Why Does Health Journalism Matter in Africa?

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Please stand up. Move your legs a little bit, shake about. Thank you. Now you can sit down.

Why did I ask you to stand up? Partly to keep the circulation going. A very large study came out in 2012 which showed that an excess of sitting is now an independent risk factor for cardiovascular disease. That's been confirmed by other studies in Australia and other parts of the world, and more and more people are looking at precisely why this might the case.

You might remember the famous conductors' study. Bus conductors and bus drivers, from the 1960s. It still resonates. This was done with British London bus drivers. The bus drivers were dying considerably earlier than the bus conductors. They were sitting all day driving the buses and the conductors were running around collecting your tickets. It was a quite a landmark study of its time in epidemiology, the early days of epidemiology.

That work is now in a sense been carried on by a whole variety of people all over the world. The more we look at it, what's so interesting about it is that it's quite a linear relationship. If you sit for 8 hours a day, you have X amount more chance of dying a few years early than somebody who sits for 7, and as you get to 9 and as you get to 10 and the horrible amounts of hours that journalists and academics sit on front of their computers, you discover that you are doing some harm to your life.

How do we know about that? I read it in a newspaper. And had I not read it, I might not have asked you to stand and thereby probably decreased the chance of you dying a year or two early.

Some Startling African Numbers

A rather startling figure: 400,000; this is the number of people in South Africa who will become HIV positive this year. They weren't HIV positive on the 1st of January, this number of people will be HIV positive by the end of this year. That works out to about 1,000 people a day that are becoming HIV positive and those people will join the people that we have in South Africa already, 6.2 million people, that we know to be HIV positive.

We are very proud in South Africa of the fact that after a period of shameful denial of the involvement of our President and our health minister with the most extreme form of pseudo-science and quackery that we finally have put in place the largest treatment programme, anti-retroviral programme, in the world, where we have some 2.3 million people on antiretroviral treatment. That is something that we are enormously pleased to have accomplished. But we still have only managed to reduce the number of annual deaths from about 500,00 to about 300,000. Our HIV/AIDS deaths peaked in 2005-06 at about 500,000 per annum and with 2.3 million on anti-retroviral treatment we've got that down to 300,000 on average, something between 230 and 350,000 but 300,000 with a high confidence interval is the number that we are using for 2012.

These figures are absolutely extraordinary. If you think about the adult population of South Africa only being about 35 million people. We only have a population of 30 million and we have these kinds of numbers. So one's got to think there in that kind of context and that's why I am raising this, 'Why health journalism matters'.

Very interestingly, there was a study in the *International Journal of Epidemiology* which said that 78% of South Africans over the age of 50 (which includes myself) – four out of five – have high blood pressure. That wasn't the alarming thing. They went on to say it was the highest rate recorded for any country in the world at any time in history. It's not just news journalists who are prone to sensationalising things, this is in the *International Journal of Epidemiology*. It was written by a whole bunch of professors.

This caused the blood pressure in our Department of Health to shoot up completely through the roof as they started to issue multiple letters of denial, but they did concede that while we may not be the highest at any stage of the over-fifties of any country in history, we are certainly probably in the top five. But they also agreed with the journal that only one out of ten South Africans over the age of 50 who had high blood pressure is managing to control their blood pressure. Because most people don't in fact know that they have high blood pressure. They get headaches, they get migraines, they take a lot of aspirins, we eat aspirins, we take things they call 'grandpa headache powders' which combine aspiring and codeine, and we don't get diagnosed until the heart attack happens or the stroke takes place. So the higher blood pressure rates in South Africa and the nine out of ten people who are not managing it, when there are simple management techniques: standing up, exercising, eating a banana or other sodium antagonists, or just reducing salt. A combination of those three: the bananas, the walking, and the reduction in salt, can in many people bring their blood pressure back to normal.

People need to know about that, and how will they get to know about that? Ideally, through the health-information ecosystem, of which journalism is such an important part. I will just give you a final taste or example of these statistics. This is for Africa. Two million new infections in 2014 and because we don't have the anti-retroviral programmes quite as powerfully situated in the rest of Africa – as I said, South Africa is the biggest – we have about 2 million deaths. In Africa as a continent, the 53 countries of Africa combined. That's South Africa's 400,000 plus about another 1.6 million people who die.

With diabetes, just as a final example, we have approximately three and a half million people. Remember again our population is only 35 million, so that's about 10% of South Africans, have diabetes. That's diagnosed: those are people who know they have diabetes.

It's estimated by people who specialise in this epidemiology that probably about 5 million South Africans are either diabetic or pre-diabetic, strongly pre-diabetic. And this, like with the high blood pressure, there's about a 7-year gap between the onset of diabetes and its diagnosis. That means that when diagnosed, about 30% of people in South Africa already have complications of diabetes.

I've just given you three examples there: AIDS, HIV positivity leading to AIDS, with high blood pressure and with diabetes, where very often people are not aware of what the symptoms are. The

very rudimentary thing that we try to do at least with health journalism about medical conditions is alert people and educate people to the symptoms. There are eight symptoms of diabetes and if you notice any of these, if you're starting to get pins and needles in your feet or frequent urination at night you may put two and two together, but people need to know those eight pieces of information. Likewise with higher blood pressure, likewise with HIV and AIDS. What is the role of journalism within a broader health-information ecosystem?

The Health-information Ecosystem and the Role of Journalism

I notice every time I come to the UK, as much as it may be variable in quality, the sheer quantity of health journalism compared with for example South Africa. Looking at the *Guardian*, the *Sunday Times*, the *Independent*, listening to the amazing resource you have – BBC Radio 4, and the amount of health journalism on that, and not just quick headline stuff. Whole half an hour discussions, hour long discussion of impeccable research and wonderful quality. We have almost nothing like that in any of the African countries, even in South Africa; we just don't have a Radio 4. And our journalism, our media reach in that respect, is relatively low key.

Having started the first course in health journalism in South Africa 3 years ago (2011), we needed to look at what the levels of health literacy were and how people became health literate. How do you know what the symptoms of diabetes are? Or of high blood pressure? How does one get information and use that information and possibly change one's behaviour once one has that information?

The family is a very critical part of that. The schools are absolutely vital in any country in the world. Why shouldn't you be learning of the symptoms of diabetes, not just the symptoms of diabetes but how the body system works, right throughout school? That's where you get a sense of what the immune system is and the endocrine system and the circulation and blood, and that's something which is such an easy area. We know, because we do test in terms of public understanding of science and what people do and they don't know when they come out of school, there are schools that are not doing a terribly good job.

Our families are not doing a terribly good job, partly because in South Africa and in many of our neighbouring African countries families are being rent asunder by both migrant labour and apartheid and colonialism, but also by HIV and AIDS. We've lost already about 5 million people to HIV and AIDS. Most of them are people in the prime of their lives. Three hundred thousand people will die this year. That means that only about one quarter of African children in South Africa, these are South African figures, are living with both their biological parents. More strikingly, just over one quarter are living with neither of their biological parents. They are living with other relatives.

Even more strikingly, 5% of children in South Africa are in so-called 'child-headed' households, where there's no one in the household who is over the age of 18. Five per cent: an enormous numbers, 1 in 20, of our children. So families are not very good places where one can learn about basic hygiene and washing your hands after going to the toilet, and what the systems of diabetes might be and whether a cough is serious enough to approach the clinic.

The third area of the health-information ecosystem is a very critical one: clinics. When you see a doctor that's often when you learn a bit about your health and again we have very particular, peculiar challenges in South Africa in terms of how that has broken down.

A fourth one is public information campaigns. Those have been vital. That's something I've been involved in all my working life. Public health campaigns that tell you, often quite paternalistically but usefully, what is good for you – that in fact sitting for a long time is not so good for you. There should be posters all over the place saying, 'Stand up every 45 minutes and you can add 5 years to your life'. If you are a bus driver or a truck driver, stop every 45 minutes. Just walk around for about 2 minutes. The simple expedient of taking your telephone and putting it on the other side of your office if you have an office, somewhere high up, and having to get up and walk across there, can add literally years to your life. Those kind of things need to be in a public education campaigns.

In South Africa we have gone into a phase now, particularly in the last 5 years, where all our public health campaigns about driving while under the influence, wearing your seat belt, flossing your teeth, using a condom to protect yourself from HIV/AIDS, have just about disappeared. If you came to South Africa now you wouldn't see the billboards, you wouldn't notice the TV ads, because they've stopped. A lot of people are very down about behaviour-changing media, and 'edutainment', and we are now pushing much harder on male circumcision for example as a way of tackling HIV and AIDS, but those public health campaigns create a critical mass of information that journalists can then come in on and make much more sense of and help people understand, provide the fairness and the balance.

We are caught in the middle of an epidemiological transition from communicable diseases like malaria, like tuberculosis which we also have the world's highest rate of, like AIDS, to non-communicable diseases, diseases that essentially are lifestyle related. Less exercise, more poor eating, and rapid increases in overweight and obesity.

The overweight increases are very debatable. The obesity epidemic is something that is gathering pace in all countries of the world and South Africa is no exception. What we are trying to get people to understand in a lot of the journalism we are trying to do is, how you get things and how you can not get them. So it's about the transmission mechanisms, what it does to you, what the symptoms are. What does diabetes do to you? What are the symptoms? And what your treatment options are. We take our young journalists and, working a great deal with industry, develop some kind of typologies of that journalism: what it takes to do these different kind of journalisms well, how to get that information across. The key point is, how one can balance the need for journalists to play the role of health educators in the context of all those other elements of the health-information ecosystem failing?

Families are not doing a good job, schools are not doing a good job, the medical profession who go to clinics are not doing a good job – there should be pamphlets and all sorts of things there but there is not a lot. I would imagine in the NHS or in the United States of America or Canada or European countries, if you go to the clinic, and you might have diabetes they will give you a pamphlet to take home with you. We don't have that. We should. And we'd like to. So journalists in a sense have to carry this larger burden of being health educators. Here is the difficult and tricky conundrum. How

can you be an educator but at the same time reflect the conflicting, controversial slowly moving nature of science?

You try to explain to people these are the symptoms of diabetes but it's very confusing to say 'Ah but this Professor says frequent urination is not really such an important thing, but that Professor says if you get pins and needles in your feet' and that's how we do that kind of 'he said, she said'; our editors love the controversy and they want to know the debate. We are having a massive debate in South Africa now about diets, about whether they should be low carb and higher protein. It even makes it on to the front pages because we've got some doctors that are arguing the benefits of these different diets. It just confuses people.

The Five Elements of Effective and Ethical Health Journalism

We've developed this schema which we've called the five elements of effective and ethical health journalism.

Veracity

Journalism is essentially a discipline of verification. But we argue that in health journalism you need to have an expanded notion of authenticity, fact checking, and accuracy. That is because health journalism is life and death. So one needs to take it a little bit further. So we have developed this notion of veracity, particularly around numbers. You have to look at relative versus absolute numbers. It might be four in a thousand that the new drug is helping and then the next new drug comes along. Now it's helping eight out of a thousand but it costs $100,000 a month. So that kind of veracity is terribly important.

Locating the science: being statistically coherent. Giving those absolute and relative values.

Transparency

This has become increasingly important. In South Africa we've had enormous difficulties because of our very high rates of illnesses like AIDS, we've had a lot of people giving pseudo-scientific, non-evidence based paradigms. Trying to trick sick people, with HIV/AIDS, into believing that their vitamins work. We've had this guy, Metallius Raft, that many of you will have heard about, he sued Ben Goldacre and the *Guardian*. Ben wrote a wonderful chapter in his book called 'the doctor will sue you now', and eventually they won that. But he was essentially pushing alternative treatments which were not science based. People were taking them and they were dying.

Journalists are very consistent because of the power of large pharmaceutical companies in South Africa. We've heard about the Astro-Zenica stuff now and the Pfizer stuff. But we as journalists are often invited to the most wonderfully lavish product launches, which often take place in great resorts and you get these swag bags with flash drives and earphones and all sorts of wonderful things and now you must go an write an objective piece about this new Orlistat weight loss drug.

How does one deal with that? How do you deal with all sides of the story without confusing patients?

Pfizer in 2009 paid the largest ever fine for basically trying to bribe doctors to use their drugs and journalists as well.

Inclusivity

So much of the journalism that takes place in Africa is very alienating and quite insulting to the people who have the illnesses. So how many times do you read an article about obesity and it is illustrated with a very fat person with their head chopped off? They show the body because they are trying to be sensitive, so you see lots of photographs of large people without heads. And what that does for large people with heads is makes them feel a bit embarrassed. So we look at that.

Figure 1

Figure 1 is from a newspaper last year, about a poor woman 'my life of hell with a big bum'. This was an article that was trying to be, they even put it on the noticeboard there. It was trying to look at a particular medical condition but just wound up stigmatising. AIDS stigma is the biggest issue that we have in the AIDS regime and it's very important to be inclusive rather than as we look in media studies this notion of 'othering'. We have it even in Europe, we have it in the USA.

One of the things that get quite stigmatised is men. Men are not very health seeking, we don't go to see doctors, anything like as much as we should, because it's kind of like to be a man you've got to be well. You can't show weakness, you can't be ill, you can't always be running off to the doctor. Women run off to the doctor. So even there there's this kind of 'othering' and non-exclusivity.

Engagement:

Very much about how one gets the stories across. You have such little time. Editors are so much pushing you but you need to find a balance between sensationalism, getting the attention, not doing these miracle cures, but you still have to write interesting stories that have to stand up against all the latest celebrity gossip.

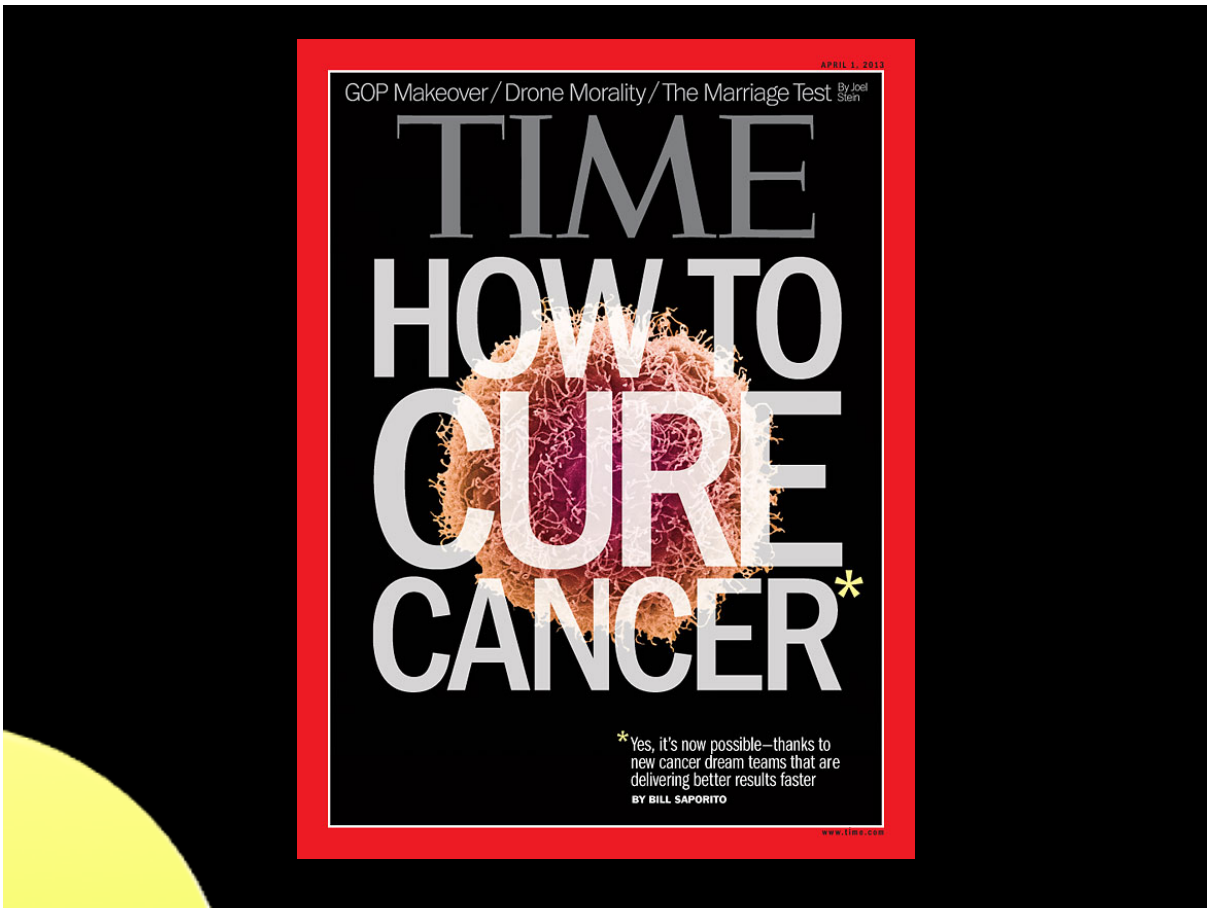

Figure 2

Figure 2 is the terrible cover of *Time* magazine that I'm sure many of you will have been familiar with last year: 'How to cure cancer', with a little star saying 'Yes, it is now possible thanks to new cancer dream teams that are delivering better results faster', and in that magazine was a 12-page paid advertisement by a cancer drug company that were favourably reflected in that story in 2013.

Empowerment

Finally, we believe particularly in Africa that we need to be empowering. We need to give people a little bit of sense of what they can do about something in our article even if we only have 400 words

or 600 words. When I tell you that there is a new study that shows that if you sit a lot that you increase your chance of a premature death or that diabetes rates are on a rise, or that Resveratrol has now been shown to not necessarily be as wonderful as possible, instead of just leaving it that it's always an important idea to give people at least a sense of what you can do about it. Put your phone far away, or you stand up, or if you're a truck driver take more frequent breaks, or if you think you might have higher blood pressure go and see your clinic. Maybe include a website or it's about calls to action or aids to action.

We're trying to work with each of these five elements. We're trying to tease out what's complex and difficult and nuanced about them. But at the same time we are increasingly realising for Africa at least, because the other parts of the system are not working so well, that we have to simultaneously juggle being critical journalists presenting a fair and balanced story and willingly taking on that role of health educators.

Getting that balance right and doing that tightrope between the educational and advocacy role on the one hand, we love people to be diagnosed with diabetes much faster, and on the other hand doing the critical journalism, is really for us the central challenge of health journalism in the twenty-first century.