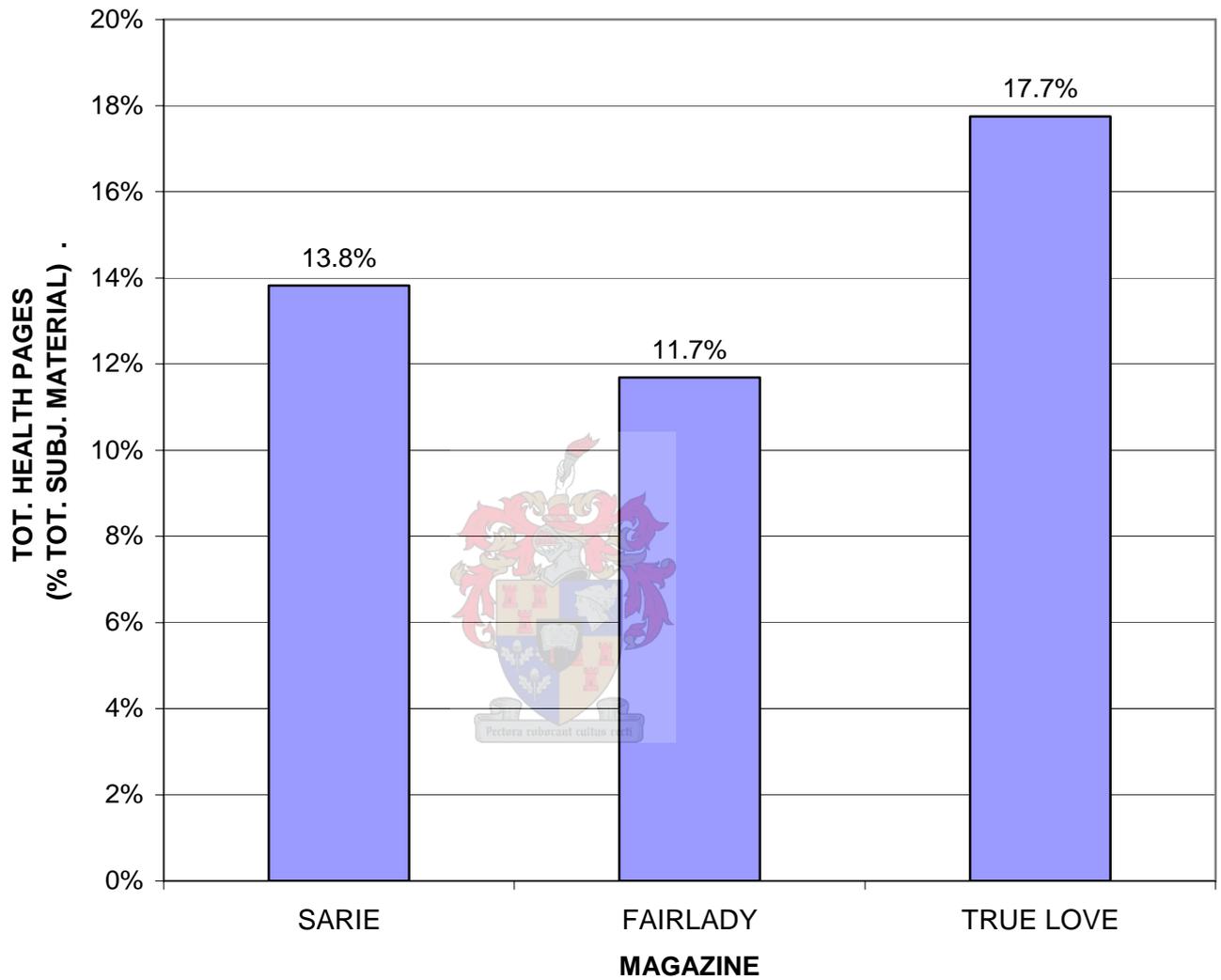


Figure 1. Total health coverage: comparing the three magazines. Total pages of health items as percentage of total subject material in *Sarie*, *Fairlady* and *True Love* over the period February 2005 – January 2006.

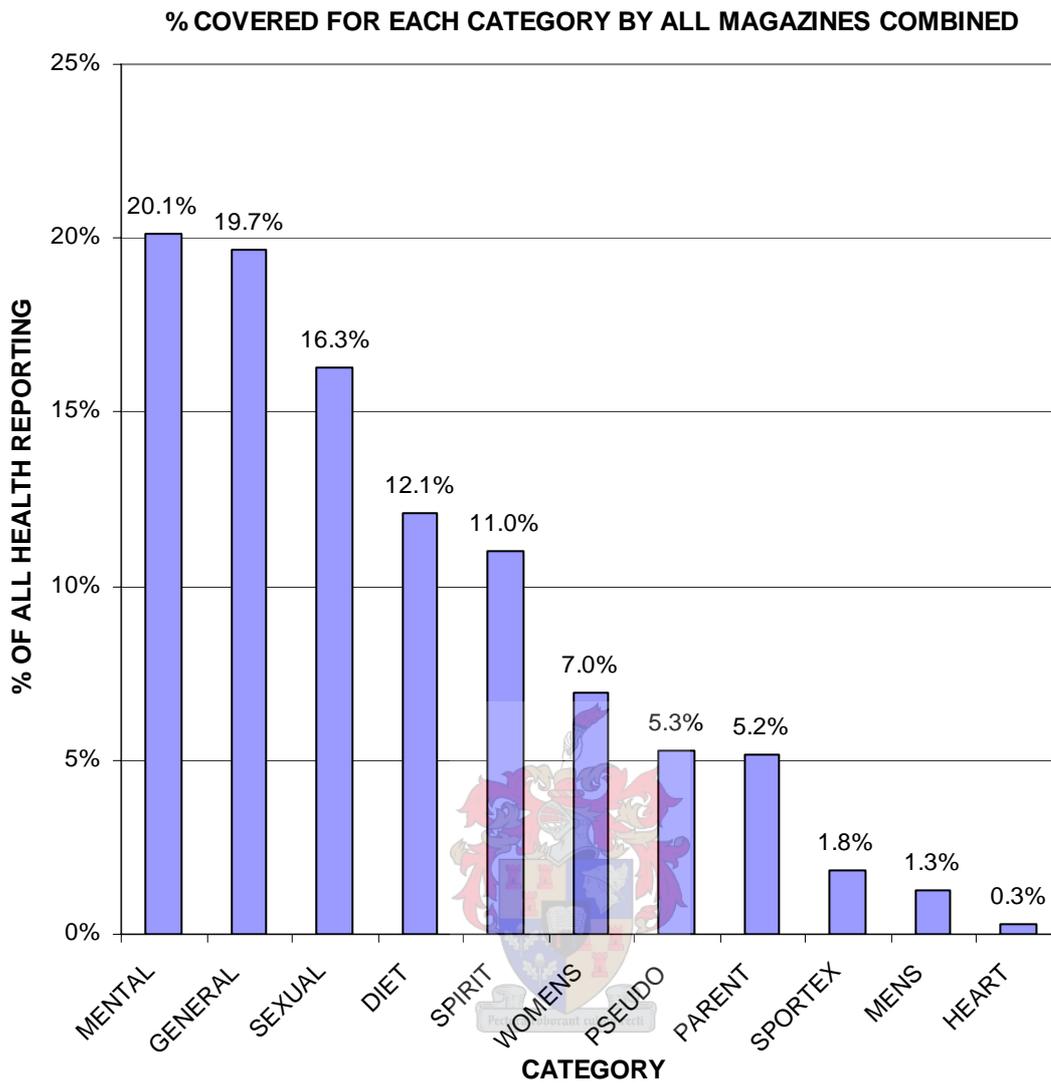


Figure 2. Comparison of percentage coverage for each category by all magazines combined.

% PAGES PER CATEGORY FOR EACH MAGAZINE

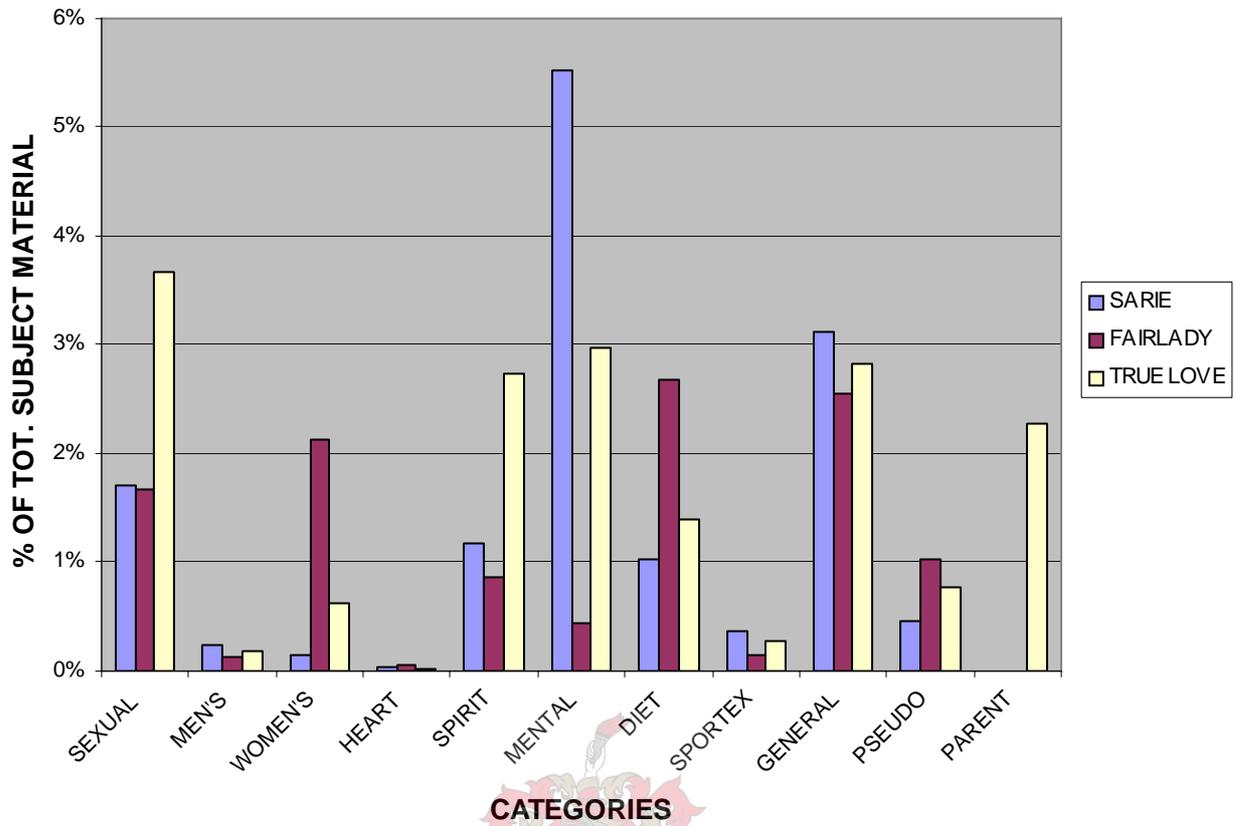
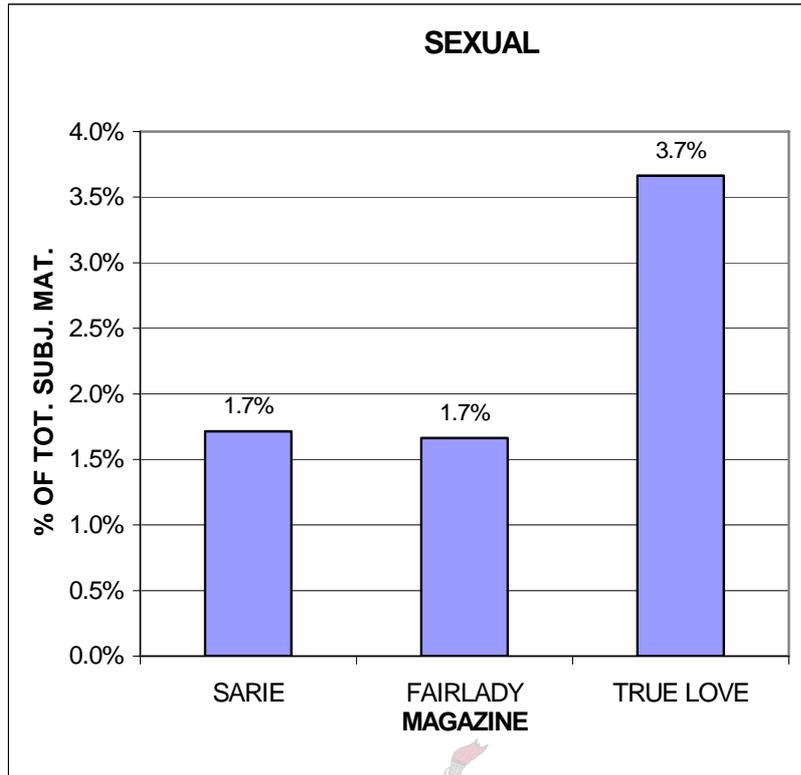
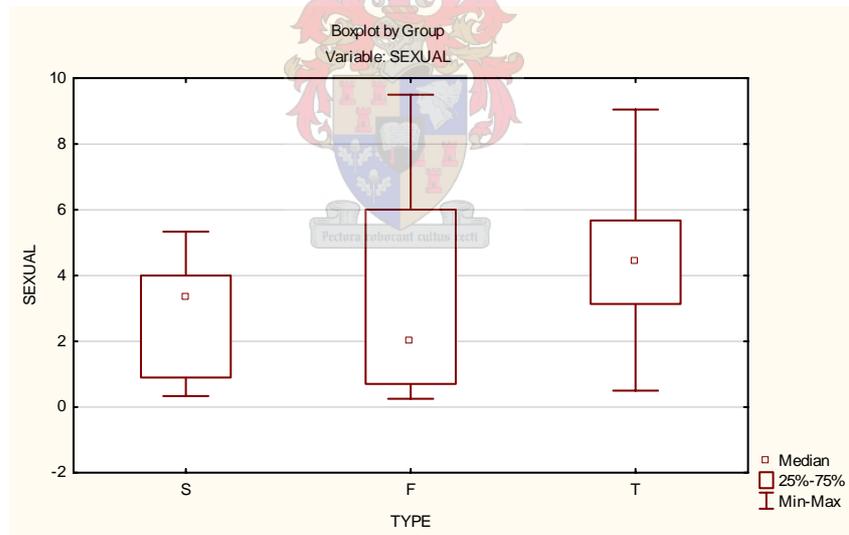


Figure 3. Comparison of coverage of the 11 different categories by the three magazines. Pages devoted to each of the categories by *Sarie*, *Fairlady* and *True Love* over the period February 2005 – January 2006 expressed as a percentage of total subject material.





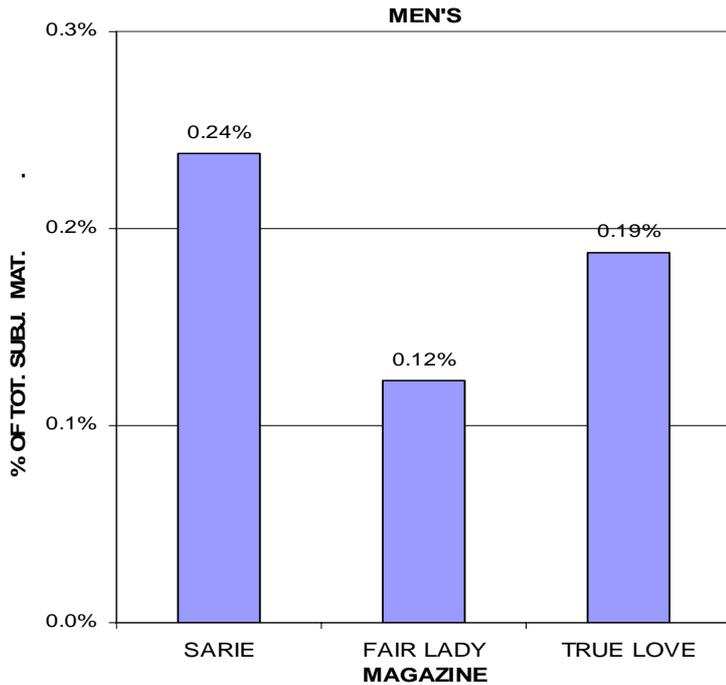
(a)



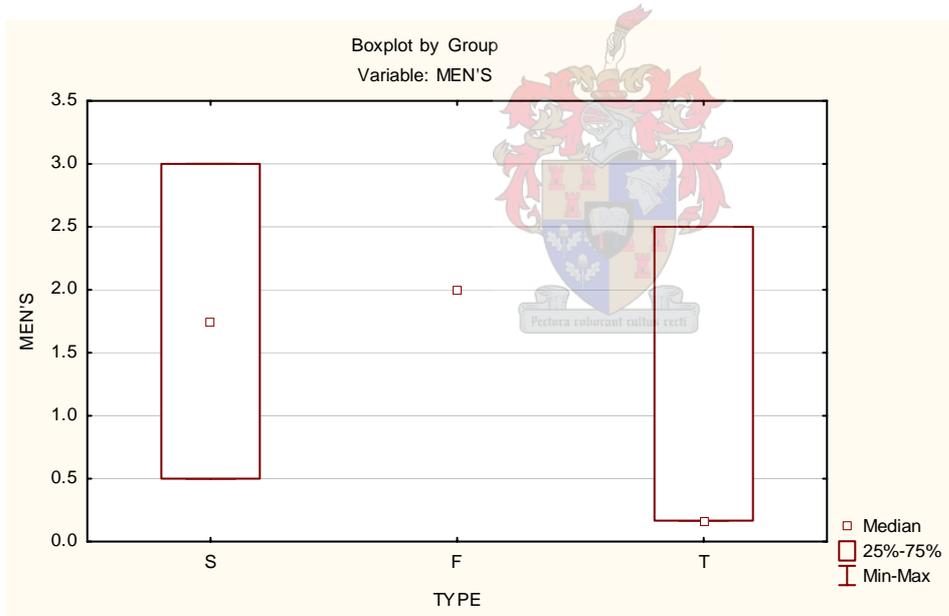
(b)

Figure 4. Analysis of items regarding sexual health.

- (a) Comparison of pages of sexual health items ('Sexual') as a percentage of total subject material in the three magazines over the period February 2005 – January 2006.
- (b) Box plots of medians and quartiles for comparing the individual monthly values (pages as percentage of health pages) for the magazines. The Kruskal-Wallis test showed with a p-value of 0.1665 that there were no significant differences among the sexual content of the magazines.



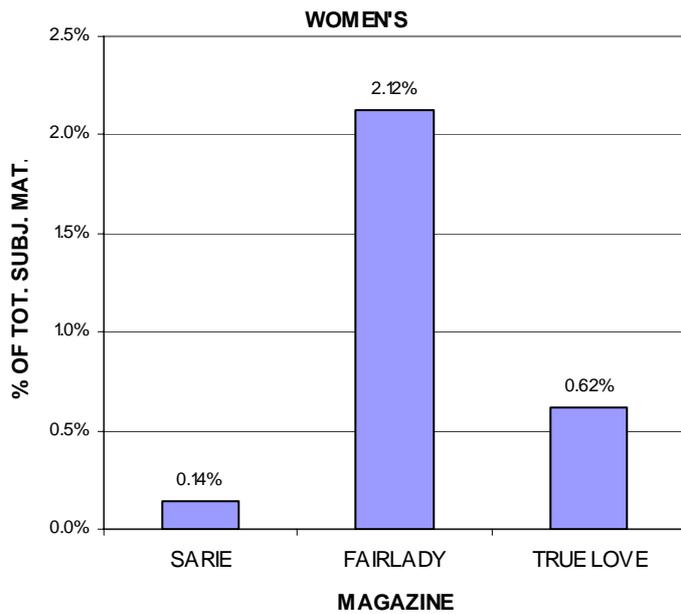
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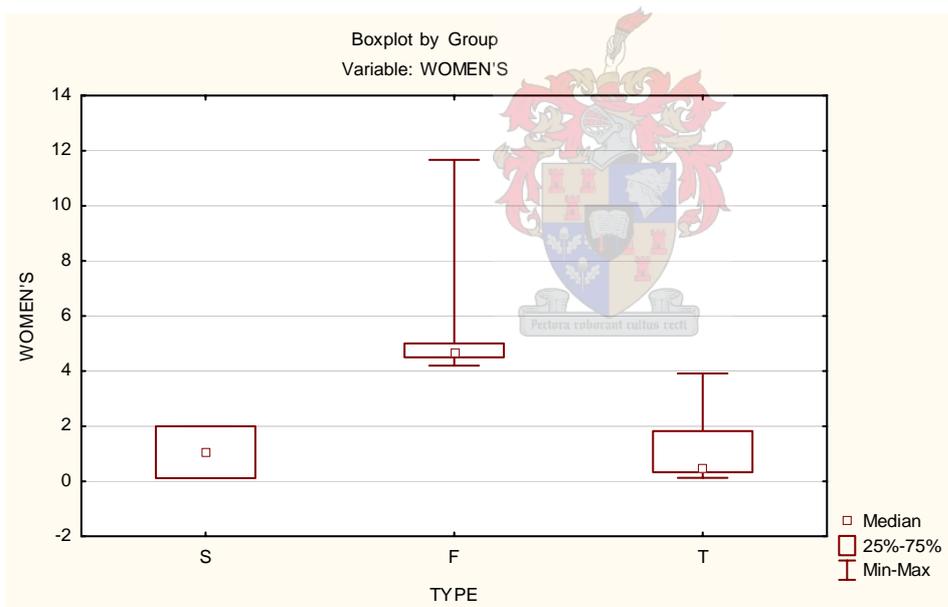
(b)

Figure 5. Analysis of reporting on men's health issues.

- (a) Comparison of pages of men's health items ('Men's') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test is 0.5385, indicating that there were no significant differences among men's health issues in these magazines.



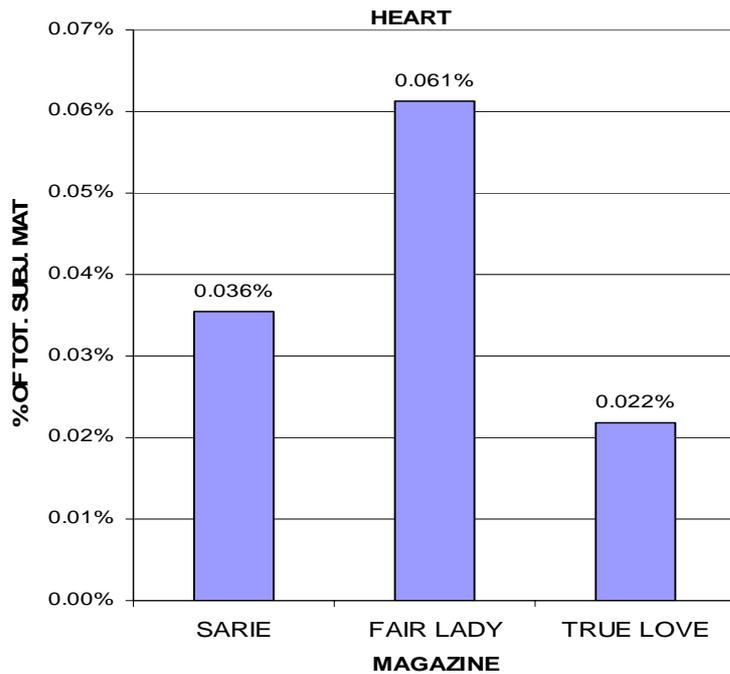
(a)



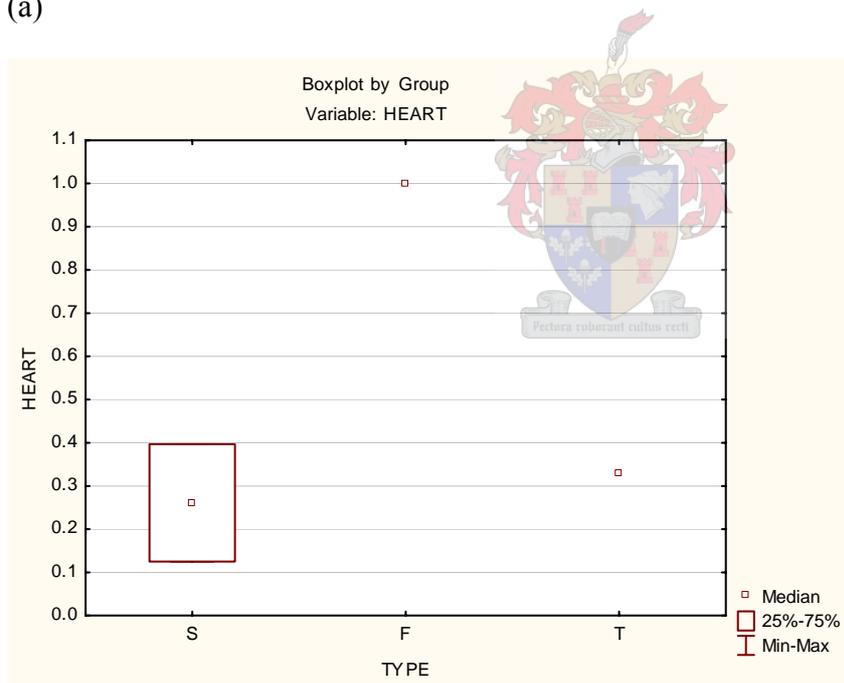
(b)

Figure 6. Analysis of reporting on women’s health issues.

- (a) Comparison of pages of women’s health items (‘Women’s’) in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles of monthly values (pages as % of total health pages) to compare reporting in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The Kruskal –Wallis test showed $p=0.0133$ showing that there were significant differences among the magazines. A non-parametric multiple comparison showed that there was a significant difference among *Fairlady* and *True Love*, the median reporting of *Fairlady* being more than that of *True Love*.



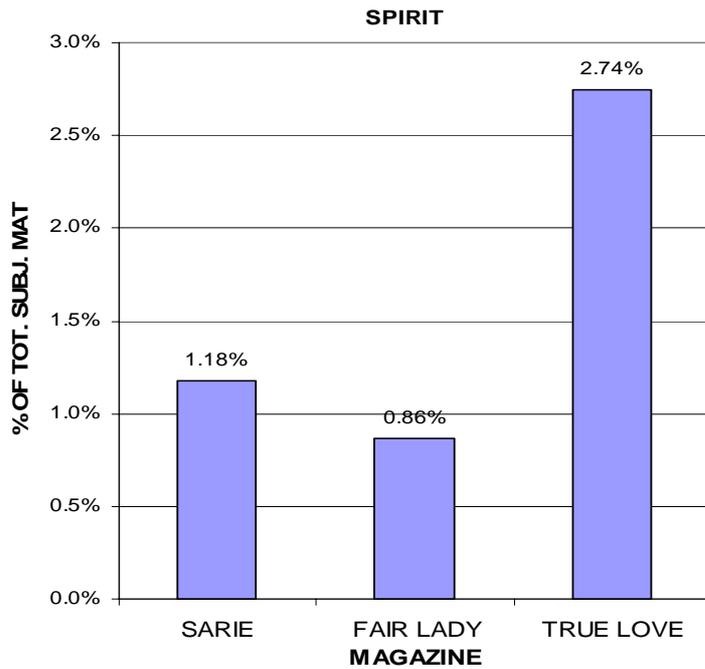
(a)



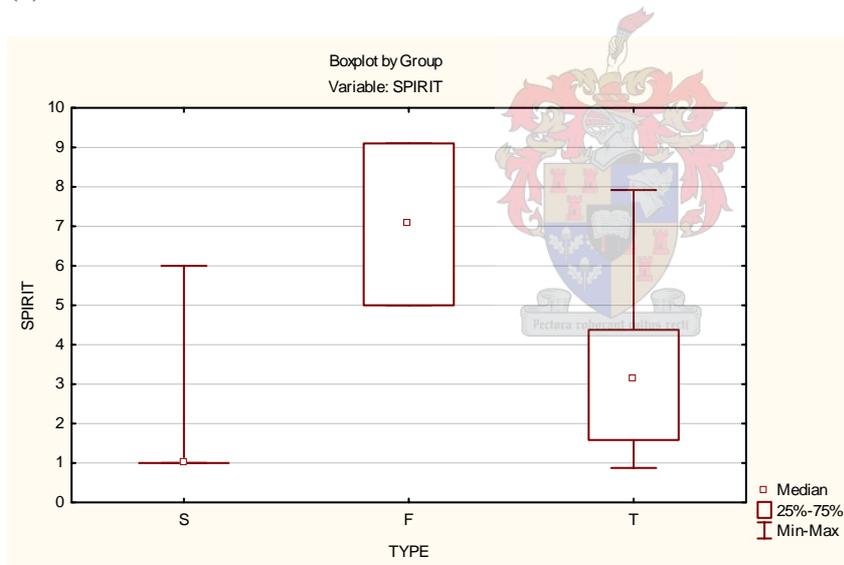
(b)

Figure 7. Analysis of reporting on cardiac health

- (a) Pages of reporting on cardiac health issues ('Heart') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of the medians and quartiles of monthly values (pages as % of total health pages) to compare reporting in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The Kruskal –Wallis test showed $p = 0.4066$ indicating that there were no significant differences among the magazines.



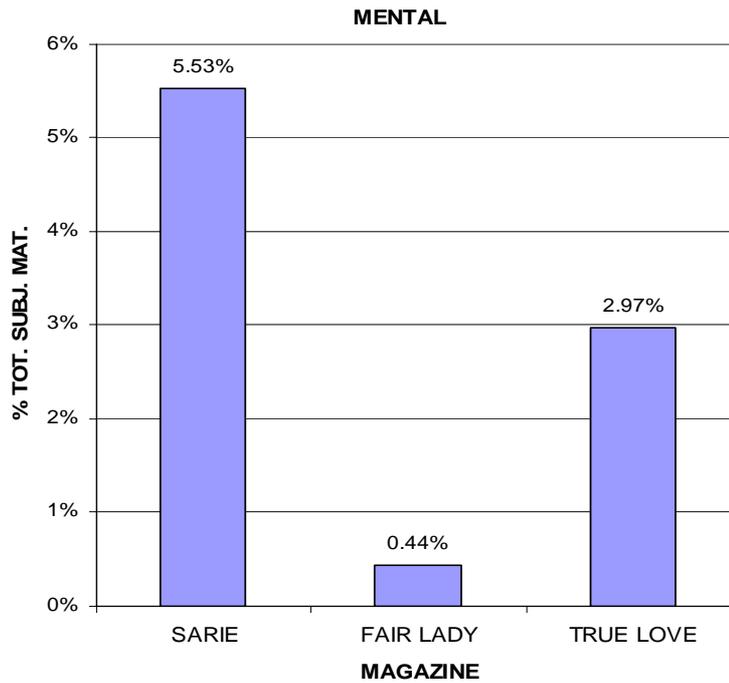
(a)



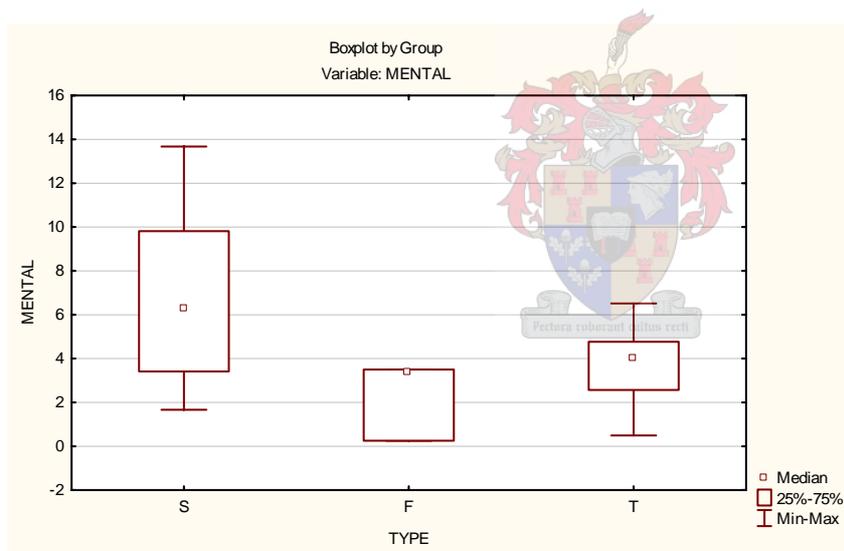
(b)

Figure 8. Analysis of reporting on spiritual health issues.

- (a) Pages of reporting on spiritual health issues ('Spirit') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of the medians and quartiles of monthly values (pages as % of total health pages) to compare reporting in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The Kruskal –Wallis test showed $p= 0.0032$, indicating that there were significant differences among the magazines. A non-parametric multiple comparison showed that there were significant differences among *Sarie* and *Fairlady* (*Fairlady* > *Sarie*); and among *Sarie* and *True Love* (*True Love* > *Sarie*).



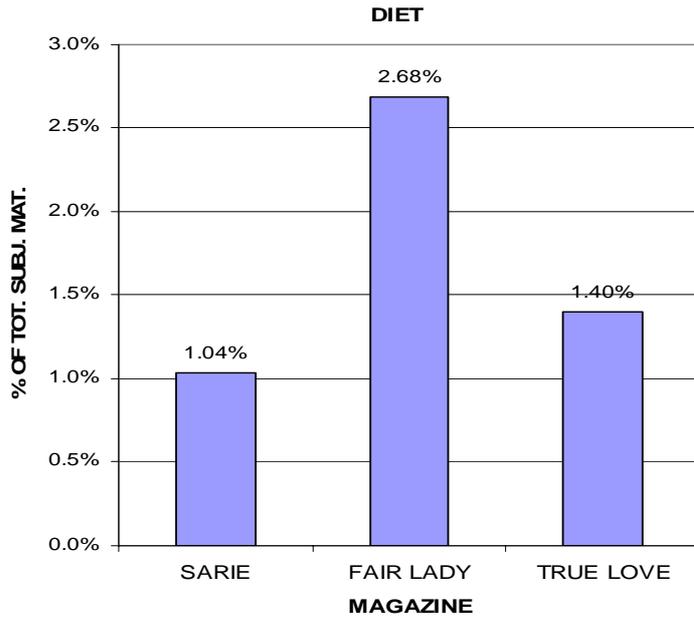
(a)



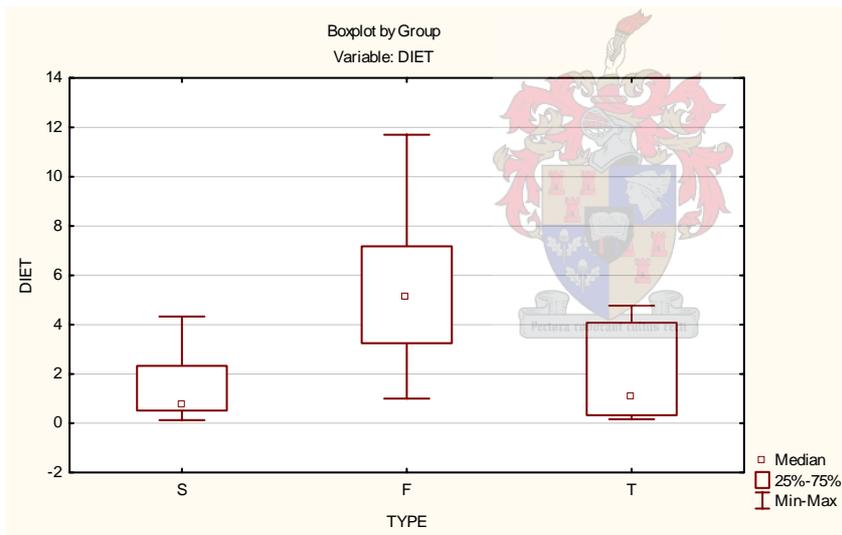
(b)

Figure 9. Analysis of reporting on mental and emotional health issues.

- (a) Pages of reporting on mental and emotional health issues ('Mental') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test, $p = 0.0294$, indicates that there were significant differences among the magazines. The Newman-Keuls multiple comparisons procedure showed that *Sarie* and *Fairlady* differ significantly ($p = 0.0447$) regarding these issues, with *Sarie* reporting significantly more.



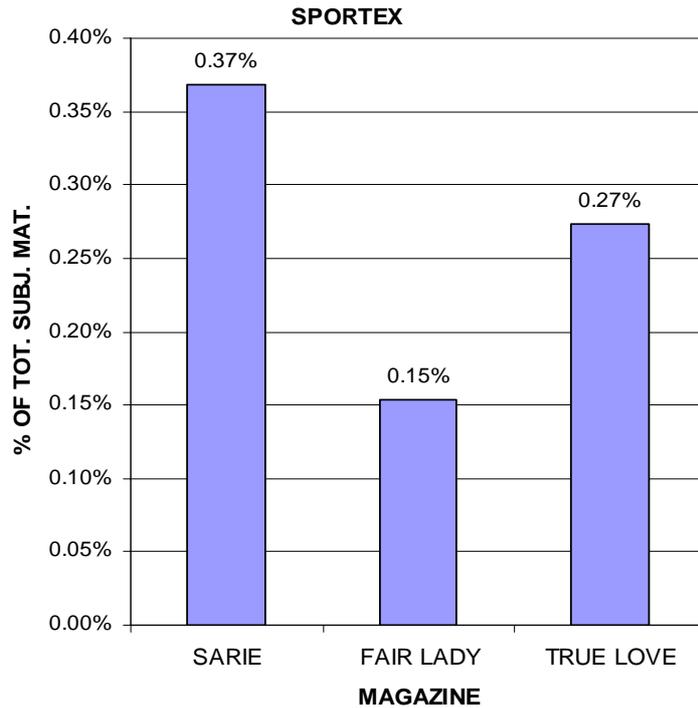
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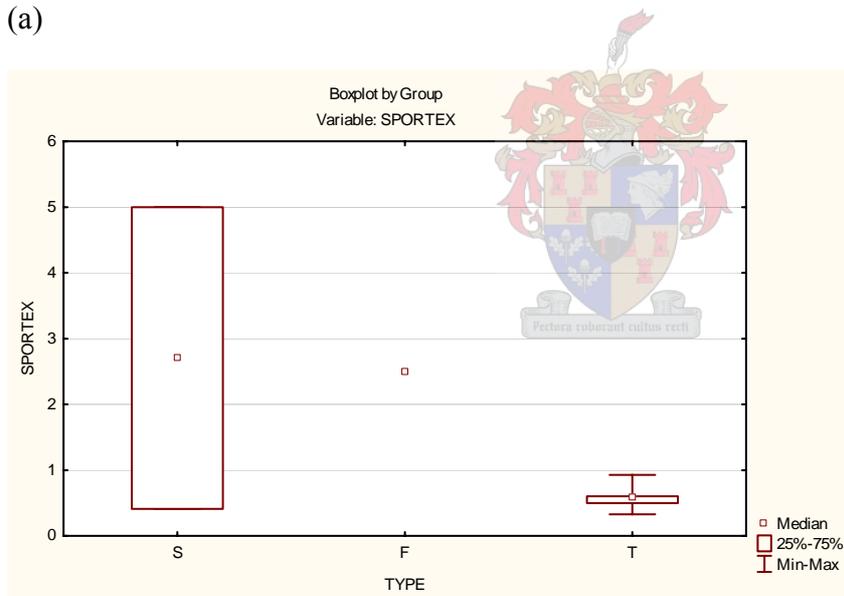
(b)

Figure 10. Analysis of reporting on diet and nutrition issues.

- (a) Pages of reporting on diet and nutrition issues ('Diet) in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test, $p = 0.0158$, indicating that there were significant differences among the magazines. A non-parametric multiple comparison showed that there was a significant difference among *Sarie* and *Fairlady* ($Fairlady > Sarie$).



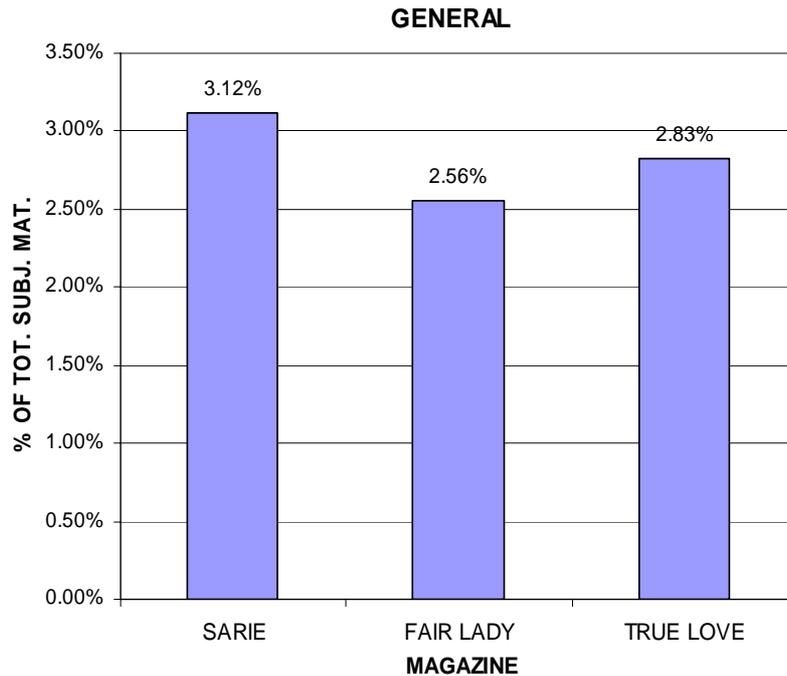
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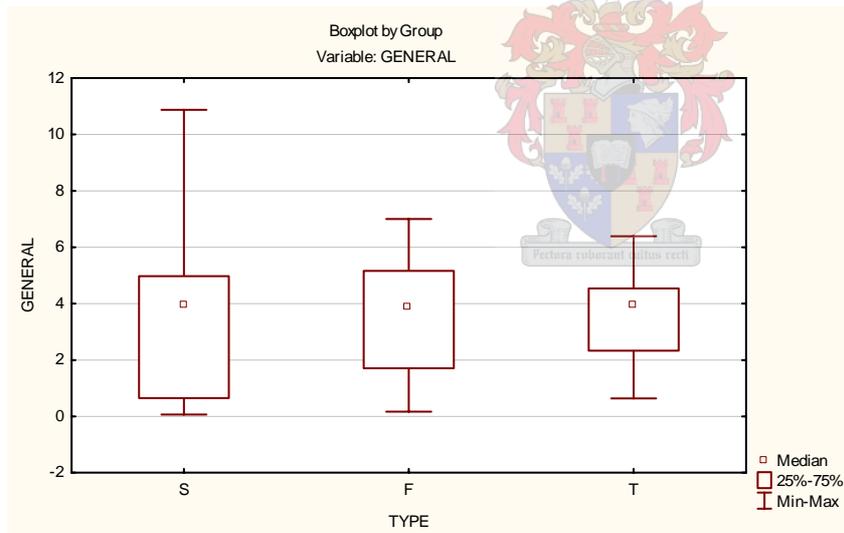
(b)

Figure 11. Analysis of reporting on sport and exercise health issues.

- (a) Pages of reporting on sport and exercise health issues ('Sportex') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test, $p = 0.4238$, showing that there were no significant differences among the magazines.



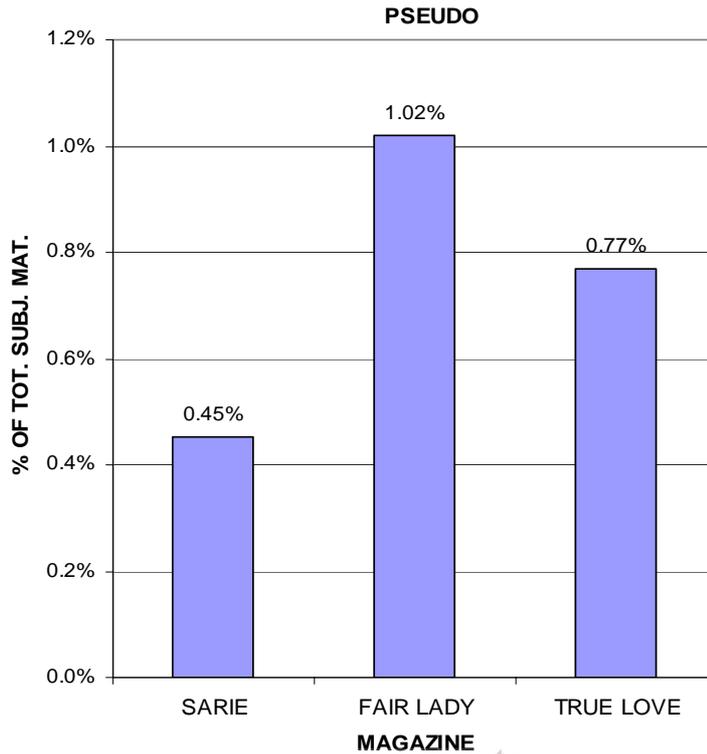
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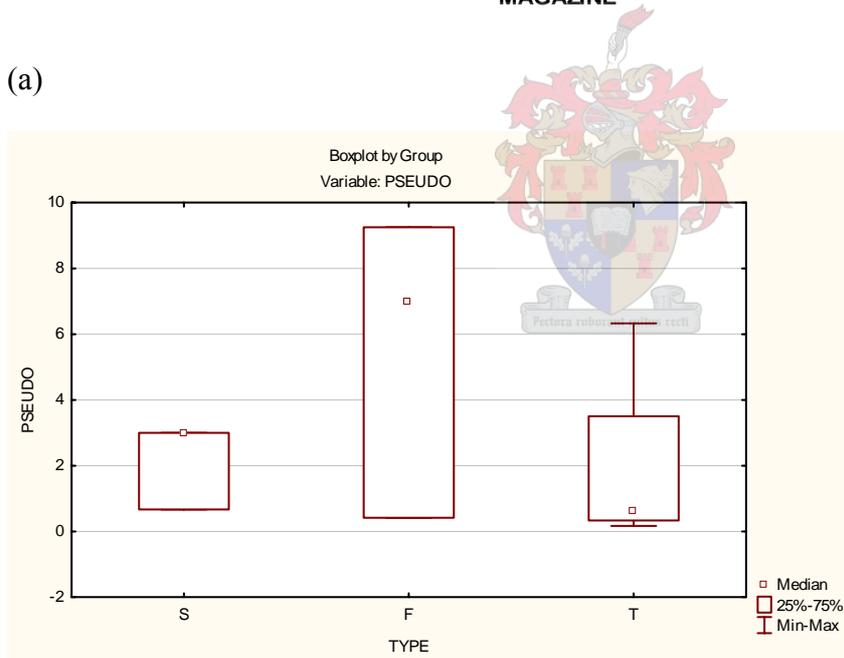
(b)

Figure 12. Analysis of reporting on general health issues.

- (a) Pages of reporting on general health issues ('General') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test, $p = 0.9050$, showing that there were no significant differences among the magazines.



(a)



(b)

Figure 13. Analysis of reporting on pseudoscientific health issues.

- (a) Pages of reporting on pseudoscientific health issues ('Pseudo') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006 as a percentage of total subject material.
- (b) Box plots of medians and quartiles for comparison of monthly values (pages as % of total health pages) in the three magazines. S = *Sarie*; F = *Fairlady*; T = *True Love*. The p-value of the Kruskal-Wallis test, $p = 0.5950$, indicates that there were no significant differences among the magazines.

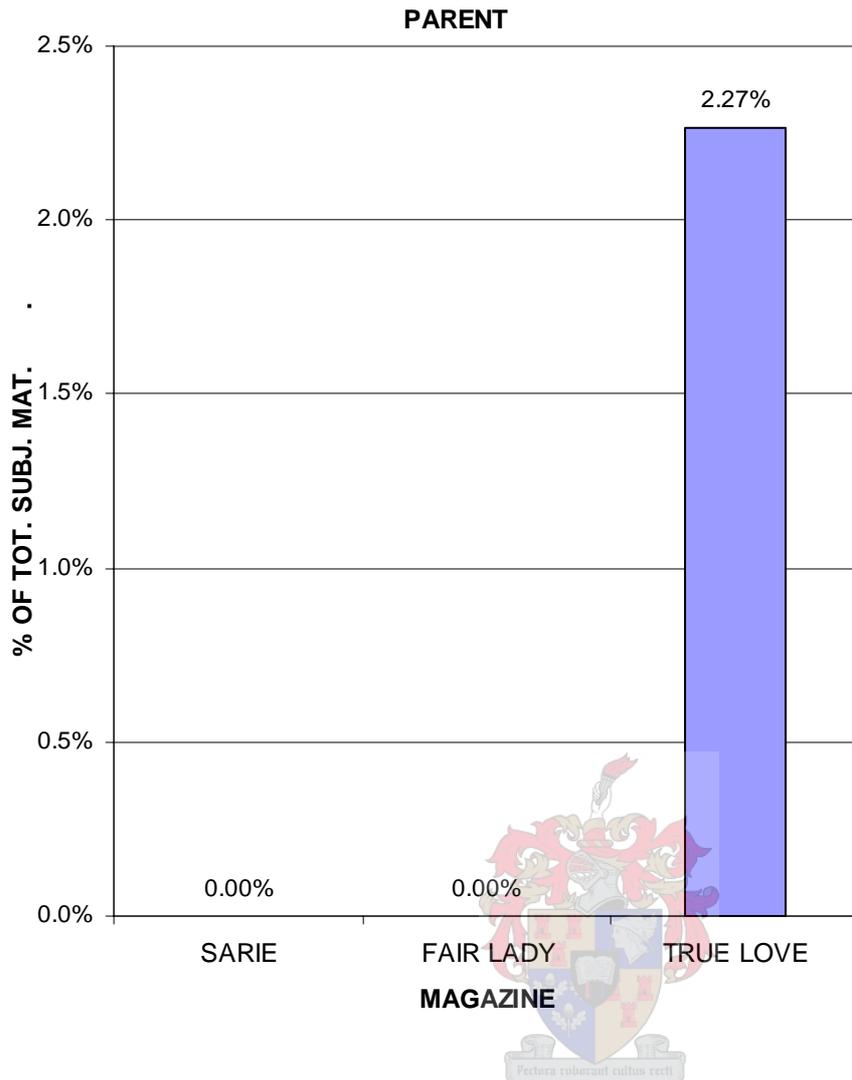


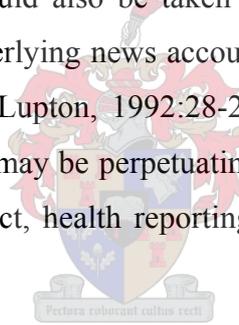
Figure 14. Analysis of reporting on parenting issues and childcare. Pages of reporting on parenting issues and childcare ('Parent') in *Sarie*, *Fairlady* and *True Love* during the period February 2005 – January 2006. as a percentage of total subject material. Since only *True Love* had articles in this category, no comparison among the three magazines could be done in this case.

CHAPTER 5

DISCUSSION

5.1 Assessment of the quantitative method of analysis of health reporting

This research assignment is primarily a quantitative survey. This is in line with previous studies, as noted by Lupton (1992), who notes that analysis of health coverage in the media has been mainly by classical quantitative content analysis. Indeed, she states that content analysis is often the most appropriate method to show systematically the patterns of the portrayal of health issues in the media. However, she also argues that content analysis does not give a complete picture. She feels that the socio-cultural and political context in which health, disease and risk are discussed in the popular media should also be taken into account. In this way there may be sensitivity to the belief systems underlying news accounts of events, which give meaning to the way health issues are represented (Lupton, 1992:28-29). Consciously or sub-consciously, the media may have certain agendas or may be perpetuating certain aspects of the *status quo* in the perceptions of society. In this respect, health reporting is no different from any other type of reporting in the media.



5.2 Comparison of the different magazines for all health items combined

Figure 1 shows that *Sarie*, *Fairlady* and *True Love* devoted 13,8%, 11,7% and 17,7% respectively of their total subject material (all material excluding advertisements) to health matters. Whether this is sufficient is open to debate. It should be born in mind that these are all general magazines covering a range of subjects to cater for all the interests of their readers. Therefore no one type of article, for example health, will be emphasised more than any other.

5.3 The profile of the various categories of health items covered by the magazines

5.3.1 The combined picture

Figure 2 shows the combined “big picture” of the three magazines combined.

The 'Mental' and 'General' categories enjoy most coverage (about 20% each of all health material). Many of the articles in the magazines dealt with stress management. Mental and emotional health is important for women to be able to cope with the stresses and demands of their lives. For example, many women have young families and homes to look after as well as their jobs, and all these conflicting demands can lead to stress which can lead in turn to many health problems. Therefore articles on these topics will be relevant for many women.

The relatively high 'General' coverage reflects the role of the magazines in providing information on a variety of health topics (other than topics which fit into the various defined categories) – to educate and inform the readers. A wide range of topics was covered (see Methods section).

The 'Sexual' category receives a fair amount of coverage (about 16%). It is striking that despite the number of articles dealing with various aspects of sexuality and reproduction, there is no material dealing with the prevention or spread of HIV/Aids, the leading cause of death in South Africa (Anon, 2006b), particularly in young people, aged among 20 and 44 years (Dlamini, 2006). Many readers of the magazines studied here, would fall into this age group. Magazines could surely play a positive role by helping shape readers' attitudes towards sexual behaviour, for example by providing relevant information and discouraging promiscuity.

Cardiovascular disease is a leading cause of death in South Africa, including for postmenopausal women. In spite of this, only 0,3% of health reporting was devoted to items on cardiac health. This could be because the editors feel that this issue is not relevant because many of their readers are in a younger age group where the risk of cardiovascular disease seems remote.

However good diet and nutrition, which can play a preventative role in cardiovascular disease and are part of a healthy lifestyle, received about 12% coverage. Since the incidence of obesity is high in South Africa, and carries with it many health risks, items on how to control it are very relevant. General information about nutrition is also important for pregnant mothers and those with young children. The magazines are therefore playing an educational role by providing such information.

On the other hand, the coverage of exercise and sport is negligible, only 1,8%, despite the fact that sufficient exercise is generally regarded as one of the strategies for good health.

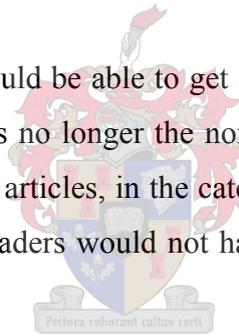
It would be expected that in women's magazines, particular emphasis would be given to health matters specific to women, but the amount of coverage on Women's health is surprisingly low, only 7% of all health coverage.

It would be good if women could be informed about men's health matters so they could advise their husbands / partners. However since only 1,3% of health material was devoted to Men's health, this was apparently not thought to be important.

Spiritual health is part of a balance among body, mind and spirit, a concept being increasingly recognised as being necessary for overall good health. About 11% of health articles were devoted to spiritual matters, but as we see in section 5.3 when we do a comparison among the magazines, most of this type of material was covered in *True Love*. Similarly, only *True Love* carried articles about parenting. These accounted for about 5% of all health articles.

Articles on pseudoscience pertaining to health also took up 5% of all the health material. Balanced articles on various 'alternative' treatments are important to inform readers correctly. The different magazines varied in their approach to pseudoscientific treatments. On the whole, *Fairlady* provided balanced, fairly critical coverage, whereas *True Love* carried articles on items such as traditional healers and various pseudoscientific treatments (see Section 3.3.2) and appeared to endorse them.

In times gone by, young mothers would be able to get advice on child rearing from members of the extended family, but since this is no longer the norm, magazines can be a place to turn for advice. Only *True Love* carried such articles, in the category 'Parent'. *True Love* seems to cover a wide range of topics so that the readers would not have to buy other magazines to get all the information that applies to them.



Health reporting in the magazines in real terms

The overall amount of health reporting was very low in real terms. In the three magazines combined, it was only 14,4% of total **subject** material. However total subject material comprised only 58,2% of the **entire magazines** (the rest consisted of advertisements).

Therefore for the magazines **as a whole** the real percentages are:

$$\text{Total health pages: } 8,4\% \qquad \left[\frac{14,4}{100} \times 58,2 \right]$$

Of the total health pages, the largest categories, namely 'Mental' and 'General', each comprised 20%, that is, only 1,7% of the magazines as a whole [20% X 8,4%].

The 'Sexual', 'Diet' and 'Spirit' categories comprised 1,4%, 1,0% and 0,92% respectively, of the magazines as a whole.

The 'Women's', 'Pseudo', and 'Parent' categories comprised 0,59%, 0,44% and 0.43% respectively, of the magazines as a whole.

The smallest categories, namely 'Sportex', 'Men's' and 'Heart' comprised only 0,15%, 0,11% and 0,025% respectively, of the magazines as a whole.

The amount of coverage by the magazines, particularly of certain health categories, seems extremely low, but in all fairness, it should be noted that these magazines are general interest magazines covering a variety of topics. For those interested in a particular issue, there are specialist magazines, for example on men's health; sport and exercise; dieting; baby and child care; and spiritual issues.

5.3.2 Comparison of coverage of the various categories by the three magazines

Figure 3 gives an overall picture comparing the coverage of different health topics by the three magazines. Here it can be seen for example, that in the period covered by the study, spiritual health seems to be have been given most coverage in *True Love*; whereas *Sarie* gave most coverage to mental and emotional issues ('mental'). On the other hand, *Fairlady* seemed to cover dietary and women's health issues more than the other two magazines. Statistical analyses were carried out to find out whether the differences were significant (See Figures 4-14).

If we look at categories which are given $\geq 2\%$ coverage (total subject material) we can obtain an idea of where the emphases lie in the different magazines regarding the categories.

These are as follows:

Sarie : **Mental, General**

Fairlady: **Women's, Diet, General**

True Love: **Sexual, Spirit, Mental, General, Parent**

From this arbitrary division we may conclude that all three magazines play a role in providing general health information; that *Fairlady* provides most information about women's health matters and diet and nutrition ('Diet'); that *Sarie* and *True Love* provide a fair amount of information about mental and emotional health ('Mental'); and that *True Love* provides information about sexual and reproductive matters ('Sexual'), spiritual matters ('Spirit'), and parenting and child care ('Parent').

In the following section we look at each category in more detail.

5.4 Statistical analyses of individual categories: comparing the magazines

5.4.1 Sexual

Figure 4 shows that *Sarie*, *Fairlady* and *True Love* devoted 1,71%, 1,66% and 3,66% of total subject material (12,41%, 14,24% and 20,64% of total health article pages) respectively to articles in this category. Although the bar chart indicated that *True Love* gave most coverage to this category, statistical analysis showed no significant differences among the magazines.

5.4.2 Men's health

Figure 5 shows that *Sarie*, *Fairlady* and *True Love* devoted 0,24%, 0,12% and 0,19% of total subject material (1,72%, 1,05% and 1,06% of total health article pages) respectively to articles in this category. The low figures are not really surprising for women's magazines.

5.4.3 Women's health

Figure 6 shows that *Sarie*, *Fairlady* and *True Love* devoted 0,14%, 2,12% and 0,62% of total subject material (1,04%, 18,16% and 3,48% of total health article pages) respectively to articles in this category. Statistical analysis showed that the coverage by *Fairlady* was significantly higher than for *True Love* but not significantly higher than for *Sarie*.

5.4.4 Heart

Figure 7 shows that *Sarie*, *Fairlady* and *True Love* devoted only 0,04%, 0,06% and 0,026% of total subject material (0,26%, 0,52% and 0,12% of total health article pages) respectively to articles in this category. The differences among the magazines were not statistically significant.

5.4.5 Spiritual

Figure 8 shows that *Sarie*, *Fairlady* and *True Love* devoted 1,18%, 0,86% and 2,74% of total subject material (8,54%, 7,39% and 15,45% of total health article pages) respectively to articles in the spiritual category. Statistical analysis showed that the coverage by *Sarie* was significantly higher than for *Fairlady*; and the coverage for *True Love* was significantly higher than for *Sarie*.

5.4.6 Mental

Figure 9 shows that *Sarie*, *Fairlady* and *True Love* devoted 5,63%, 0,44% and 2,97% of total subject material (40,0%, 3,75% and 16,75% of total health article pages) respectively to articles in this category. Statistical analysis showed that the coverage by *Sarie* was significantly higher than for *Fairlady*.

5.4.7 Diet

Figure 10 shows that *Sarie*, *Fairlady* and *True Love* devoted 1,04%, 2,68% and 1,40% of total subject material (7,49%, 23,0% and 7,91% of total health article pages) respectively to articles in this category. Statistical analysis showed that the coverage by *Fairlady* was significantly higher than for *Sarie*.

5.4.8 Exercise and sport ('Sportex')

Figure 11 shows that *Sarie*, *Fairlady* and *True Love* devoted 0,37%, 0,15% and 0,27% of total subject material (2,67%, 1,31% and 1,54% of total health article pages) respectively to articles in this category.

5.4.9 General

Figure 12 shows that *Sarie*, *Fairlady* and *True Love* devoted 3,12%, 2,56% and 2,83% of total subject material (22,6%, 21,9% and 15,94% of total health article pages) respectively to articles in this category.

5.4.10 Pseudoscience

Figure 13 shows that *Sarie*, *Fairlady* and *True Love* devoted 0,45%, 1,02% and 0,77% of total subject material (3,28%, 8,74% and 4,33% of total health article pages) respectively to articles in this category.

5.4.11 Parenting / child care ('Parent')

Figure 14 shows that only *True Love* carried articles in this category. It devoted 2,27% of total subject material.



CHAPTER 6

CONCLUSION

The assumption made at the start of the study was that health reporting in South African women's magazines is not balanced, either in the amount of reporting done on health matters as a whole, or in the emphasis given to certain health matters.

Regarding total health coverage, it is not possible to say whether it is sufficient, since these are general interest magazines that cover a variety of topics.

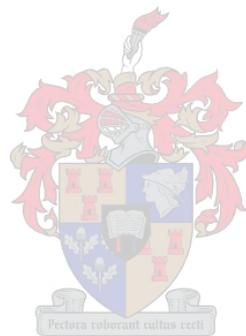
However, the amount of coverage on various individual categories of health items and the balance of coverage these different types of health items, does not reflect the prevalence of the major health problems in South Africa. For example, HIV/Aids, cardiovascular disease and tuberculosis are among the top five causes of death in the country, but this is not reflected at all in the balance of reporting in these magazines.

Of course, health is not only about causes of death, but also of maintaining healthy lifestyles and prevention of diseases. In some respects the magazines fulfil a positive role, for example regarding dietary and general health information. But regarding prevention of diseases, the magazines could be said to be abrogating their responsibility, particularly with regard to HIV/Aids. Although there were items on sexual matters, no information was given on the prevention and spread of this catastrophic health problem. Some of the articles even seemed to condone a promiscuous lifestyle. Could it be that the editors do not wish to confront the issue? Or is it perhaps that they do not want to make their readers feel uncomfortable – because this could lead to a drop in circulation figures?

Surely these magazines, which may be the only source of health information for women in South Africa (and quite possibly their husbands/partners and children too) should be playing a more positive role in this regard?

This is bearing in mind that these magazines are aimed at intelligent women who wish to be well informed. Therefore they should be adequately educating and informing readers, since they are not aimed purely at entertaining the readers, as in the case of magazines dealing only with frivolous issues and celebrity gossip.

This research therefore **proves** the hypothesis that health reporting in the South African women's magazines *Sarie*, *Fairlady* and *True Love* is not balanced and is inadequate as regards the emphasis given to certain health matters.



CHAPTER 7

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