

## CHAPTER 5

# REPRESENTATIONS OF PRECONDITIONS FOR AND DETERMINANTS OF HEALTH IN THE DUTCH PRESS

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## INTRODUCTION

Western newspapers have only in the last century filled a social mandate broad enough to include health and its origins (Hemels, 1990). Nonetheless, the Western press has become an influential provider of health information to the public. Daily newspapers devote substantial attention to health-related information (Atkin and Arkin, 1990), and clearly influence public beliefs about the etiology of health (Freimuth, Greenberg, DeWitt and Rose, 1984; Connell and Crawford, 1988; Brown and Walsh-Childers, 1994; Lew-Ting, 1997; Valkenburg, Semetko, and De Vreese, 1999).

As purveyors of health information to mass audiences, newspapers both reflect and influence social consensus about health etiology. Newspaper content is therefore an important object of study for health promotion, which seeks an evolution of consensus toward more ecological notions of health and its origins. As spelled out by the Ottawa Charter (WHO, 1986) and Jakarta Declaration (WHO, 1997), the central tenets of health promotion include a focus on socio-structural determinants, equity, health behaviors, reduced medicalization, community participation and empowerment, and professional mediation and advocacy for health. It seems logical, therefore, that the press could comprise a natural ally to the moral and strategic vision of health promotion. Unfortunately, existing literature suggests that health information in the press may in fact be largely incongruent with the central tenets of health promotion.

Media researchers now generally accept that "the press does not tell people what to think, but does tell them what to think about" (McCombs and Shaw, 1977). In this sense, the rise in media attention for health would seem to hail a growing demand among democratic electorates for putting health higher on public policy agendas, a process requisite to the success of policy-based health promotion (De Leeuw, 1993). Unfortunately, the

press generally neglects social context in its health-related reporting (Karpf, 1988), particularly socioeconomic determinants of health (Kristiansen and Harding, 1984). To the extent it tells people what to think about, therefore, the press is unlikely to stimulate public support for greater socioeconomic equity in the interest of health.

Though the press gives little general attention to health inequities, it also may implicitly reinforce them for at-risk groups through selective reporting and uneven circulation. For years, the American press considered HIV/AIDS unmarketable among heterosexuals and thus avoided the topic (Shilts, 1987; Kinsella, 1989). Though HIV/AIDS was later embraced, focus remained at first on "deviant" behaviors associated with HIV contraction (Albert, 1986), rather than on the biological pathways of transmission. Further, the press seems to neglect elderly women's health (Amos, 1986), contain content less accessible to people of lower socioeconomic status (Freimuth, 1990), and to be less in circulation among both groups (Karpf, 1988).

Existing reports indicate that press involvement with behavioral determinants of health is little better. News gatekeepers have been shown to avoid taboo themes such as condom use (Atkin and Arkin, 1990). In the case of the "pill scare," the risks of oral contraceptives were exaggerated by both professionals and the press, leading to unnecessary concern among the public (Wellings, 1986). Sadly, health-related themes such as suicide, substance abuse, and sociopathic mental illness in the news, as well as unrealistic images of youth or weight loss in advertising, are represented most widely in the print media. Neuendorf (1990) has pointed out that the ubiquitous presence of such themes overwhelms information in the media which supports healthy behaviors.

Unlike health behaviors, medicine occupies a privileged position in the press (Karpf, 1988; Westwood and Westwood, 1999). Medicines are perceived as offering hope (Van Trigt, 1995), and doctors as credible sources (Entwistle, 1995). Nonetheless, doctors have expressed dismay at frequent inaccuracies in reporting on medical topics (Elie and Schuyt, 1995). Also, media coverage of medicine seems to place disproportionate emphasis on medical technologies, including pharmaceuticals (Sneader, 1986). In the press, this may be because technological innovation, which generally fits easily into one chapter and is always new to the reader, also makes good news (Kaiser, 1990). The representation of medicine in the press, in light of its inaccuracies and emphasis on technology, seems not to coincide with the health promotion focus on participatory primary care (WHO, 1978).

Participation and empowerment also receive little support from the press. Generally, an issue is most newsworthy before consensus develops around it. The press, therefore, has a strong inherent incentive to relate conflicting information in regards to a particular health issue. Beharrell (1983) has pointed out that such conflicting messages can create apathy among readers rather than empower them to examine an issue in greater depth. Newspapers also make little mention of mobilizing information (e.g. community resources, prevention advice) which would allow readers to take action to improve the health-related factors discussed (Freimuth *et al.*, 1984; Kristiansen and Harding, 1984).

This may be particularly true of mobilizing information relevant at the community – rather than national or individual – level (Milio, 1986).

Lastly, though not a question of content, mediation and advocacy by professionals in the press has a potentially important impact on the extent to which the press reflects health promotion tenets. Mediation and advocacy for health in the press requires effective communication between journalists and health professionals (Freimuth *et al.*, 1984; Ferwerda, 1991). Yet a number of barriers exist to such communication. Journalists are generally not trained to understand medical and scientific reports (Entwistle, 1995). Scientists are unschooled in media relations (Cameron, 1991; El-Qadari, 1997) and often reluctant to release information due to ethics (Winnubst, 1990) or publishing (Meyer, 1990) protocols. Finally, though journalists solicit topics and information among health scientists and practitioners, they focus disproportionately on findings which show positive rather than inconclusive results (Koren and Klein, 1991). Such evidence implies that health professionals and their ideas may be radically underrepresented in press content.

### *Research Objective*

Much existing literature suggests that health etiological information in the press may be incongruent with the central tenets of health promotion. We sought to investigate this question using the Dutch press as a case study. Some investigators have published content-related research on the Dutch press (Hemels, 1990; Kaiser, 1990; Elie and Schuyt, 1995; Van Trigt, 1995; Semetko, 1998; Semetko and Valkenburg, 2000). To our knowledge, however, no comprehensive content analysis has yet been published on representations of health etiology in the Dutch press. Such an analysis therefore comprises a unique stepping stone for health professionals seeking to interact with etiological assumptions among the public, or with their portrayal in the press.

Additionally, we sought to investigate differences among the Dutch papers in their presentation of health etiological information. Such an objective may initially seem superfluous. All but one of the largest five newspapers in The Netherlands are owned by one publisher, Pers Combinatie Nederland (PCM) (Metze, 1996). This could imply the lack of a financial motive among the papers to distinguish themselves from one another. Also, the Dutch press relies heavily on the Algemeen Nederlands Persburo (ANP), its main wire service (Kaiser, 1990), which may mean that most health chapters come from the same sources. Nonetheless, Dutch newspapers have a strong history of diverse social and religious affiliation (Hemels, 1990). Also, Kaiser (1990) has asserted that the "mass papers" (Het Algemeen Dagblad and De Telegraaf) contain more editorial content and less policy-relevant content – and are read by a wider cross-section of the population – than the "audience-targeted" (kader) papers (Het NRC Handelsblad, de Volkskrant, and Trouw).

*Table 5.1 Criteria for Article Selection*


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All articles and corresponding photographs were selected which met at least one of the following criteria:

- 1 The word "health" appeared in the article title.
  - 2 The word "sickness" or word "disease" or the specific name of a disease appeared in the article or article title.
  - 3 The article made explicit reference to activities consciously directed toward healing processes, including references to medical and alternative care activities, to hospitals, surgery, or similar.
  - 4 The word "medicine" or word "drug" or the specific name of a therapeutic drug appeared in the article or article title.
  - 5 The theme of the article was clearly concerned with notions of healing, health, or restoration of personal mental or physical integrity, though the word health did not appear in the article or article title.
  - 6 The article concerned genetic counseling, manipulation, or conditions which are related to the length or quality of the lifecycle.
  - 7 The article contained explicit references to basic notions of hygiene with relation to persons, consumer products.
  - 8 The article contained explicit references to issues of human safety or its preservation, including the preservation or promotion of environmental safety.
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Further, articles were excluded from selection which met at least one of the following criteria:

- 1 The health, healing, or sickness in concern referred to that of animals, plants, or social, economic, or political conditions rather than the health of human beings.
  - 2 The article concerned an accident resulting in death, unless mention was made of medical or similar attempts to preserve life.
  - 3 Obituaries.
  - 4 Commercially sponsored information (including all advertisements).
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## METHODS

Newspapers selected for analysis were the five Dutch newspapers with the largest daily circulation with no professed geographical affiliation. These include De Telegraaf (average daily circulation 816,000), Het Algemeen Dagblad (403,000), de Volkskrant (372,000), Het NRC Handelsblad (275,830), and Trouw (121,600). In accordance with the "constructed week method" (Ryan, 1976), two readers perused all 48 editions of the five newspapers from May 11 through July 4, 1998. All chapters assessed by both readers as fitting the selection criteria listed in Table 5.1 were extracted. chapter selection criteria were based on Blum's (1983) comprehensive model of health etiology because the intent was to include all chapters relating to the real or potential preservation, improvement, or loss of human health.

A codebook was developed containing a description of each variable, as well as its coding categories (for content variables) or measurement methods (continuous variables).

Table 5.2 *Content Analysis Variables and Their Purpose*

Variable	Underlying Question	Related WHO Tenets <sup>1</sup>
Determinant Theme of Article	What does the article portray as determining health?	SOC, MED, BEH
Authority Identifying Determinant Theme	Who says that the article's theme relates to health?	MED, ADV, PAR
Means of Determinant Conditioning	By what means are health-impacting factors portrayed as capable of improvement?	SOC, ADV, MED, PAR, BEH
Agent of Determinant Conditioning	Who is responsible for implementing the means by which health-impacting factors could be improved?	SOC, ADV, MED, PAR
Breadth of Population Affected	How broad is the population subject to health-impacting factors?	SOC, BEH, PAR
Mediating Populational Attributes	Which attributes define differences in the benefit, risk, or loss posed by health-impacting factors?	EQU, MED, SOC
Storytype	What kind of information (news, editorial, etc.) do health-related articles contain?	--
Text Area	Surface area in cm <sup>2</sup> covered by an article's text (excluding title)	--
Graphic Area	Surface area in cm <sup>2</sup> devoted to visual information corresponding to the article (i.e. photos & diagrams)	--
<sup>1</sup> WHO Tenet Key:    SOC = sociostructural    MED = medicalization EQU = equity                PAR = (public/lay) participation and empowerment		

Table 5.2 shows each variable, its underlying question, and related WHO health promotion tenets. The variable *Determinant Theme of chapter* established sociopolitical-, physical- and personal environments, intrinsic factors (i.e. genetics), behavior, or health care delivery as the chief etiological theme of concern in an chapter (Blum, 1983). Only one code per chapter was assigned because pretesting indicated that chapters' *raison d'être* virtually always gave rise to or focused upon one central etiological theme. Etiological sub-messages within chapters were not coded because to remove these from the defining context of the chapter often severely distorted their meaning (e.g. a determinant whose validity was critiqued in the chapter). *Authority Identifying Determinant Theme* assessed levels of professionalization and medicalization among sources claiming that a



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