Reporting Health Emergency Outbreaks: African Journalists on the Frontlines of Ebola Coverage

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This dissertation titled
Reporting Health Emergency Outbreaks: African Journalists on the Frontlines of Ebola Coverage

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ABSTRACT

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Reporting Health Emergency Outbreaks: African Journalists on the Frontlines of Ebola Coverage

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The minute the 26th Ebola Virus Disease broke out in parts of West Africa in 2014, journalists and media practitioners in the region went straight to work in keeping their citizens informed about the strange and deadly disease. Armed with nothing but their pens, papers, voices and computers, West African journalists in Guinea, Liberia and Sierra Leone, countries most affected by the pandemic, struggled to communicate the noxious pandemic to their citizens who were at the mercy of the virus and were dying in droves by the day.

In spite of the numerous challenges they faced, West African journalists in Guinea, Liberia and Sierra Leone and other countries in the sub-region kicked their ‘interventionism’ role into overdrive and braved the frontlines of the deadly disease just to get the information for their citizens. While reporting on the outbreak, some journalists got infected and died, others had their human rights to free speech infringed upon and faced harassment from their governments based on what they had said or written. Some employed innovative methods in reporting the disease while others were branded as alarmist and rumor peddlers. The African approach to reporting health emergency was evident.
In Sierra Leone, journalists there said they agreed to partner with the government and practiced development journalism with the goal of helping the government to end the pandemic. Various templates used in reporting normal stories were experimented until journalists found the best way to communicate the disease to their citizens. With Ebola declared over in Sierra Leone, journalists believed they played a major role to take Sierra Leone out of the Ebola nightmare.

This study took a comparative approach to inquire from West African journalists in Sierra Leone and Ghana who reported on the 2014 Ebola outbreak about their lived experiences in covering the disease. The purpose was to find out the differences and similarities in the approach used by West African journalists in both affected and non-affected countries as they responded to health emergency outbreaks like the 2014 Ebola pandemic. Interviews, qualitative content analysis and participant observation were the qualitative methods used in collecting data for this study. Findings revealed that West African journalists responded to the 2014 Ebola outbreak based on the prevailing circumstances in their respective countries. Majority of the journalists in affected Sierra Leone said they adopted preventive journalism with the aim of ending the outbreak while those in non-affected Ghana, a nearby country said they were concerned with arming Ghanaians with the right preventive information aimed at protecting Ghana from an Ebola outbreak.
DEDICATION

To the victims of Ebola and the journalists who reported on the outbreak in West Africa.
To my dear mother, Janet Yaa Kyeraa for her immense love and guidance. To His Royal Majesty Otumfu Osei Tutu II and His Excellency Ambassador Isaac Osei for their leadership roles in my life.
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The Akans of Ghana say: “sɛ onipa yɛ ade3 a ɔsɛ ayeyi.” To wit, s/he deserves your praise, s/he who has done something good for you in your life. It is based on this philosophical saying that I would like to thank the following people for the respective roles they played in my academic life.

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It is Monday, November 3, 2014, and a team of policemen has just arrived at the premises of Citizen Radio in Freetown, Sierra Leone. Their mission is simple and clear: to arrest the veteran journalist Dr. David Tam-Baryoh, the proprietor of the radio station who doubles as the host of 'Monologue' talk show on the station. When he inquired about his crime he was told that he had made some statements on his Monologue talk show two days earlier about how the government of Sierra Leone was handling the Ebola crisis. Those statements were seen as incriminating and had the potential of inciting the public against the president of Sierra Leone, Ernest Bai Koroma and his government. He was subsequently taken to the Sierra Leone Maximum Security Prison where he was kept for 11 days. In an interview that I had with him later about his experience in covering the 2014 Ebola outbreak, Dr. Tam Baryoh put it all in this one line summary, "between covering the Ebola epidemic and the corruption that surrounded the handling of Ebola funds, I would say journalists in Sierra Leone were caught between the devil and the deep blue sea..." (Personal Communication, June 22, 2016).

Tam Baryoh’s account above is the experience of some journalists in West Africa who covered the 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone. This study sought to describe the lived experiences of West African journalists in covering the 2014 Ebola Virus Disease outbreak in parts of West Africa. The study also sought to establish their self-assessment in using science reporting to set the health agenda during health emergency crisis such as the 2014 Ebola outbreak. Science journalism or science
reporting as used in this study follows (Dennis & McCartney, 1979) definition of the term. The authors explained that science journalism or science reporting included the “traditional general science beat, ecological-environmental reporting, and the coverage of medicine, the behavioral and technology (including space) (p. 9). For the purposes of this work, I shall refer to journalists in West African who covered the 2014 Ebola outbreak in particular, and those that cover other health emergency outbreaks in general as ‘health or science journalists’ from time to time.

Appiah, Gastel, Burdine & Rusell (2014), argue that “in Africa because general reporters do most science reporting, it is critically important to assess science journalism from their perspectives” (Appiah, Gastel, Burdine & Rusell, 2014, p.24). In line with the above, West African journalists who covered the 2014 Ebola outbreak were asked to narrate their lived experiences in the coverage and to evaluate their own performance. Informants were drawn from Ghana and Sierra Leone.

In December 2013, the 26th outbreak of the Ebola virus disease was discovered in the small village of Meliandou in the Gueckedou District of Guinea, West Africa when an 18-month old baby died from the disease (WHO, 2015). A report by the World Health Organization noted that some members belonging to the family of the 18-month old boy were also infected with the virus and had died by the second week of January 2014. “The same was true for several midwives, traditional healers, and staff at a hospital in the city of Gueckedou who treated them” (WHO, 2015 par. 4).

By June 2014, the virus had spread to other parts of West Africa including Liberia, Sierra Leone, Senegal and Nigeria and it had earned the reputation of being the
most deadly in the known history of the outbreak of the Ebola virus (Dixon & Schafer, 2014). Thomas (n.d) sums up the sad account of the Ebola virus this way:

During those 24 long and terrible months, the virus killed at least 11,315 people in seven countries and infected more than 28,600. It devastated communities, broke apart families and caused pain and suffering on a catastrophic scale. It sparked the largest public health mobilization since the onset of the HIV/AIDS crisis 30 years earlier. It challenged public health experts, doctors and scientists at the top of their fields. And its byproduct – fear – spread even more rapidly than the disease itself, infecting communities, policymakers, and entire countries. By all accounts, despite a rocky start to the public health response, mankind appears to have dodged an even greater bullet after health workers, communities, health ministries, international organizations and other responders worked heroically – and often at great personal cost – to bring this horrible disease to heel. (Thomas, n.d, par 2).

The above quote summarizes the challenge the 2014 Ebola outbreak posed to affected countries and the world at large. In West Africa, the three affected countries of Guinea, Liberia and Sierra Leone recorded significant mortality rates with a breakdown of 2358, 4486, and 3877 respectively (CDC, 2015). During the period of the outbreak, the print and broadcast media in these West African countries were at the forefront of covering this pandemic. With regards to the work of media professionals, we have as much to learn from the process of collecting outbreak information as we do from the information itself. Aside from its traditional role of educating, informing and
entertaining, the media, described as a combination of music, films, TV, radio, publishing, advertising, and electronic games help in the development process of societies (Locksley, 2009).

In West Africa, many people rely on the media for not just information, education, and entertainment but also for decision-making. This is because the media have over the years shaped and influenced public opinion and understanding (Baran & Davis, 2000). This role is particularly important in leading the public in making good decisions in times of public health emergency such as the 2014 Ebola outbreak. In some West African countries where Ebola broke out, for instance, certain cultural practices accounted for the spread of the Ebola disease. An example is the age-long cultural practice associated with the preparation of dead bodies for burial. Since Ebola could spread by contact, the media in Guinea, Liberia, and Sierra Leone educated people against such cultural practices as washing the dead before burial.

This underscores the importance of the media in public health outreach programs (Barnes, Hanson, Novilla, Meacham, McInttyre & Erickson, 2008). Barnes, Hanson, Novilla, Meacham, McInttyre & Erickson (2008) have argued for an effective media-public health partnership for the promotion of social cohesion. Through this partnership, relevant information is collected from trustworthy sources and distributed promptly to help in the management of emergency and disaster situations such as the 2014 Ebola outbreak.

There is a plethora of research on media’s role in the fight against Ebola outbreak with many of these studies focusing on Western media report of Ebola as well as how the
outbreak has been framed in various newspapers (Josse & Haarhoffe, 2002; Nwanne, 2014; Ungar, 1998). This leaves a gap in the literature about how West African media professionals like journalists responded to the outbreak amid challenges such as lack of adequate resources and little knowledge about the outbreak (Shuchman, 2002).

Problem Statement

The 2014 Ebola outbreak in Africa has been studied in various fields of academia including media studies (Allgaier & Svalastog, 2015; Farhi, 2014; Househ, 2015) with many of them focusing on how Western media have framed coverage of the disease. Noticeably absent in the literature surrounding the 2014 Ebola outbreak is a comparative study of the experiential accounts of how West African journalists in both affected and non-affected countries responded to the outbreak. There is the need to address such a gap by conducting studies that explore the agency of African media professionals who respond to health emergency outbreaks such as Ebola.

Mass media respond to health issues and events through various ways of coverage (Brody et. al., 2003; Dearing, 1998; Keyton, 2006; Mchombu, 2000). Both the media in Africa and the Western world played a major role in the coverage of the 2014 Ebola outbreak. While Western journalists such as Helene Cooper of the NewYork Times (NYT) have received distinctions like the Pulitzer Prize for their coverage of Ebola, New York Times (2015, April 20), the works of African journalists remain unnoticed. While Ms. Cooper’s award serves as recognition of her hard work, it prompts us to consider the work of African-based news institutions and their journalists.
The media in West Africa like elsewhere is considered a key player in
development issues (Nasir, 2013). Nasir (2013) who defined the media as mechanisms
that enable a large group of audiences to be reached, saw the media as important as food
and clothing. However, the sudden nature of the 2014 Ebola outbreak in West Africa
gave the region’s media institutions little or no time to prepare for the complexities in
communicating information about the disease. Journalists and other West African media
actors were puzzled about what information to communicate since their knowledge about
the virus and its mode of infection was scanty in the early part of the outbreak.

The first Ebola outbreak in Africa in 1976 has been studied by various scholars
(Li & Chen, 2014; Muyembe-Tamfum, Mulangu, Masumu, Kayembe, Kemp, &
Paweska, 2012; Ungar, 1998). There is however no record of how journalists in both
affected and non-affected African countries approached covering the virus when it first
broke out in the 1970s. As a result, there is a lack of first-hand experiential account by
African journalists and media actors on the challenges they faced, the approaches they
adopted and their effectiveness in communicating messages about the outbreak.

Meanwhile, getting to know about the experiences of African journalists who covered the
2014 Ebola outbreak will help contribute to the scholarship about how African journalists
respond to health emergencies. Journalists in other parts of Africa who may face similar
situations could also see such experiences from their colleagues as a guide for their work.

As mentioned above, much of the research about the 2014 Ebola outbreak in
West Africa has narrowly focused on various topics such as how journalists framed the
stories they covered and the role of nurses and public understanding during the outbreak.
(Allgaille & Svalstog, 2015; Farhi, 2014; McGills & Kashin, 2015). Even though some studies have however approached the 2014 Ebola outbreak in Africa as the focus, there is still no study on how journalists in both affected and non-affected nearby West African countries responded to the pandemic in comparative terms. For instance, Nwanne’s (2014) study, which looked at the lessons that could be drawn from the media reportage of Ebola crisis in Nigeria only focused on secondary materials from books, magazines and newspaper articles without talking to the media practitioners that covered the outbreak. Although the study found that Nigeria’s media played a key role in communicating information about the outbreak, certain challenges faced by the media were not captured in the study. Nwanne’s study applied Agenda Setting theory as its theoretical background to underscore the important role the media play in shaping public opinion.

Previous Ebola outbreaks have also been studied along similar lines. Ungar (1998), looked at the type of frames used by the media in its coverage of the 1976 Ebola outbreak in then Zaire, now Democratic Republic of Congo. The study found that the media in times of such crisis have the flexibility of shifting and changing frames to describe such events. Joffe & Haarhoffe (2002) in their study looked at how British newspapers and their readers made sense of the mid-1990s Ebola virus that broke out in some parts of Africa.

During the 2014 Ebola pandemic, an article in the Washington Post referring to the US media focus on chances of Ebola hitting the US, described the media reports of the virus as an overtime and not overboard (Farhi, 2014). This study appeared to answer
the question on the lips of many as to whether the way US media covered Ebola was extreme. Allgaille & Svalstog (2015) on their part analyzed the communication aspect of the 2014 Ebola outbreak in West Africa. Even though the above studies and others bearing similar themes have assisted in knowing how single media units react to health emergency cases, comparative works on media responses to the 2014 Ebola outbreak in West Africa are rare.

In other words, the review of the literature surrounding the 2014 Ebola outbreak in West Africa points to a gap of a comparative account of how media professionals in two West African countries with completely different experiences responded to the outbreak. Set against this background, this study looked at the experiences of journalists in Ghana and Sierra Leone who were involved in reporting about the 2014 Ebola outbreak. The study attempts to fill the above-described gap by interviewing journalists from Sierra Leone and Ghana who reported Ebola about their experiences over the course of the outbreak that took more than 11000 lives in West Africa according to the WHO (WHO, 2016).

To be able to effectively compare cases in both countries, the current study takes a comparative approach in looking at how media institution actors like journalists in Sierra Leone and Ghana responded to the Ebola occurrence through their coverage and the methods they used. Journalists from selected media institutions comprising newspaper, radio, and television who reported on the Ebola outbreak in the two West African countries of Ghana and Sierra Leone were the participants in this study. The two countries were chosen because of the distinct difference in their experiences regarding the
2014 Ebola outbreak. Ghana, a West African country located in the same region as Liberia, Sierra Leone and Guinea—where the outbreak took many lives did not record any Ebola case, while 3877 lives were claimed by the pandemic in Sierra Leone (CDC, 2015).

The purpose of this comparison is to reveal the emerging differences and similarities in the response of media institutions of these two West African countries with different experiences regarding the outbreak of Ebola. For the purposes of this study, media or journalists response is defined as the collective action taken by the news department of media institutions made up of journalists and editors as they report on the outbreak. On media responses, the study will look at how journalists covered the outbreak, their sources of information on the outbreak, challenges they faced and how they evaluate themselves in setting the right health agenda during the outbreak.

Significance of the Study

This study is significant for various reasons. First, it will contribute to literature in the area of media and health studies in the context of Africa. Secondly, this study will shed more light on how African journalists and other media practitioners respond to health outbreaks, thereby contributing to a more holistic understanding of global media systems. In summary, this study will provide insights into how journalists in developing world go about their daily work as they face threats of being affected by emerging diseases. Findings from this study may also serve to illuminate media response in the region should there be an outbreak of similar proportion in future, and how media respond to rapid social change where life is threatened. Also, the comparative nature of
the study will also reveal how journalists in these countries went about their decision making and agenda setting process in the course of the outbreak.

Additionally, while many studies have looked at how Western media cover stories about Africa, few have focused on introspective orientations into how media organizations in Africa cover such outbreaks. Journalists and media institutions help in disseminating information on the health situation of the country. This contributes to the surveillance of the situation as information from various parts of an affected area is carried by the news media for the consumption of its audience. Such information helps people to know how to avoid the disease and stay healthy.

The media also help in ensuring accountability of government officials and people in authority entrusted with resources allocated for dealing with such outbreaks. Without proper documentation and investigations into how effective these methods by journalists and media houses have been, there will be nothing to serve as a reference point if such outbreaks appear again in future. How West African media practitioners may have innovated Ebola reporting will also be investigated.

The study will also give journalists in these countries a voice in describing their challenges, innovative methods of gathering news, and how they stayed safe while informing the world about such an unfortunate outbreak. Studying this will also bring to the fore the main issues African media institutions contend with in the discharge of their duties. For instance, a report published by the Media Foundation for West Africa (MFWA) highlights many instances where journalists’ rights to the freedom of expression were violated as they covered the Ebola outbreak (MFWA, n.d).
In Guinea for instance, three journalists who fell prey to the mistrust and conspiracy theories of the people were killed and had their bodies dumped in a sewage in a village while covering an Ebola health campaign. The three journalists were; Facely Camara Camara, a journalist with Radio Liberte FM at Nzerekore near Womey and Molou Cherif, and his technician colleague both of whom worked at community radio station also at Nzerekore. In Sierra Leone it became apparent that some journalists who chose to be critical of the Sierra Leone government's response to the Ebola outbreak faced some harassment from the government. Below is how a section of the special report by the Media Foundation for West Africa depicted how the outbreak was affecting other aspects of free speech in the affected countries.

Ebola has also affected the implementation of projects intended to improve freedom of expression conditions in the affected countries. In addition to its impact on press freedom and advocacy projects, the Ebola outbreak has opened the floodgates of misinformation, which has contributed to spreading fear and panic. Individuals, however, have been largely responsible for disseminating harmful rumors about preventive measures and cures from eating raw onion, eating kola nut, drinking coffee or drinking salt water. (MFWA, n.d p.2).

As 2015 came to an end, Africa prepared to evaluate its performance regarding the attainment of the Millennium Development Goals (MDGs), a UN vision aimed at human development on the continent. Although, the 2015 MDG report on Africa noted worthy accomplishments such as acceleration in economic growth, the establishment of ambitious projects designed to boost education and tackle several diseases, and the
empowerment of women through raising women’s quotas in parliaments, the continent did not achieve the overall desired MDGs by 2015 (UNDP, 2015). One of the many challenges that have halted the continent’s dreams in reaching this goal has been the scourge of emerging diseases.

The World Health Organization describes emerging disease as one that has either appeared among a population for the first time or may have existed previously but keeps increasing in terms of incidence and geographic range (WHO, 2015). In all, thirty such previously known diseases like HIV/AIDS, Ebola, hepatitis C, Lyme disease, hantavirus pulmonary syndrome and Severe Acute Respiratory Syndrome (SARS) have emerged in the past 20 years (WHO, 2015).

In the said past two decades, Africa has been the region that has been most affected by these diseases regarding lives lost and a drain on the continent’s resources. Aside from the many deaths that diseases like Ebola have resulted in, they form the basis of several hardships, suffering and pain for families and loved ones of those affected on the continent. This has come about due to the difficulty in dealing with such emerging diseases.

Of the many challenges facing the continent in the area of curbing these emerging diseases, none is as pronounced as the inadequate health infrastructure and weak public health policies in most African countries. These challenges no doubt hinder efforts by governments, private organizations, and individuals in the fight against these diseases. For instance, in their study of the implications of emerging diseases on Africa’s attainment of the Millennium Development Goals by 2015, Aluwong & Bello (2010)
observed how emerging diseases had challenged the efforts of African governments to achieve the MDG Goals by 2015. The study underscored the importance of fighting emerging diseases alongside good democratic principles in Africa for this feat to be achieved.

Closely tied to the effective management of emerging diseases in Africa is how information is collected, packaged and disseminated by journalists, particularly those in the print industry during the outbreak of such epidemics. Studies have found that in times of such health pandemics, the manner in which health themed information is presented in newspapers goes a long way in affecting and impacting public behavior (Villar & Bueno-Olson, 2013).

As a result of the nature of their work, journalists in Africa have during the times of outbreaks of these emerging and infectious diseases like Ebola had to deal with the risk of contracting and being infected by these diseases as they brave the front lines of such risk infected boundaries to tell the stories. In some cases, many have had to come up with ingenious ways to enable them to report while avoiding infection. For instance, asked about how difficult it was for him in covering the recent Ebola crisis, Umaru Fofana, a Sierra Leonean based journalist who also reports for BBC, NPR, Reuters and owns a local newspaper in his home country said:

Yeah, it was very hectic. And I would feel tired. But I would also feel this compulsion to go and do the work. Because I felt that I needed to tell the story- Initially to grab the world’s attention to come to help. And then, even when they were coming, I felt they weren’t coming fast enough. I thought that the more the
world appreciated the extent of the outbreak the quicker they would intervene. That was my adrenaline to keep me going. (Aizenman, 2015, p. 18).

Umaru Fofana's point above indicates the passion and motivation that journalists in African countries facing a health emergency outbreak work with. Even though the 2014 Ebola outbreak in Guinea, Liberia, and Sierra Leone was covered by both foreign and local journalists, one could argue that local journalists who covered the outbreak in these countries would be more susceptible to being infected than their foreign colleagues.

Before a Western based media organization sends a team of reporters in their full protective gear and with adequate resources to the front lines of covering the Ebola outbreak in West Africa, there was a team of local African journalists who first risked their lives to cover the deadly outbreak. These African media professionals risked being infected with the virus, or were ill-treated by a section of their citizens who were suspicious of their motives as journalists as they moved through affected areas to report on the outbreak.

According to Tian (2008), the role of a newspaper and other media institutions as the disseminator of information intensifies during moments of crisis as people turn to it for credible information. The comparative aspect of the study will bring out how journalists in Ghana and Sierra Leone approached reporting the 2014 Ebola outbreak. Across media houses, styles of coverage of health and other matters differ from one media house to the other. This is equally true regarding the journalism orientation of different countries across the continent of Africa. The extent of governmental control such as harassment and intimidation, coupled with the extent of training of staff and the
availability of resources of a media house in a certain country might force it to operate in a particular way. For instance, Kalyango & Eckler (2010) found that media houses in East and Southern Africa that have been intimidated by the governments are not able to empower their citizens to demand accountability from their leaders. The results from comparative analysis of the coverage of the Ebola will show the role played by journalists in information delivery during the 2014 Ebola outbreak.

Purpose of Study

The goal of this study was to understand how local journalists in West Africa respond in their line of duties during health crisis such as the outbreak of 2014 Ebola. My goal was to get insight into how they venture into places affected by the outbreak; how they gather data from government and health officials as well as getting information from affected citizens.

Theoretical-Framework

The concepts of development journalism, journalistic roles, and trust for both media and societal institutions form the theoretical foundation of this study. Anand (2014) opines that development journalism which is derived from development communication assists in the growth of developing nations especially as it relates to rural the growth. The study gave the historical background of development journalism as being used initially in the communication of agricultural policies like land reforms to farmers in countries like India, Philippines, Malaysia and Indonesia.

In chapter 2, I shed more light on the theory and concepts of development journalism as it relates to how journalists in Africa and other developing areas go about
their coverage of emergency issues. The current study attempts at extending the emerging literature in the practice of development journalism, especially as it relates to how African journalists adopt development journalism in responding to health emergency coverage.

Media is responsive by definition. The occurrence of disasters may be a key opportunity to study media response. Kahn (2003) notes that the period after the September 11 attack on the US has led to an increase in research on disaster responses. In moments of disasters, Kahn identifies three major steps that help in the process of disaster response as responding, assessing and beginning. Although Kahn addresses the issue of response in her work, it does not extend to media response as a subject in general.

Kahn, however, recognizes the need for disaster response teams to immediately contact the media after they have gathered the right information. This underscores the importance of the media in disaster times. For instance, in West African countries where the local media reported on the outbreak, one would have thought that the teams working on the management of the Ebola Virus Disease would contact the media with the right information to be sent to the public. This was however not the case as would be seen from the findings in this study later on. Rather, some journalists were called alarmists and faced some problems while they were reporting on the outbreak.
Touching on the dangers faced by African journalists, Peterson (2015) made this observation, “African journalists don’t have it easy, and the continuing assaults on press freedom across the continent are cause for concern.” (Par. 1). Despite these challenges however, Peterson also observed some positive strides made by these journalists and media institutions even in difficult times:

The press is having an impact. In conflict environments such as Eastern Congo, South Sudan, the Central African Republic, and Somalia, journalists are getting the news out both to local communities and internationally. In emergencies such as the Ebola epidemic in West Africa, the press maintained its freedom to report on the crisis despite attempts to hush it and kept communities informed to mobilize better to fight the disease. (par. 3).

Media responses to health epidemics have been studied by several scholars (Ungar, 1998; Mchombu, 2000; Shih & Brossard, 2008). Regarding Ebola and its coverage by the media, existing scholarships have narrowly focused on single units such as Ungar’s (1998) media analysis of the Zaire strain of Ebola. Others such as the longitudinal study by Pickle, Quinn & Brown (2002) looked at how HIV/AIDS was covered in Black newspapers between 1991 and 1996. The relevance of such studies are several. For instance, the results of the latter study became the ‘..first systematic content analysis coverage of HIV/AIDS in five African American weekly newspapers’” (Pickle, Quinn & Brown, 2002, p. 428).

Health-themed media analysis of health issues helps in knowing the impact such studies have on both individual media audiences and health systems. An illustration of
this point is when authors of the above study found that various frames adopted reflected suspicion and genuine concerns on the part of African Americans based on the history of how Blacks have been treated in the USA. While the above studies have looked at impacts of media responses to health systems, others such as Kagurusi (2013) considered the challenges of using the media in communicating public health themed information aimed at social change. The study highlighted the importance of studying the barriers encountered by the media in carrying out this function to assess the effectiveness of the communication strategy. Although this study is similar to the present one, Kagurusi’s study focuses on the media in relation to family planning and reproductive health issues.

Research Questions

Different media organizations approach or respond to outbreak of news differently based on the existing media system. In this study, the roles played by selected African journalists who worked on stories about the virus in Ghana and Sierra Leone will be compared. This inquiry will help establish the differences and similarities in their journalistic and media institutional responses to the Ebola outbreak, giving us a better idea of how global media institutions function. We will also have a better idea of the global gap in media resources.

As noted by Kagurusi (2013), the media face certain impediments when it comes to reporting on health issues. The challenges faced by West African journalists in these two countries as they reported on the Ebola health crisis will also be looked at in this study. From the points raised above, the following are the questions for this study.
1. What is the process by which journalists in health crisis areas innovate reporting methods to respond to emerging health crisis?

2. How did media professionals and their institutions in Sierra Leone and Ghana professionally respond to the outbreak of Ebola in the West Africa sub region?

3. What constraints do journalists in West Africa face in reporting about emerging health crisis?

4. How may we characterize an 'African approach' to public health crisis reporting?
CHAPTER 2: LITERATURE REVIEW

The study of African journalists' coverage of health emergencies is located across the communications fields of media studies, journalism, and the social sciences. This chapter provides a background to the historical presence of newspapers, broadcasting and reporting in West Africa. And we will also briefly review the literature on the deadly disease itself, its epidemiology having played a significant role in reporting the epidemic. In that this study is focused on the efforts of African journalists and their institutions in reporting this epidemic, we will also review studies of journalists at work in West Africa.

Background of Ebola Outbreak in Africa

*Ebola Sudan 1976*

The outbreak of the 2013-2014 Ebola pandemic in Guinea, Liberia and Sierra Leone caught the world off guard and launched intensive media investigations from all over the world. The 2014 Ebola outbreak in parts of West Africa was not the first instance of Ebola on the continent. A report by the World Health Organization published in its 1978 Bulletin traced the first outbreak of Ebola in Africa to 1976 when the virus, then known as ‘hemorrhagic fever’ broke out in the southern part of Sudan (WHO Bulletin, 1978). This report was put together by a team of health experts and medical professionals from the WHO that was sent to Sudan at the request of the Sudanese government to investigate the outbreak. The report could then be seen as one of the authoritative sources of information on the nature of the first Ebola outbreak in Africa.

In Sudan, the WHO (1978) report cited 284 cases in all, with a breakdown of 67 in Nzara where the initial case broke out among some workers who were working on a
cotton factory, 213 in Maridi, 3 in Tembura and 1 in Juba. Tracing the origin of the first case, the report named one YG who worked on the factory as the first detectable case in Nzara, a town which was home to a cotton factory that employed 455 workers. On June 27 1976, YG, the first Ebola patient fell sick with ‘severe febrile illness, headache, and chest pains’ (P. 248) and later suffered ‘hemorrhagic manifestations on the fifth day of illness with profuse bleeding from the nose and mouth, and bloody diarrhea’ (p.248). Three days after his illness, YG was later admitted to a hospital in Nzara where he died one week later. YG’s brother who was taking care of him at home when he was sick also took ill exactly seven days after YG’s death. Although his illness had similar symptoms to YG, the brother recovered after two weeks.

Two other workers of the factory; BZ who worked with YG and PG, who worked from a cloth room by YG’s store both became ill with severe febrile illnesses accompanied by bleeding and died few days after being admitted to the Nzara hospital. The report stated that ‘although all three men were employed in the same section of the factory, their houses were far apart and their lifestyles were very different.” (p. 248). Perhaps, what might have caused the many infection of the first case of Ebola outbreak among humans was its similarity to two already known existing types of fever in the region: Lassa and Marburg.

Ebola fever is a newly recognized disease with many similarities to two other hemorrhagic diseases (Lassa and Marburg fevers) that are known to spread from person to person. These three diseases, although caused by different agents, are clinically similar, have high mortality rates, and are all spread among humans by close contact with
infected effluvia from acutely ill patients. The most likely sources of infectious virus responsible for this person-to-person transmission are blood (or blood containing excreta) and urine. Respiratory spread has been postulated in one outbreak of Lassa fever (2), but since large numbers of secondary cases are unusual for all three diseases, the frequency of spread by droplet infection is probably low.” (WHO Bull 1978, p. 254). Described in the report as a distinctively clinical based disease, the first outbreak of Ebola in these towns in Sudan resulted in the deaths of 53% of those who were infected while those who survived took a longer time to recover. This report is relevant to my current study since it provides a historical perspective of how Ebola first broke out in Africa (WHO Bull, 1978).

1976 Ebola in Zaire (Democratic Republic of Congo)

That same year in 1976, between the months of August and November, the second type of virus, 'Ebola Zaire', broke out in Democratic Republic of Congo (Zaire) in the Bumba area, which is close to the town of Yambuka, a town located nearer to the closer to the borders of Sudan and Central African Republic (WHO Bulletin, 1978, Paurrut et al, 2005). While 'Ebola Sudan' had a mortality rate of a little over 50%, that of 'Ebola Zaire' claimed 280 lives out of the total of 314 patients who were infected. With a death rate of 89%, Ebola Zaire had then become the most deadly of the first two Ebola outbreaks in the two countries (WHO Bulletin, 1978).

Reports suggested that this outbreak in Zaire could have been linked the initial outbreak in Sudan (WHO Bull, 1978). Since the Bumba area is close to the border with South Sudan, the WHO team of health experts stated in their report that the index case of
Ebola in Zaire could have been originally infected with the virus in Sudan and travelled to Yambuka to seek medical attention. They further cited that the mode of infection of the Ebola Zaire strain could thus have been through an infected injection (WHO Bull, 1978). The index case in this outbreak had onset of symptoms on 1 September 1976, five days after receiving an injection of chloroquine for presumptive malaria at the outpatient clinic at Yambuku Mission Hospital (YMH). He had a clinical remission of his malaria symptoms. Within one week several other persons who had received injections at YMH also suffered from Ebola hemorrhagic fever, and almost all subsequent cases had either received injections at the hospital or had had close contact with another case.

Most of these occurred during the first four weeks of the epidemic, after which time the hospital was closed, 11 of the 17 staff members having died of the disease. All ages and both sexes were affected, but women 15-29 years of age had the highest incidence of disease, a phenomenon strongly related to attendance at prenatal and outpatient clinics at the hospital where they received injections. The overall secondary attack rate was about 5%, although it ranged to 20% among close relatives such as spouses, parent or child, and brother or sister.” (WHO Bulletin, 1978 p. 271).

Both South Sudan and DR. Congo (Zaire) had a reoccurrence of the outbreaks in 1979 and 1977 with accompanying deaths of 34 and one respectively (Baron, McCormick and Zubier, 1983). Between 1994 and 2012, several countries in Africa including Cote d’Ivoire, DR. Congo, Gabon, Uganda, South Africa, South Sudan and the Republic of the Congo experienced outbreaks of different strands of the Ebola virus (CDC, 2016).
A brief background into the origin of the 2014 Ebola outbreak in West Africa is presented in this section. In December 2013, the 26th outbreak of the Ebola virus disease was discovered in the small village of Meliandou in the Gueckedou District of Guinea, West Africa, when an 18-month old baby died from the disease (WHO, 2015). As the baby developed fever and black stools before dying, many in the village of just about 31 households had no idea the baby had Ebola. “By the second week of January 2014, several members of the boy’s immediate family had developed a similar illness followed by rapid death. The same was true for several midwives, traditional healers, and staff at a hospital in the city of Gueckedou who treated them” (WHO, 2015 par. 4).

As of June 2014, the virus had spread to other parts of West Africa including Liberia, Sierra Leone, Senegal and Nigeria and it had earned the reputation of being the most deadly in the known history of the outbreak of the Ebola virus (Dixon & Schafer, 2014). As Thomas (n.d) put it, the Ebola Virus Disease had in 24 months killed at least 11,315 people in seven countries and infected more than 28,600. Some of the effects it had on affected communities included breaking families apart and causing “pain and suffering on a catastrophic scale.” (par. 2). Thomas also described the Ebola Virus outbreak as having ignited a major public health mobilization since the days of the HIV/AIDS scourge some 30 years ago. Thomas’ work also acknowledged the immense challenge that the 2014 Ebola Virus Disease posed to the experts in public health as well as doctors and scientists and the fear that the disease generated across the world. With the disease now declared over, Thomas held the view that “despite a rocky start to the
public heath response, mankind appears to have dodged an even greater bullet after health workers, communities, health ministries, international organizations and other responders worked heroically – and often at great personal cost – to bring this horrible disease to heel.” (Thomas, n.d, par 2).

**Origin**

Even though the 26th outbreak of the Ebola Virus Disease started in December 2013 in Guinea, it was not until March 2014 that the WHO announced to the world about the outbreak in Guinea (Stein, 2015). In the months that followed, claimed thousands of lives in neighboring Liberia and Sierra Leone in the months that followed (Moore, 2014).

It is believed that the 2014 outbreak in West Africa was caused by the Zaire Ebola species which has about 90% fatality ratio (Bausch & Schwarz (2014). The CDC notes of the following significant mortality rates which were recorded in the countries of West Africa: 4486 in Liberia, 3877 in Sierra Leone and 2358 in Guinea (CDC, 2015).

The narrative surrounding the origin of the 2014 outbreak has not come without speculations in both Western and African scholarly circles. Studies on the origin of the outbreak have supported the theory that the outbreak started when a little boy was infected through a zoonotic transmission in Meliandou in Guinea (Lyon-Weiler, 2015; Marie-Saez et al., 2015). However, as some studies have shown, no one seems to know how exactly the boy named Emile got infected with the virus (Lyon-Weiler, 2015). Lyon-Weiler (2015) observed that “perhaps he was fed some bush meat, such as meat from a fruit bat. Some thought perhaps a vector of some kind, a tick, or a flea, injected
the virus into his body. A report in December 2014 indicated that he had played under a tree that harbored an insectivorous bat species.” (p. 1).

Meanwhile, after looking into the zoonotic origin of the 2014 Ebola outbreak in West Africa, Marie-Saez et al (2015) reported that there was ‘no evidence of a concurrent outbreak in larger wildlife’ (p. 17). The team later concluded that since it was common to be exposed to bats in the area, the boy might have contracted the virus from playing under a tree that host bats (Saez et al, 2015).

Also, in capturing the public speculation about what could have been the cause of Emily’s Ebola infection, an African scholar, Chernoh Alpha M. Bah, a Sierra Leonean journalist and writer critically examined the origin of the outbreak. Bah’s (2015) book, ‘The Ebola outbreak in West Africa: Corporate Gangsters, Multinationals & Rogue Politicians’ questions the narrative that surrounds the origin of the disease and the roles played by the governments of the respective West African countries where the outbreak happened. With the origin of the outbreak as its central theme, Bah (2015) questioned the authenticity of the zoonotic transmission version of the story and wondered if that version of the narrative could help unravel the human catastrophe that came along with the outbreak in West Africa.

Bah also questioned if there existed a different narrative about the origin of the outbreak that was not grounded in Euro American scholarship. While Western scientists and authors linked the 2014 outbreak to a child in Guinea, others described it as a zoonotic transmission which resulted in the ban on bush meat by some African governments, Bah noted. Bah also observed how the disease had thrived in countries
considered as having some of the poorest health statistics in the world. Turning his attention to the role played by government during the outbreak and its resultant effects on controlling the disease, the book cited lack of trust in the government by the people of Sierra Leone as one of the main reasons why the governments failed to deal with the situation effectively. This lack of trust stemmed from decades of bad leadership the people had endured, he observed. Bah’s (2015) book also looked at the political economy of the West African Ebola outbreak and the socio-economic ramifications of the outbreak in these countries. The work, however, leaves out the issue of how journalists went about the coverage of the deadly virus, the lessons learned and the recommendations they may provide in covering such an outbreak in West Africa.

Chan (2014) touched on media's role in the outbreak recognizing that "intense media coverage has allowed the world to see what can happen when a lethal and deeply dreaded virus take root in a setting of extreme poverty and dysfunctional health systems" (p. 1184). Chan (2014) explored why the 2014 Ebola outbreak in West Africa was in such large proportion and claimed so many lives in these countries West African countries. To Chan, the West African countries of Guinea, Liberia and Sierra Leone all have one thing in common: poverty. As Chan puts it the affected countries of Guinea, Liberia and West Africa are not rated among the poorest countries in the world, but have also faced decades of civil war and conflicts which have crippled their health systems. The study further notes that, " in these countries, only one or two doctors are available for every 100,000 people, and these doctors are heavily concentrated in urban areas. Isolation wards and even hospital capacity for infection control are virtually nonexistent. Contacts
of infected persons are being traced but not consistently isolated for monitoring." (P. 1183).

Aside from the structural poverty in these countries, Chan notes that citizens in many of these West African countries are not gainfully employed in jobs that would give them decent wages. Another factor the study noted contributed to the spread of the outbreak was fear. Within the first six months of the outbreak, people who had come into contact with infected persons ran from their communities as they feared being quarantined by the government if it was detected that they were infected. Chan recognized that the effective way of dealing with the fear among the people was through effective communication. Through good communication, rumors were cleared and people that denied the existence of the virus were armed with the right information.

Salaam Blyther (2014) notes that countries with a history of wars and conflicts are usually ravaged by such outbreaks while the countries that have some degree of peace and stability use the good health care systems to fight such outbreaks. For instance, Nigeria and Senegal were able to deal effectively with the few Ebola cases that broke out in the country while Liberia, Guinea, and Sierra Leone lost the battle to the disease. As noted by Salaam Blyther (2014), “the disease is spreading, however, because the health systems in the affected countries are ill-equipped to undertake requisite containment and disease surveillance measures. Years of neglect and armed conflict have weakened infrastructures, including health systems, in the affected countries, most prominently in Sierra Leone and Liberia” (p. 1).
Impact of 2014 Ebola Outbreak on Other West African Countries

The 2014 Ebola outbreak did not just claim over eleven thousand deaths in Guinea, Liberia and Sierra Leone combined CDC (2016), but also infected over 25 000 people (Sy & Copley, 2015). Table 1 below shows a tabular representation of the total death counts in what the CDC describes as countries with former widespread Ebola transmission.

Table 1

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases (Suspected, Probable, and Confirmed)</th>
<th>Laboratory-Confirmed Cases</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>3814</td>
<td>3358</td>
<td>2544</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>14124</td>
<td>8706</td>
<td>3956</td>
</tr>
<tr>
<td>Liberia</td>
<td>10678</td>
<td>3163</td>
<td>4810</td>
</tr>
<tr>
<td>Total</td>
<td>28616</td>
<td>15227</td>
<td>11310</td>
</tr>
</tbody>
</table>

Source: (CDC, 2016).

Apart from claiming lives in their numbers, the outbreak also severely affected the economies of the countries which hitherto had a high potential for economic growth (Sy & Copley, 2015). Sy & Copley’s (2015) study observed that both Liberia and Sierra Leone had emerged from decades of wars and conflicts and both countries had the potential for economic growth rates at 5.9 and 11.3 percent respectively by the end of 2014. The study also noted of how Guinea also had the projection of growing its
economy by 4.5 percent as a result of a boost in its mining industry. However, by the end of 2014, growth in these three affected nations stood at 0.5 percent, 2.2 percent and 4.0 percent for Guinea, Liberia and Sierra Leone respectively. (Sy & Copley, 2015). In all, the study noted that the economies of these three countries were hardest hit regarding trade, agriculture, mining, and tourism sectors. Sy & Copley (2015) have represented in Table 2 below the economic growth estimation for Guinea, Liberia and Sierra Leone before the 2014 Ebola outbreak and the real growth by the end of 2014.

Table 2

*The Economic Projections of All Three Countries before the 2014 Ebola and the Aftermath*

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>4.5%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Liberia</td>
<td>5.9</td>
<td>2.2%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>11.3%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

*Source:* (Sy & Copley, 2015).

In explaining how the economies of these countries were affected by the outbreak, Sy & Copley (2015) noted that: the fear of contracting the virus stopped people from going about their normal economic activities especially in the market areas and public places. They observed that “the Ebola epidemic seems to have inspired a comparable
shift in behavior, creating fear of public spaces and interactions within the societies of the most affected countries (Sy & Copley, 2015 p. 4).” The study found that agriculture, mining and tourism, were the main affected areas of the economies of these countries by the Ebola outbreak. On agriculture which accounted for 57, 39 and 20 percent GDPs of Sierra Leone, Liberia, and Guinea respectively Sy & Copley (2015), the study found that the growth was stalled by the outbreak which led to fluctuations in prices and crippling marketing of Agric produces in these countries. This further resulted in price increases on food and decreased employment opportunities in the three West African countries, the study found.

Sy & Copley (2015) also noted that the mining sector which constitutes 20,14, and 17 percent of the Gross Domestic Products of Guinea, Liberia and Sierra Leone respectively was also severely affected. The study found that by the second half of 2014, after the outbreak of the virus, Liberia’s GDP in both its mining and quarrying sector contracted by 6.6 percent while between June 2014 and January 2015, the country recorded a 30 percent drop in its iron ore exports. In Sierra Leone, however, the study found that iron ore production which had seen a steady growth of 30 percent in the first half of the year 2014, had dropped to a meager 2 percent by the end of that same year. In Guinea, the story was no different as some mining companies such as Rio Tinto PLC, stopped its iron ore mine production which was valued at about $20 billion.

Impact on Liberia

In that Liberia and Guinea were also severely affected by the outbreak it is useful to reconstruct the situation there. Accessing the impact of Ebola on the lives of the people
of Liberia effectively required a tool such as a face-to-face interview with the people. The 2014 Ebola outbreak in Liberia however had crippled and discouraged such practices as the government came out with several measures to stop the human to human transmission of the disease. To be able to still monitor the Socio-economic impacts of the EVD in Liberia, therefore, required a non-face to face approach.

Guided by the objective of providing accurate indicators of wellbeing from various homes in the country, the World Bank then conducted a cell phone household survey based on the nationally representative Household Income and Expenditure Survey (HIES) (World Bank, 2015). The report which was implemented by the Liberia Institute of Statistics and Geo-Information Services (LISGIS) which was implemented between February to August. The method included making several phone calls to households that took part in the HIES to speak to households representatives. Even though there was the challenge of low response rate, the study was still able to capture some relevant data.

Among other things, the survey found that agricultural self-employment was the most affected area in the country in terms of employment. Consequently, the study found that women in Liberia have been greatly affected by job losses due to the Ebola Virus disease outbreak. The study noted that compared to women, men had a 63 percent chance of still working by round 5 of the study while only 17 percent of women could still be working by round 5 of the study. “This is important because many female-headed households have only one wage earner, and the inability of the head to work would therefore have a larger impact on well-being of all household members.” (World Bank, 2015, p. 7).
Korkoyah & Wreh (2015) found that the health system of the country was severely hit by the virus and this has also impacted negatively on the socio economic outlook of the country. The study recalled that even though Liberia was making gains after the civil war and was improving in other areas, the post civil war health sector lacked certain vital elements such as adequate infrastructure, cutting edge technologies, well trained human resource and the timely supply of drugs and other medical equipment. According to the study, it was reported by 71.3 percent of respondents that, during the Ebola outbreak, government hospitals in their area were either completely or partially closed to patients and basic health services such as vaccination programs were suspended, leaving children vulnerable to common childhood diseases. Where health services were available, 68.6 percent of respondents complained that they simply could not afford to pay for healthcare at the time. ‘(p. Xiv) The study also corroborated the World Bank (2015) report that the agricultural activities engaged in by many Liberians also suffered as many abandoned their farms in the wake of the outbreak. Among the people who participated in the study, Korkoyah & Wreh (2015) saw that the outbreak had increased unemployment from a previous rate of 18.8 percent to 56.2 percent since it began as small-scale enterprises folded and several markets closed down in Liberia. As expected, this also resulted in huge income deficits among households in the country. On the gender distribution of the effects of the outbreak in Liberia, the study observed how women were the most affected by the Ebola outbreak since many of them had lower education and lacked marketable skills, “most
self-employed women were engaged in food businesses and the sale of perishable goods such as fruits and vegetables, which went to waste because customers were afraid to ‘eat in the street’, fearing that they would contract Ebola. (P. Xiii)

**Impact on Guinea**

According to a UNDP (2015) report, the onset of the outbreak led to the loss of about 1500 jobs in the transport sector alone while the sources of financing for women engaged in small businesses also dried up in the Guinea Forest Region. The domestic production of rice which is a daily staple in Guinea dropped by 10.0 percent as a result of a 35.0 percent decline in harvest from the Forest Region of Guinea where majority of the EVD cases happened. Since rice is the staple in Guinea, the government imported 512,000 tons of rice between January and September 2014 to check the possibility of food shortage in the country.

However, the UNDP report indicated that the importation of rice in that quantity affected the foreign reserve of Guinea, a situation which the report noted required attention from policy makers. The report further noted the increased vulnerability of marginalized folks in rural areas of Guinea where the outbreak. 83.0 percent and 99.0 percent of surveyed households from epicenter communities indicated, respectively, lower agricultural production and a decline in economic activities, including agriculture, trade and transport.

In the Guinea Forest region, the drop in agricultural production is 30.0 to 75.0 percent depending on the various crops (rice, cassava, maize, palm oil, banana and plantain). Moreover, around 50.00 percent of potatoes produced in Guinea are exported.
The closure of borders has denied farmers substantial incomes. This was further compounded by the glut in the market, which caused the price of potatoes to fall by approximately 33.0 percent. The vulnerability is more pronounced in export-oriented agricultural products” (p. 34).

Although a majority of the countries in West Africa remained unaffected by the outbreak, the entire region was overwhelmed with its aftermath. This is not to say however that there was no fear and danger of the disease to spread among these countries. Porous borders and rapid movement of goods and services among these countries could have resulted in many countries experiencing the outbreak. Meanwhile, Lyons-Weiler (2015) note that a major challenge that prevented the early detection of the 2014 Ebola outbreak has been the closeness of its symptoms to some already existing tropical diseases in most part of West Africa. Such disease include cholera, typhoid and Lassa fever which all of which bear symptoms similar to the Ebola Virus Disease.

Almost two years after the outbreak, the disease seems to have been flushed out and Guinea, Liberia and Sierra Leone have been declared Ebola free by the World Health Organization (Melvin, 2016). The World Health Organization (WHO) has however warned West African countries against complacency and urged them to continue with the massive education and information drive aimed at educating the people about the virus (Melvin, 2016). With a caution from the World Health Organization for West African countries to embark on massive education and sensitization of its people about Ebola, the role of the media comes into mind. My study emerges from this concern raising questions of how media practitioners in both affected and non affected West African countries went
about communicating messages about the 2014 Ebola outbreak to their audience. Their effectiveness in setting the health communication agenda and in framing these health messages is of central interest as well.

Using Development Journalism Theory to Understand Ebola Reporting in West Africa

Kelly (2009) has given three main roles that theory plays when used in a qualitative research. The study opines that the use of a theory in a qualitative research impacts the research design. This means that the very question of what phenomenon to research and the development of research questions are both influenced by the theory used in a study. Theories also affect the type of methodology to be used in the study as well as contributing to literature of the topic being studied (Kelly, 2009).

Based on the above role played by theory in a qualitative study, I found that one theory that can help contextualize how African journalists communicated news about the 2014 Ebola to their African audience and whether they think the news were well understood was the concept of development journalism. This study thus derives its theoretical foundation from the concept of development journalism and how African journalists perceive their journalistic roles in their coverage of events on the continent.

Views on Development Journalism

According to Wong (2004), development journalism is mostly practiced in some Asian countries like Malaysia and Singapore due to the history and cultures of these counties. Wong noted that those who argue in favor of development journalism usually cite the media cum government relationship, the central idea of development journalism as a necessary ingredient for the economic development of a country. Wong
debunked the idea that the concept of development journalism hinders press freedom or democracy because elections are held regularly in the countries where development journalism is practiced.

In the case of African journalists who reported on the Ebola outbreak, this theory can form a basis for understanding how they reported the outbreak the way they did. For instance, whether a journalist would want to focus on corruption surrounding management of Ebola funds or focus on educating the public through the news depends on whether he or she abides by the principle of development journalism or not.

Furthermore, in some countries in Africa where the population may not be very educated, interpreting health messages may pose some difficulty for mass media audience. Based on this, a journalist who adopts development journalism would thus go a step further in interpreting the health messages to such an audience to help in the education process.

Many studies have looked at how journalists across the world evaluate their roles in the area of development journalism. For instance, Kalyango et al (2016) in their more recent study set out to establish how important journalists from eight South Asian, Southeast Asian and sub Saharan-African countries view certain key roles in development journalism. Among some other 21 roles, the key roles that sample journalists were asked to evaluate its importance are; social interventionism, national development, and educating the people.

In their study, the authors operationalized development journalism as the type of journalism that assists national development. This type of journalism, the study observed
has featured prominently in the media systems of both Africa and Asia. The authors explained that historically, development journalism started in developing countries at a time when journalists were seen as partners in ensuring the overall growth and development of their countries. Journalists for this study were drawn from Bangladesh, Botswana, Ethiopia, Indonesia, Malawi, Malaysia, Sierra Leone and Tanzania.

Interventionism role as used in the study referred to journalism that is used to challenge the status quo by aiming at social change, the study observed. The study gives the philosophical underpinning of the interventionism role as giving journalists the right to champion positive change with the broader goal of achieving social, cultural and economic development in their respective.

Kalyango et al (2016) study further stated that through its main tool of developmental journalism, the media are seen as active agents of nation building and social progress. Under development journalism, the media have a responsibility to educate and inform the people about matters that could foster the desired social change. The study by Kalyango et al (2016) which focused on journalistic roles as it pertains to development journalism further extended the frontiers of research and literature about the concept of development journalism as it takes a comparative angle.

Their study found that "journalists considered all three aspects of development journalism; educating the audience, supporting national development, and advocating for social change -relatively important journalistic functions" (p. 8). Participant journalists however saw 'educating' the public as the most important role for a journalist with journalists from Malaysia and Sierra Leone rating it as the first on their list.
Another area of media scholarship that serves as a theoretical base for this study is the issue of trust among social and media institutions. In their recent study, Tejkalova et. al (2016) looked at the trust levels that journalists in 8 formerly authoritarian countries had in the social institutions. Participants of the 8 counties were drawn from Argentina, Bangladesh, Brazil, Chec Republic, Indonesia, Latvia, South Africa and Tanzania. The study had the objective of extending literature about trust in social institutions in countries that were formerly under either authoritarian or totalitarian rules. Particularly, the study by Tejkalova et. al looked at the critical question of how journalists in the sampled countries rated their trust in social institutions in these countries with history of authoritarian rules. In citing some of the importance of such a study, Tejkalova et. al (2016) argued that their study makes a meaningful contribution to comparative studies on journalism in post-authoritarian and post-totalitarian which as they put it, happens to be quite rare when it comes to cross continent comparison.

The study operationalized societal institutions as something that "include the remaining enclaves of previous regimes such as politicians connected with the former system, security forces or old structures within the judicial system". (p. 11). The study found that the trust that journalists' perceive regarding the above mentioned structures was significantly low in these countries. However, journalists’ perceived trust about the media institutions in the countries sampled for the study was higher. The authors of the study also found that even after so many years of switching from authoritarian to democratic rules, its state and private media workers still had low trusts for societal institutions in these countries. Assessing the impact of democracy on the perceptions of
thes journalists, the authors argued that they could "seriously question the impact of democracy on journalists’ conceptions in some post-authoritarian or post-totalitarian regimes. That conclusion brings new questions about the influence of political systems in journalism. In many of these countries, some practices of the former regime persisted in the new societies, such as centralized information or issues banned from being reported" (p.11).

Also, other studies have also focused on how the media in some parts of Africa covered certain health issues with the aim of educating the public. For example, when Hughes & Malila (1999) investigated the coverage and construction of HIV/AIDS in Africa, they specifically looked for some of the cultural themes that the media in Africa adopted in the coverage of the HIV/AIDS scourge. The study later found that although the media were doing their part in covering the news they had wrongly assumed that fragmented media audiences had the same preference and orientation towards sexual issues and thus would act in concert to effect changes (Hughes and Manilla, 1999).

Ofori-Birikorang (2009) described a study funded by the International Women’s Media Foundation to investigate how the media in Africa covered health issues in five countries with the aim of addressing some of the barriers between newspapers and the audience. Such a study gives useful information concerning how news and information in the media are received by audiences.

Focusing on the media coverage of environmental issues in Ghana, Kwansah-Aidoo (2001) established that the media in Ghana can influence the public agenda on environmental issues through their coverage. The study adopted qualitative methods of
document analysis, in-depth interviews and focus groups with respondents drawn from the six suburbs of the capital city of Accra. The current study follows a similar pattern of using in-depth interviews and qualitative content analysis to investigate the experiential accounts of West African journalists who covered the outbreak.

Concerning how journalists can educate the public through their coverage, Rothman & Salovey (1997) argue that the way health information is presented in a persuasive manner can influence how citizens make health decisions. The two used framing theory to study how health-themed information is presented either as benefits or losses in relation to a particular behavior.

However, even though journalists may claim that they may be able to educate the public through their coverage, studies have shown that this does not always produce the desired results. For instance, when Pratt, Ha, and Pratt (2002) investigated changes in the amount of media coverage of five major infectious diseases in sub-Saharan Africa over a 17 year period, they found that African media is mostly ineffective in covering health issues. They found that one of the reasons that accounted for this ineffectiveness in covering health issues these is the fact that the media in Africa do not include culture and traditions of the people into their coverage.

The African Journalism Model

Some authors have described what they call the ‘African model of journalism’ as being in contrast to the Western notion of how journalistic practice should be (Shaw, 2009, Nyamnjoh, 2006). Shaw (2009) observed that the scholarship that surrounds the practice of journalism, in general, is deeply rooted in the Western model of liberal
democracy. Shaw, however, argued for the potency of the African model of journalism which he noted is based on oral discourse, creativity, humanity, and agency, concluding that the African model of journalism is and should not be based on Western modernity and civilization. Shaw (2009) extended his argument into the debate whether there was any form of journalism being practiced in Africa before the advent of colonialism. He writes:

I argue that there was a form of journalism as it were in Africa before the advent of colonialism. Journalism then took the form of oral discourse using communication norms informed by oral tradition and folk culture with communal story-tellers (griots), musicians, poets and dancers playing the role of the modern-day journalist. Here we see the concepts of ‘civil society’ and ‘public sphere’ very much evident as the oral discourse style of communication makes it possible for griots, musicians, poets to target different civil society groups as well as ‘general’ and ‘organized’ public spheres.” (Shaw, 2009 p. 5).

Shaw’s argument that most scholarship on journalism focus on Western societies makes it relevant for researchers to turn their attention to the African model of journalism. Shaw's work is also a wake-up call to Mass Communication researchers who have an interest in studying Africa to look into how journalism is practiced on the continent within the African journalism model orientation. For instance, this study seeks to understand how African journalists report on health emergencies such as the 2014 Ebola outbreak within an African context.
Skjerdal (2012) threw more light on the African journalism model by saying that the continuous critique of the western journalism model by African scholars has resulted in the evolution of the three alternative African journalism models known as ‘ujamaa journalism, ‘ubuntu journalism’ and ‘oral discourse journalism’. Skjerdal’s study notes that these three African journalism models all border on interventionism and essentialism and are all in conflict with the Western model of journalism as they seek to espouse African ideals.

The author also makes the argument that since the 1950s, contributions to African model of journalism have fallen under three main categories: (1) journalism for social change, (2) communal journalism and (3) journalism inspired by oral discourse. Even in Africa where these three forms of African journalism model are said to exist, Skjerdal (2012) notes a clear theoretical distinctions between these three models, depending on whether a particular model serves the purpose of what he calls interventionism or cultural essentialism. He explained that; "Interventionism points to the extent to which journalism should actively advocate change in society. Various African journalism models (but not all) score high on this dimension. Cultural essentialism points to the extent to which the preferred journalism model is built on values that are believed to be fixed to a particular tradition, people or society." p. 637).

Nyamnjoh (2015), an anthropologist who has also done extensive studies on African media opines that in as much as Western modernized societies want to be the role model for African journalism, the latter is resisting this movement by ‘Africanizing’ their journalism practices. According to Nyamnjoh, the tradition where journalism has been
seen as an appendage of Western societies dictates that the evolution of African journalism can only be complete when African journalists are taught and fed with the principles of journalism by what he describes as civilized masters. However, adhering to this would mean that African journalists would not question the existing status quo but only fit into an already designed set principles by westerners, Nyamnjoh observed.

In talking about an African journalism model, one may speculate whether West African media coverage of the 2014 Ebola crisis was influenced by this model. There is no doubting the argument that West African journalists' response to the 2014 Ebola pandemic was affected by the issues of availability of resources. The ability to compete with their colleagues from Western media in reporting on the outbreak also comes up as a question. The answer lies hidden in the issue of resources. While the latter have resources available to them, the former is faced with several challenges such as shortage of monetary resources and lack of skills and training (Allison, 2013).

As an African journalist, Allison cited an example that shows the sharp contrast between the works of journalists in Africa and the Western world when the resource issue is raised;

There is not a lot of money in African journalism. As an African journalist, I know this all too well. An example: I was in South Sudan in November, on a trip I was financing myself. Weeks in flea-ridden hostels culminated in a four-day stay at a refugee camp near the border with Sudan. I was the only reporter there and pleased with myself for getting a story that no one else had. Not so fast. On my last day there, a small plane descended unannounced on the tiny airstrip and
disgorged four foreign correspondents in their khakis and combat boots. They represented two of the biggest and best-known international media outlets. They spent a total of two hours in the camp. One of them had filed his story even before he left. As they hijacked my interviews, I chatted to their fixer who whispered to me that they had spent $8,000 to hire the plane for the morning. To me, this was an unimaginable sum: their morning cost more than four times my entire two weeks in South Sudan. And, of course, they missed the story. In four days I barely scratched the surface of what was going on in the camp, but in their two hours, they could not even get beyond official statements (Allison, 2013, par 1).

The situation described by Allison above may not have been different from what may have happened in Sierra Leone and other Ebola stricken countries in West Africa. Foreign journalists who were sent to Guinea, Liberia and Sierra Leone to report on the Ebola outbreak were no doubt better resourced than their local counterparts. While foreign journalists were flown to these countries with equipment, insurance and other resources, some informants from Sierra Leone as would be known later in the findings section of this study said their report on the outbreak was affected by the lack of resources.

Evolution of the Media in Africa

The Colonial Press

Knowing about the history of the press in Africa can help contextualize how journalists in Africa operate. A brief history of the evolution of the press in Africa is presented here as a guide to the actions of present day journalists in Africa. Whereas
mass media evolved in the Western world as a result of a boom in economic activities, its development in Africa has been linked to political liberation through ideological mobilization led by Western-educated African nationalists (Faringer, 1991, Karikari, 2007).

Faringer (1991) notes that in the period before attaining independence many of the then existing newspapers in Africa were located in the cities and owned and operated by the Europeans. The few publications found in the rural areas were in the hands of the missionaries. Under the colonialists, the press operated on authoritarian lines and attempts were made at stifling the growth of indigenous African press, although this proved futile. Perhaps through the authoritarian press, the colonial administrators would be able to maintain control over the colonized by controlling the content and type of message published in these newspapers.

The African Press

Faringer (1991) notes that “African journalism first emerged in West Africa” (p.2). In spite of efforts by the colonial administration to stem the growth of indigenous press in Africa, African mass media movement still flourished in West Africa and dates back to as far as the 1800s (Nymanjoh, 2005, Faringer, 1991). West Africa is home to some of the earliest newspapers to be published on the continent (Faringer, 1991, Nyamnjoh, 2005, Camara, 2008). The Sierra Leone Advertiser, published in 1801 in Sierra Leone and The Royal Gold Coast Gazette which was published in 1822 in the present day Ghana, formerly known as the Gold Coast were the earliest newspapers to be published in West Africa (Faringer, 1991). Liberia became the next country to set up
West Africa’s third earliest newspaper with the publication of the *Liberian Herald* in 1826 (Nyamnjoh, 2005).

Like Habermas’ concept of the public sphere, the indigenous African Press served as an arena where nationalists Africans could partake in the political discourse at that time under the gaze of the colonialists (Habermas, 1991). In colonial West Africa, Chick (1996) noted that there existed a close relationship between the press and the nationalists politicians in British West Africa as World War II was about to end.

African nationalists such as Nnamdi Azikiwe of Nigeria, who was also a journalist, J.B Danquah and Kwame Nkrumah, both of the Gold Coast, were seen as the new die-hards who challenged the status quo of British colonial authority and used the press as means of organizing journalistic attacks on colonial regimes (Chick, 1996). These three together with some Western-trained African intellectuals from Sierra Leone, Liberia and the then Gold Coast (Ghana) started the local newspaper movement in West Africa (Nyamnjoh 2005). To these nationalists, newspapers played a major role in attaining their goal as it became a platform for them to educate their fellow Africans about the need for independence and also helped them to air their editorial opinions (Esipisu and Karithi, 2007, p.22).

Both the colonialists and the indigenous Africans utilized mass media for various purposes. While the former used it as a means of controlling the masses, the educated Africans saw it as a platform to sensitize their people and raise their hopes for independence and other nationalist movements (Karikari, 2007). Consequently, the media then became a tool in the hands of African politicians and Western educated Africans.
who used it to spread the message of hope for independence. It was used as a means to communicate to the colonizer that many Africans wanted independence and freedom from being ruled (Karikari, 2007).

Some scholars have made the observation that the mass media in Africa have witnessed lots of changes with the majority of them enjoying the freedom to operate in a democratic environment in the last couple of decades (Karikari, 2007). After independence, the African media fell directly under governmental ownership and control and was used for promoting the dual agenda of African nationalism and a new identity for Africans (Nyamnjoh, 2005).

Training for African Journalists

Journalists in Africa who receive formal Professional training from journalism institutions tend to be better journalists than those who have received little or no formal professional training in schools (Nyamnjoh, 2004). This explains why as Nyamnjoh notes, the low quality of journalism in Africa has been blamed on the lack of professional training for journalists on the continent.

According to him even though journalists in state sponsored media institutions are more likely to be trained in journalism schools as professional, their low quality journalistic performance does not set them apart from journalists in the private media institutions which tends to employ non professionally trained journalists.

Onadipe (1998) has argued that this lack of professional training for some practicing journalists has negatively impacted the quality of the messages sent out by journalists in Africa and how those messages are received. This is also supported by
Nyamnjoh (2004) who says that the situation has "made quality, prestige and credibility to suffer" in African journalism (p. 67). This could be likened to the situation that unfolded in Sierra Leone when journalists who reported on the Ebola outbreak said they were not trained on medical or science reporting, a situation that affected the messages they sent out.

A Brief History about the Media in Sierra Leone

Bordered by Guinea and Liberia to the North and South respectively, the West African country of Sierra Leone covers an area of 71,740 sq km (Tam-Baryoh, 2006). The mineral-rich country currently has one television station and one radio station owned by the government, and three other private TV stations and about twenty-four private radio stations located in the urban centers of the country (CIA, 2016).

Tam-Baryoh (2006) notes that Sierra Leone boasts of a vibrant newspaper industry. The country's constitution guarantees press freedom. Sierra Leone occupies an important spot in the history of media in West Africa since the first newspaper in the region was published in Sierra Leone (Nyamnjoh, 2005). However, during the 1990s, the media in Sierra Leone like their counterparts in Liberia began facing challenges when war broke out in the region (Tam-Baryoh, 2006).

According to Khan (1998), some have even argued that the media in Sierra Leone got involved in the decade conflict as a third party in the country; "a large body of opinion among journalists, peace mediators and factions involved in the war in Sierra Leone would claim that the news media have been a 'third party' in the conflict. Each of the factions embroiled in the war, and successive governments of Sierra Leone, have
persistently complained that the local and international media helped to peddle propaganda for their opponents.” (Khan, 1998, p. 585.)

M’Bayo, Nwokeafor, and Onwumenchili, (1995) also observed that the press system in Sierra Leone could not ensure sustainable development of the country since it was undemocratic. They also blamed the press in Sierra Leone for focusing on foreign issues to the neglect of local matters that could benefit the larger proportion of the population that was uneducated.

M’Bayo, Nwokeafor & Onwumenchili (1995) in explaining how they thought the media could ensure sustainable development of an African country, wrote that access to information by the majority of the people within a national political and economic environment of a nation could result in this goal. Other observations from this study were that there was the need for the development of stable media policies that guarantee press freedom and freedom of speech, appropriate training of media professionals and equal distribution of the communication resources of the country to both rural and urban settlers.

Within the last couple of decades, however, the media in Sierra Leone have blossomed due to several media development initiatives started by both foreign and local based organizations (Tam-Baryoh, 2006). As a result, Tam-Baryoh maintains that in the periods following the Civil War in Sierra Leone, the media in the country has contributed to peace and development of Sierra Leone. This study had the objective of finding out the role media professionals in Sierra Leone played in the nation’s fight against the recent
Ebola outbreak in the country by capturing the lived experiences of journalists who covered the outbreak.

A Brief History about the Media in Ghana

Formerly known as the Gold Coast by the British in the colonial era, the West African country of Ghana gained independence in 1957 from Britain. After a string of military interventions, the country has experienced multiparty democracy since the new constitution was promulgated in 1992. Bordered by Togo to the East, Cote d’Ivoire to the West and Burkina Faso to the north, Ghana currently has a TV station and two radio stations owned by the state as well as multiple private newspapers, radio and television stations (CIA, 2016). The history of the press in Ghana is linked to its colonial past (Karikari, 2007). According to Owusu (2011), that repeal of Ghana’s Criminal Libel law by the 1992 constitution in 2001 marked a significant period in the nation’s media history. He argues that:

Ghana probably experienced its best time in its constitutional history for freedom of the media when the Criminal Libel Law that had restricted press freedom and criminalized free speech for more than a century was repealed in August 2001. With the introduction of the 1992 Constitution which had ended 11 years of military dictatorship in Ghana (with a population of more than 24 million), the stage was set for the struggle for greater media freedom. (Owusu, 2011, p. 5).

Chapter 12 of the 1992 Constitution of the Republic of Ghana is devoted to the freedom and independence of the media. Clause 1 of Article 162 of the Constitution reads: “Freedom and independence of the media are hereby guaranteed” (Ghana’s
Constitution, 1992). Clause 3 of the same Constitution also reads: “There shall be no impediments to the establishment of private press or media; and in particular, there shall be no law requiring any person to obtain a license as a prerequisite to the establishment or operation of a newspaper, journal or other media for mass communication or information” (Ghana’s Constitution, 1992). These constitutional clauses form the basis of the freedom the media enjoys in Ghana.

The freedom enjoyed by the press in Ghana was captured in the 2015 report by Freedom House. A 2015 report by Freedom House observed that “the environment for press freedom in Ghana remained generally stable in 2014. Some progress was made toward advancing a bill for the implementation of the right to information, although the legislation had not yet passed at year’s end. Media watchdogs noted a significant increase in attacks against journalists in 2014 as compared to the previous year” (Freedom House, 2015).

The Role of the Media in West Africa

West African journalists who covered the 2014 Ebola outbreak could describe the dynamics of the relationship between them and their governments and how this impact on their health emergency coverage. In their (1956) book, authors Fred Siebert, Theodore Peterson and Wilbur Schramm touched on the dynamics of the relationship that exists between the press, government, and the people by coming out with four theories within which to place the function of media in any given society.

The four theories they spelled out are the Authoritarian, Libertarian, Communist and Social Responsibility theories of the press. They argued that the functions of the
press or mass communication under the Authoritarian theory is to provide a backing the central government which is seen as the final form of authority in the state to achieve its ruling goals. Under the Libertarian system, the press has the freedom to pursue the truth and maintains a goal of keeping the citizens informed about the actions of government.

The authors describe the Communists theory as one that recognizes the mass media as part of the state. The media’s main agenda is thus to serve the interest of the state and not necessarily sending out truthful information to the people. The Social Responsibility theory builds on the concept of the Libertarian theory. The press under this theory although subscribes to the Libertarian theory also sees it as their social obligation to serve society’s best interest with their functions.

Initially operating under the authoritarian roles, the West African media only transitioned to the social responsibility roles after its mass media environment was liberalized in the late 1980s through the 1990s (Camara, 2008). Consequently, this liberalization ensured a rapid empowerment of their communities and increased awareness and participation of political activities by its citizens (Camara, 2008).

Touching on the importance of mass media to the democratic development of any society, Ocitti (1999) observes “media, after all is a critical ingredient in the transition of society from authoritarianism to democracy. As post-Cold War political events amply demonstrated in the former Soviet satellite states in Eastern Europe, the media reflects the nature and level of maturity of democracy in a country as no other social indicator can” (Ocitti, 1999. P.5).
Ocitti’s argument above amply demonstrates the state of West African media in the days of restrictions and press censorship by the military governments that took over the various countries in the region at that time. The repressions of mass media institutions during the rulings by military governments in Africa show that those countries were far from being democratic.

Although not exactly related to West Africa in particular, Coronel’s (2004) work on the role of media in deepening democracy speaks volumes to the nature and outlook of the media in West Africa. For instance, Coronel's (2004) observation that the mass media have earned its fourth estate of the realm in governance accolade as a result of their role as watchdog could relate to the media in West Africa as well. This role, Coronel argues, has ensured the recognition of the media in every society as a democratic pillar in current democratic practices. (Coronel, 2004). It could be argued that the West African media like their counterparts in other parts of the world have through the discharge of their duties promoted issues that relate to democratization, good governance, and development (Norris, 2006).

Howard (1980) wrote that journalists in West Africa play key roles in national development. It was not uncommon in times past to see journalists in Africa acting as government partisans by engaging in the promotion of national policy in their newspapers. In many instances, these journalists who see themselves as active partners in the development of their country will rely heavily on government officials for information. Some journalists in Africa in times past were also used to waiting for things to happen before they are reported. Some journalists from Senegal, Cameroon and Cote
d’Ivoire whom Howard interviewed in his (1980) study attributed their style of waiting for things to happen before covering them to having been oriented into the ‘Latin’ system of journalism by their colonizers. Howard would, however, link this ‘Latin’ style theory to a more pronounced problem in these areas: “I feel that the claims to adhere to the verbose ‘Latin’ style could be seen as excuses for the severe lack of documentation available to journalists in all type of media in these three countries. The empty libraries, non-existent transport for reporters, and poor intra-national communications force the journalists to fill up time and space with flowery editorializing in support of government programs and actions. Investigative reporting costs money.” (p. 6, par 3). Believing that journalists in Africa have been influenced by their nation’s colonial past, Howard recommended a holistic look at both the contemporary and historical phases of journalism in Africa as a way of understanding the industry better.

Kalyango (2011) observed that ‘most news organizations served the state, not the public, and the outcome was that news and editorial support for democracy were weak because political messages were merely government mouthpieces” (p. 160). However, a case could be made that the outbreak of Ebola in Africa and other crisis reporting in Africa has brought some positive thing in African journalism. Chief among this is how media institutions in Africa seem to have had their investigative reporting skills into overdrive through risk and investigative reporting.

Nasir (2013) notes that the media plays special roles that make a society strong. Through its main objectives of informing, educating and entertaining, the media shapes the thinking of the people in society while keeping them in tune with other things
happening in other parts of the world (Nasir, 2013). In many West African countries today, there exists strong desire for news outlets since the media “cover all aspects of our interest like weather, politics, war, health, finance, science, fashion, music, etc. The need for more and more news has evolved into creation of dedicated TV and radio channels and magazines. People can listen, watch and read latest news whenever and wherever they want” (Nasir 2013, p. 409).

As a public health emergency, the 2014 Ebola outbreak heightened people’s desire for news to know what is happening in West African societies.

The task of reporting a health emergency outbreak in West Africa depends a great deal on the freedom African journalists have to do their jobs. To show how relevant press freedom is to the work of African journalists, several scholars have written about this area (Fatoyinbo, 2000, Solomon, 2016). For example, Fatoyinbo (2000) talked of how media institutions in Africa have enjoyed press freedom for two decades. As he put it many governments in African countries, have eased their monopolistic grips over media institutions, and this has led to the audiences viewing radio and television stations in Africa as authoritative sources of information.

While placing radio and TV stations on a high pedestal as sources of information, Fatoyinbo (2000) also recognizes the flourishing state of the newspaper industry in almost every country in Africa. However, despite the growth, the African mass media system faces age-old problems stemming from poor ownership structure, weak financial base, low-quality staff (particularly journalists), lack of access to information, and conflict with authorities…” (Karikari, 2007, P. 22). As recent as 2015, Freedom House
reported that there was a decline in press freedom in Africa with Burundi as the worst culprit (Solomon, 2016). Solomon’s work pointed out that the desire of the President of Burundi to extend his term of office has led to journalists being imprisoned, beaten and killed while independent media have been shut down.

Nyamnjoh (2006) also noted that:

Behind every newspaper, radio or television, behind every journalism, African or otherwise, is the Journalist. Often, I have wished I were a journalist, but when I watch African journalists at work, when I scrutinize the challenges facing them daily and fathom the compromises they have to make, I thank God I am only a journalist to be. African Journalism is like swimming upstream most of the time, given all the hurdles journalists and the media face in our various countries. A lot of media freedom advocacy groups, journalists and media scholars, myself included, have cataloged the daily economic, political, institutional and professional constraints confronting African journalists (Nyamnjoh, 2006, p.2).

Nyamnjoh lists some of the challenges that are faced by African media practitioners. He cites unnecessary centralization and politicization of the state-owned media as reasons journalists who work in these media institutions find it hard to stick to the professional beliefs, which he noted might be in conflict with government’s expectations at times. “Also stifling, especially for the critical non-government media and journalists, are the legal frameworks regulating the press in many an African country.”, he notes (Nyamnjoh, 2006, p. 2).
The above works have demonstrated that in West Africa, journalists while doing their jobs sometimes face challenges, sometimes in the form of as parliamentary and judicial inquiries, arbitrary arrests and detentions (MFWA, 2016). According to the Media Foundation for West Africa (2016), journalists from several countries in West Africa were in some instances questioned by authorities for the reports they wrote. For instance in Sierra Leone, three journalists were summoned by the Clerk of Parliament to answer questions before the House.

The three, Thomas Dixon and Theo Harding, Managing Editor and Editor of Salone Times respectively, and one Asma James, a Station Manager of Radio Democracy, had written stories about the travel budget of Minister of Information and Communication, Alhaji Alpha Kanu.

In Ghana, the MFWA (2016) report noted that one Kojo Yanksom, a morning show host of Joy FM, a leading elite radio station in Accra and a one Clinical Scientist, Professor Alex Dodoo who had appeared on the former’s talk show were both asked to appear before the privileges committee of the nation’s Parliament. The latter had made comments on the former’s show that Ghanaian Members of Parliament were ignorant of Ebola vaccine trials. Again, the MFWA report referred to an incident in Senegal where the Managing Editor of ‘Enquete’ newspaper, Mamadou Wane, was summoned to appear before an investigating magistrate and accused of illegal publication.

Minnie (2006) who wrote about the legal, economic and professional challenges faced by media practitioners in Africa observed how the African media are stuck in what he describes as “a quagmire of fragmented and contradictory legal frameworks and
policies’ (Minnie, 2006, p. 115). One of such contradictions the study noted is how the constitution of a country could ‘guarantee freedom of expression but also place the power of breaching these same rights in the hands of the state. (Minnie, 2006, p. 115). Coronel (2004) also noted that the media in many West African societies face challenges including a monopoly over ownership and harsh laws.

The study makes the observation that in Africa, “serious reporting is difficult to sustain in competitive media markets that put a premium on the shallow and sensational. Moreover, the media are sometimes used as proxies in the battle between rival political groups, in the process sowing divisiveness rather than consensus, hate speech instead of sober debate, and suspicion rather than social trust. In these cases, the media contribute to public cynicism and democratic decay.” (Coronel, 2004 p. 1).

My study of journalists in West Africa reporting on dangerous health situations is well informed by Sorribes & Rovira (2011) whose work investigated how media institutions manage information during crisis period by focusing on factors such as the actors involved, sources of information and whether journalists still respect their professional codes of ethics in times of crisis. Sorribes and Rovira (2011) noted that the media play a part in creating “collective knowledge of danger, risk and visible insecurity” (p. 1054), through the information they send out in times of crisis.

Roy (2010) looked at how a strong media environment could influence the risky political environment of an African country. The study noted that the democratization of communication has the potential of improving governance in Africa. Roy (2010) believed that vibrant media that is able to reach the people with the right information
positively impacts on the country's risky political conditions, thereby underscoring the relevance of a healthy media to the political stability of a country. Central to Roy's argument is the fact that a vibrant media will always play its watchdog role and keep the government from engaging in some practices that hinder the country's development.

Roy (2010) defined a healthy media sector as one that is devoid of any form of control and has adequate support and guarantee that is deeply rooted in the legal framework of the said country. Such a media sector must not short change its workers by paying them a pittance but must be financially sound enough to offer good salaries to its professionals. Other qualities of a healthy media environment, Roy noted are the guarantee of freedom of speech and unhindered access to information and the plurality of news sources.

Looking at how investigative journalism contributes to the development of African societies, Saleh (2015) sought to bring to light the contributions of some African investigative journalists whose works are advancing development in their respective countries. Saleh's work had the objective of filling a gap where works by African investigative journalists are hardly noticed, “The task of the African investigative journalist is rarely easy. I have been struck repeatedly by the seemingly miraculous way in which reporters work with erratic (or no) computer connections and electricity. Limited budgets, across long distances and often under surveillance and threat, and yet still manage to produce stories on a par with their far better-equipped colleagues elsewhere in the world. It is actually no miracle: It simply takes passion, courage and extremely hard work” (Saleh 2015, p.2).
Promoting Health in Africa

The promotion of health issues in Africa has seen major improvements over recent decades with many African countries using health promotion to enhance societal responsibilities (Nyamwaya, 2003). In spite of such gains, health promotion on the continent still faces some challenges.

Although Nyamwaya (2003) has argued that the "foundations for health promotion are well in place in Africa" (p. 86), the same study also observed that the health sector in many parts of Africa falls short in advocating for the promotion of certain health issues. This challenge presents African countries with another constraint of effectively fighting infectious disease outbreaks. For example, even though the pandemic is now controlled, the 2014 Ebola outbreak in countries like Guinea, Liberia and Sierra Leone struggled with the outbreak and recorded many deaths.

Colgrove (2014) observed that the 2014 Ebola outbreak has highlighted the importance of risk communication. The study noted that “Risk communication is, obviously, a central task of public health officials, though this may not always be explicitly recognized. As a case in point, during the 2001 anthrax bioterrorism attacks, the key challenge of public health officials engaged in risk communication was what to tell people.” (p. 250). During such times, health communicators have to deal with the complicated communication issue of whether to tell the truth even if it would create fear and panic versus giving the people a reassuring themed message to build hope and confidence among them. As Colgrove puts it:
On the one hand, if you were to tell the public that someone was sending an extremely deadly pathogen through the mail, would you trigger panic and dysfunctional responses? When the announcements were made about anthrax, we saw people flooding into emergency rooms, worried that they had been exposed, and clogging up the healthcare system. On the other hand, if you were to conceal information it would that sow mistrust among the public? This is a very difficult line to walk. The lesson that emerged for public health was to be as open and transparent as possible, communicate uncertainties, assure the public of best efforts, and enlist their help. (p. 250).

With the aim of finding out if the 2014 Ebola outbreak shares anything in common with past Ebola outbreaks, Colgrove (2014) looked for recurrent patterns between the 2014 and past Ebola outbreaks. The study found that the challenge of gaining the trust and cooperation of an affected population was a recurring factor in major health epidemics. Training for journalists and other health communicators in the area of health reporting in Africa may go a long way in helping curb the spread of an epidemic like Ebola. Along Colgrove’s (2014) objective, the current study hopes to find out from West African media professionals who reported on the 2014 Ebola about their experiences and lessons learned.

Another major challenge that works against effective promotion in Africa is the lack of effective collaboration between partners and actors as captured here by Nyamwaya (2003). The author writes: "there exists an undeclared 'war' for supremacy among different practitioners. While there seems to be consensus that health education
practitioners are the protagonists of this 'war', medical doctors, nurses, and professionals from areas such as social mobilization, behavior change communication and social marketing are jostling for niches in a complex pecking order." (p. 86).

Health Crisis and Emergency Reporting

Studies have shown the importance of mass media in communicating health emergency information to the masses (Holmes, Henrich, Hancock & Lestou, 2009; Karimeje, 2011; Masse, 2011; Parmer, 2016). Although it was dangerous to move around and interact with people in affected countries during the outbreak, journalists in Guinea, Sierra Leone, and Liberia worked to communicate information about the disease.

This is in line with the observation by Parmer et al. (2016) that the mass media are an important channel through which risk and emergency information reach the public during such times. The study defined crisis or emergency communication as communicating about an emergency in real time while risk communication applies to situations that have past or potential health risks from several causes.

Parmer et al (2016) study is quite related to my research in that it looked at whether through the mass media, the public was getting the information needed to protect themselves during crises and health emergencies and whether most importantly, these messages followed some best practices. The study underscored the relevance of risk messages following best practices since as they explained, experts believe that messages that follow best practices are most effective in protecting public health. The study analyzed the content of 369 newspapers and television broadcast stories about natural disasters and foodborne outbreaks. In each story that was analyzed, the study looked for
the following seven best practices that had been coded: The findings of the study revealed that only 4.6% of the stories expressed empathy, while 83.7% of the stories explained what is known about how the event could impact human health. With the remaining five best practices appearing in less than 25% of the stories analyzed, the study concluded that there are not enough best practices in much of the risk messages that the public receive.

Holmes, Henrich, Hancock & Lestou (2009) explored the concept of effective public communication during health crisis. The study interviewed 39 communication professionals, scientists and public health officials who communicated to the public during public health emergencies. The analysis of the interviews revealed that there was the need for effective partnership between public health officials and journalists since they communicate through mass media.

The study also found that it was important for the two actors to consider issues such as being certain about the information they share as well as deciding whether to communicate in a one or two way process health emergencies. The study also found that several respondents mentioned the ‘mass media’ when they were asked about what constituted effective communication, “Of note here was that 13 people described effective communication as reaching the public through the mass media, with very little reference to other ways to reach the public. The ‘media used effectively’ topic was consistent across groups, mentioned by about half the members in each.” (p.796).

Another issue explored by the study was that of adhering to ethics during health crisis. Ethics issues are an important part of health reporting. Nine informants who said
no to adhering to ethics in times of health crisis believed that time constraint and the urgency of the situation called for a one-way communication style during such times. Six participants however agreed that it was an ethical situation.

A public health official who was among the six informants who disagreed remarked “because it is a health crisis, we should be obligated to engage in two-way communication with the public: We’ve got two ears, one mouth. There is a ratio we should remember” (p.799). A communications professional who agreed with the ethical dilemma in communicating around such times was concerned about the conflict between being accurate and expedient, “It’s a tug-of-war a little bit because you want your information to be correct because you don’t want to be driving people to make incorrect decisions, but on the other hand if you wait until you have everything, well you could be putting out an announcement two days later.” (p. 799).

Journalists and other media professionals all over the world have compromised their safety and health by reporting on stories that border on tragedy and trauma (Masse, 2011). During times of conflicts for example, journalists who may not be directly involved in the conflict, many times, in carrying out their journalistic functions sometimes get caught up in the situation and incur the wrath of the various factions.

In the same way, reporting on health outbreak that has a traumatic outlook in larger proportions like the 2014 Ebola outbreak causes journalists some degree of distress. The situation is more serious in some countries in Africa where journalists and media professionals have to report from the frontlines of these events many times with no protection or guarantee of security from authorities (Masse, 2011). An example is the
experiences some journalists who chose to be critical in their reporting of Ebola had in Sierra Leone.

Mass media have over the years been active in reporting global public health emergencies such as HIV/AIDS, maternal and child care health issues among others (Leask, Hooker & King, 2010). The 2014 outbreak of the 2014 Ebola virus in some countries in the western part of Africa attracted the attention of the media, both local and foreign (Allgaille and Svalstog, 2015).

During this period media institutions in both affected and non-affected countries that were deeply immersed in the coverage of the disease, adopted different means of covering the story as well as different frames in presenting the stories to media consumers. On national levels, a case could be made that the existing media system of a particular country could shape and impact how its media institutions and journalists covered the outbreak (D’Angelo, Pollock, Kiernicki & Shaw, 2013).

According to Lee (2003), the world is experiencing various degrees of crises such as terrorist attacks, the SARS epidemic and Avian Flu among others. In such times, the media’s role of collecting and distributing news to its audience is usually put to the test as media institutions operate in a somewhat unsafe environment. The extent, style and method of coverage thus become a major source of study by many researchers.

In Lee (2003), the role played by online news media during the Severe Acute Respiratory Syndrome (SARS) epidemic was analyzed. The study set out to find how online news assisted in transforming news of global nature about SARS into local news that interest local people. It was found in the study that online news achieved this goal by
blending global news with that of local reporting. The findings of Lee’s study show the importance in online news’ adoption of glocal news reporting style to attract the attention of locals in times of epidemic.

Other studies with similar goals have focused on comparative media responses to a range of health challenges including malaria, HIV/AIDS, reproductive health and child morbidity issues in Africa and other parts of the world (Brody et. al., 2003; Dearing, 1998; Keyton, 2006; Mchombu, 2000). One of such studies looked at the relationship between state and press and how that affects the media advocacy role on HIV/AIDS news reporting (D’Angelo, Pollock, Kiernicki & Shaw, 2013).

The study used four Anglophone newspapers in four sub-Saharan countries with different media and political systems to find out which political system positively helped in the health agenda process of these newspapers. South Africa and Nigeria were tagged as contained Democratic while Zimbabwe and Kenya were referred to as Repressive autocratic systems.

The Focus on media systems in this study is essentially useful in that “media systems play a determining role in the degree to which journalists can independently advocate for social change when covering HIV/AIDS” ((D’Angelo, Pollock, Kiernicki & Shaw, 2013 P. 102) . It did not come as surprise that the study found that in contained democratic countries of South Africa and Nigeria, their media systems “can facilitate stronger positive societal-level responses than the news agenda in Repressive Autocratic media systems.” (D’Angelo, Pollock, Kiernicki & Shaw, 2013P. 102)
Efforts by African governments, non-governmental organizations and other religious bodies in fighting these challenges have been complimented by the media in Africa through the coverage they give to the numerous health issues facing the continent (Ofori-Birikorang, 2009). It is through the coverage of these outbreaks that the attention of the world is drawn to the plight of many that may be suffering from the disease. A look at the literature paints the picture that the mass media are playing their role of educating and informing the masses about the dangers of these diseases as well as how to overcome them.

Mass media in Africa have served as authoritative sources of information on several issues (Newell, 2013). Even though some selected media institutions in Africa may not have adequate resources at their disposal for carrying out their works, many have developed ways that enable them to report on issues such as health, education, politics, sports and many other areas. This role played by the mass media in Africa over the years explains how African media wield strong influence on public opinion (Newell, 2013).

Regarding comparative media studies, (Ogunade, 1996) compared the media systems of Tanzania and Kenya in terms of how cultural, historical, geographic and economic factors shape the nature of media systems in these two countries. The study found that literacy and politico-economic systems affect the growth of the media in these two countries. Similarly, the comparative aspect of this study is aimed at capturing the different journalistic and institutional responses and coverage to the outbreak across the countries.
Babbie (2010) describes comparative research as comparing two or more social units. On an individual level, the study seeks to document the experiences of African journalists and editors in these two countries who ventured the frontlines of the outbreak to report about the disease in the face of such imminent danger. The methods they used, as well as the content they produced, will be looked at. On a more institutional level, the study will delve into the responses of media institutions (Newspapers, Radio and Television stations) in the above mentioned countries that were involved in the coverage of the crisis.

Mass media outlets, particularly newspapers play an important role in shaping public opinion and understanding about public health issues (Villar & Bueno-Olson, 2013) due to their wide circulation and easy to access nature. Villar & Bueno-Olson’s study identified advertisements, news releases and health themed announcements as various types of health information covered by newspapers and other media. This is also collaborated by Shih, Wijaya, & Brossard (2008), who also observed the important role the mass media play in shaping the understanding of the public during times of emergency health outbreaks.

The activities of mass media professionals during health outbreaks such as Ebola have become the focus of several studies. During health emergency outbreaks, Ungar (1998) points out the mass media become the major source of information to the general masses in most parts of the world (Ungar, 1998).

Covello & Peters’ (2002) similarly found that around 80% of the general public get their information through mass media and not from their doctors, making journalists
play the role of health officials. Meanwhile, in the daily discharge of their duties African journalists face challenges and impediments (Kagurusi, 2013). On the recent Ebola issue, the Media Foundation for West Africa noted that some journalists were attacked and killed while others were arrested by their governments for doing their jobs in Liberia, Guinea and Sierra Leone.

Although media houses in Africa help in the area of surveillance during public health emergencies such as the recent outbreak of Ebola, structural and institutional barriers make it difficult for the full impact of their work to be achieved (Watkins, 2014). The above report by the MFWA is the closest study that has been done on the challenges faced by West African journalists who reported on the Ebola outbreak, leaving out an important part such as the experiential account of these journalists and the challenges they faced.

The slow response by the international body to the 2014 Ebola outbreak was the subject of Allgaille and Svalstog’s (2015) study. They found that the 2014 Ebola pandemic in West Africa did not initially attract the attention of the WHO and other global bodies because countries in Africa where there were victims do not feature prominently in the agenda of American media. Meanwhile, irrational fear led many to believe that the USA was on the verge of experiencing the outbreak when four Americans suspected to have been exposed to the virus in Sierra Leone were flown to the US for monitoring. “While the virus has killed about 10,000 people in Sierra Leone, Liberia and Guinea, only a handful of cases have been seen in the United States, Spain and Britain, almost all of them contracted in West Africa” (O’Brien, March 15, 2015, par. 6).
Househ’s (2015) study looked at how Twitter and electronic news platforms were used as a means of communicating information about Ebola. The author did a cross-sectional survey of Twitter data and Google News Trend data between the periods 30 September to 29 October, 2014 and found about 26 million tweets (25,925,152) with Ebola as the keyword. October 16, 2014 had the highest number of correlated activity for Twitter and electronic news outlets with main influencers of the Twitter feeds being news media outlets. Househ observed existing association between electronic news media publishing and activities on Twitter and suggested that Healthcare agencies become mindful of this for effective campaign messages during outbreaks such as the 2014 Ebola.

As I prepared for this dissertation research, I was led to the study of West African journalists reporting on the health emergency caused by the outbreak of Ebola. It was clear that while the outbreak had been covered in global media, there were no academic studies of the lives of African reporters as they took risks in getting news of the outbreak to their publics. Filling this gap will expand the literature on the challenges that reporters in Africa have to go through when reporting about health emergency outbreaks. Specifically, the findings from this study will serve as a unique source of data for the scholarship that surrounds the African model of journalism debate.

Since this study interviews African journalists who reported on the outbreak, findings will serve as a reference point for other African journalists who might be reporting on similar unfortunate incidents should there be an outbreak like this in future on the continent. It will also place in perspective, how culture, governance and access to information all affect African journalists who report on crisis situations in the country.
CHAPTER 3: THE RESEARCH EXPERIENCE

According to Suchman (2002), “responsible reporting by journalists can illuminate important issues for the general public that might have otherwise remained obscured in the scientific arena. In some cases, investigative reporters have exposed aspects of medicine and medical science that prompted legislative and policy changes in the health care system.” (p. 776).

When it comes to the reporting of scientific issues like Ebola in the media, many journalists have been found to be lacking the skills needed to do this accurately as sensationalism and miscommunication have been identified as some of the flaws in journalists’ reporting of scientific issues (Ransohoff & Ransohoff, 2001; Suchman, 2002).

The situation could be described as worse in the case of African journalism where lack of adequate training and resources pose a great challenge to journalism practice (Peters, 2003). Aside from the lack of training, “poor professional standards and a dearth of investment into investigative reporting make it difficult and sometimes impossible for journalists to access, impart or disseminate accurate information (Peters, 2003, P. 44, Par. 2). The manner in which West African media practitioners responded to the 2014 Ebola outbreak has not yet been explored. This study thus looks at how West African journalists in Sierra Leone and Ghana responded to the 2014 Ebola outbreak.

In this chapter the research methodologies and methods that were used in this study are described. The chapter opens with background information on qualitative method of inquiry and ethnographic research design. The chapter also touches on the setting of the study, the selection and recruitment of participants, the data collection and
analysis processes as well as how we may view researcher-as-instrument in data collection.

Also in this chapter, I lay out the details of what needs to be done to fill the research gap described in the previous chapter. The choice of appropriate methods for this study was guided by the following research questions:

1. What is the process by which journalists in health crisis areas innovate reporting methods to respond to emerging health crises?
2. How do media professionals and their institutions in Sierra Leone and Ghana narrate their professional responses to the outbreak of Ebola in the region?
3. What constraints do journalists in West Africa face in reporting about emerging health crisis?
4. How may we characterize an African approach to public health crisis reporting?

Qualitative Inquiry

As I set out to find out from West African journalists about their experiences in covering the 2014 Ebola outbreak in West Africa, it was important to consider what methods would be appropriate to answer these questions. My questions in this study are descriptive in nature. As a result, I opted for qualitative research because of its objective of providing interpretations into how things are the way they are (Hancock, Ockleford & Windbridge, 2009).

My choice of qualitative research based on my research questions is informed by Bricki and Green (2007) who recommended that qualitative research should be used in situations where the research questions of the study demand descriptive or narrative
responses such as finding out the experiences of the informants about a phenomenon. Qualitative method was also appropriate for this study because it allowed me to analyze my interview transcripts and some news content for emerging themes and concepts that helped in answering the research questions.

This is supported by Hancock, Ockleford & Windbridge (2009) who note that qualitative method ‘focuses on description and interpretation and might lead to development of new concepts or theory, or to an evaluation of an organizational process” (p.6).

Little is known about the experience of West African journalists who covered the 2014 Ebola outbreak in the region. Using qualitative methods, my study attempted to fill this gap by asking journalists who covered the outbreak to narrate their experiences. Bricki and Green (2007) support the use of qualitative method by noting that aside from yielding meaningful words for analysis of social issues, qualitative research is appropriate in looking into issues about which very little is known, “In situations where little is known, it is often better to start with qualitative methods (interviews, focus groups, etc)….. For instance, in an area where we had no idea what kinds of issues were acting as barriers to health care, it would be difficult to design a survey to cover the main factors.” (Bricki & Green, 2007, p. 2).

Furthermore, following Mason's (2002) commendation, I adopted a qualitative research method approach for this study because it allowed me to obtain accounts of the lived experiences of my informants concerning their coverage of the 2014 Ebola outbreak in West Africa. In the field of social science, qualitative research is seen as an essential
means of making inquiries into a phenomenon by emphasizing thick rich details and also focusing on depth (Marshall & Rossman, 1995).

Semi-structured in-depth interviews and participant observation were some of the methods I used under qualitative research to collect thick data from informants in this study. Mason (2002) opined that qualitative research allows for the intimate connection of context and explanations thereby producing strong cross-contextual generalities. Mason however cautions that for qualitative research to be effective, “it requires a highly active engagement from its practitioners, and a great deal of effort- intellectual, practical, physical and emotional” (p. 1).

Creswell (2013) notes that qualitative methods are suitable for studies that have the aim of exploring a problem, empowering individuals in telling their own stories as well as understanding the contexts in which participants of a study address a certain issue. Creswell quotes Denzin and Lincoln’s (2011) definition of qualitative research which he describes as evolving as follows:

Qualitative research is a situated activity that locates the observer in the world.
Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make
sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2011, p.3 in Creswell, 2013, p. 45).

Research Design

Since this study seeks to understand the lived experiences of West African journalists from Ghana and Sierra Leone who covered the Ebola outbreak in 2014, I chose a study design similar to that of an ethnographic fieldwork to collect data. Described as an account on social life that places emphasis on description, ethnography has been one of the most commonly used qualitative research methods in the Social Sciences (Babbie, 2007; Goetz & LeCompte, 1984).

Babbie (2007) explains that ethnography allows for the researcher to choose techniques including but not limited to interviews, focus groups and observations to collect exhaustive data from informants. As a qualitative research design, ethnography allowed me as a researcher, the opportunity of practicing immersion which involves “being with other people to see how they respond to events as they happen and experiencing for oneself these events and circumstances that give rise to them’ (Emerson, Fretz & Shaw, 1995 p.3).

Emerson, Fretz & Shaw (1995) define ethnography as the study of the daily activities of individuals and groups. They noted that for the ethnographer to succeed there is the need for the creation of intimate relations with the social setting in which the study is set to take place. To develop an intimate account of journalists' struggles to present the African case of Ebola, this kind of data collection design yields rich information that may later help to construct wider survey of this subject.
The ethnographer achieves this through active participation in the activities by the population being studied in their natural setting. Touching on the importance of what they called immersion, Emerson, Fretz & Shaw (1995) noted that it "enables the fieldworker to directly experience for herself both the ordinary routines and conditions in which people conduct their lives "(p. 3).

The ethnographer is interested in the socio-cultural contexts and processes in which people live their lives, as well as the meaning systems which motivate them. Within an ethnographic paradigm, the actors and their corresponding actions, behaviors, and beliefs are examined within the cultural and societal context in which they take place" (Whitehead, 2002, p. 15).

Whitehead (2005) advises that the researcher embarking on ethnographic study must first be familiar with the already existing information about the people and culture to be studied. Whitehead also notes that the researcher uses this existing knowledge as the foundation on which the study or research process can be laid out. Furthermore, Whitehead notes that for a study to be considered as ethnographic in nature, it must be conducted in the field where the population of the study lives.

The remaining part of this chapter focuses on how I selected the sites for this study, how I gained entry, the role I played in this work as a researcher, how I collected and analyzed data for this work as well as how the findings were reported. (Fetterman, 1998; Marshall and Rossman, 1999)
Research Setting

The sites I chose for this study were places where I knew I could gain entry, have access to a number of informants and build good working relationships with them as well as having quality and credible data (Marshall & Rossman, 1999). Based on these, the West African countries of Ghana and Sierra Leone were chosen to explore how selected journalists in these countries responded to the 2014 Ebola outbreak.

For comparative reasons media response in Ghana, a nearby West African country that did not record any outbreak of Ebola, is compared with that of Sierra Leone media response in order to see the differences and similarities in the responses of reporters and their media institutions. Guinea and Liberia, two other West African countries that were hit by the outbreak were excluded from this study due to language and access issues respectively. Time and inadequate resources were also some of the reasons these Guinea and Liberia were excluded from this study. Accra and Freetown, the capital cities of Ghana and Sierra Leone respectively were the sites chosen for this study for the following reasons:

1. Even though Ghana did not record any case of Ebola in the 2014 epidemic, Accra, the capital of the country was selected by the United Nations as the base to coordinate the various set of activities by international bodies with the aim of fighting Ebola (myjoyonline.com, August, 2014). Ghana opening its gates meant that several needed necessities such as drugs, food and other logistics could be sent to the countries affected by the Ebola pandemic through Ghana after some commercial airlines canceled
flights into the affected countries. This meant rapid movement back and from nearby affected countries to Ghana, exposing the country to a greater risk of the outbreak. With Accra as the logistical hub for Ebola in West Africa, journalists and other media practitioners in the country took special interest in reporting on the outbreak.

2. In contrast to Ghana, Sierra Leone was severely hit by the 2014 Ebola outbreak, killing over three thousand people and leaving several children orphaned (WHO, 2015). Journalists who work mainly with media institutions that are located in and around the capital of Free Town were the ones who went to the various places in the country that were hit by the virus to cover the outbreak.

Entrée

Negotiating research entrée was a critical part of my work. A very critical part of this research was when I was negotiating entry to both Ghana and Sierra Leone. Patton (2002) describes entrée as the point where both the researcher and the researched get used to each other.

Ghana entrée.

As a former journalist from Ghana, gaining entry to the various informants in Ghana was not as difficult as gaining entry into Sierra Leone. Since I was following the events that surrounded the 2014 outbreak as they unfolded on the Internet, I was able to identify some journalists who had covered the outbreak in 2014 in the country. Although I did not know most of them, my contact in the newsroom of Daily Graphic in Accra, the state owned newspaper that did extensive coverage of the 2014 Ebola in Ghana, Enoch Darfah Frimpong, agreed to link me up with their lead reporter on health issues who was
responsible for Ebola stories. This informant from Daily Graphic happened to be a member of ‘Media Network for Health’, a group of journalists from different media houses in Accra, Ghana who report on health issues in the country. All their members had reported extensively on the Ebola outbreak in the country. With the help of the informant from Daily Graphic, I obtained the individual mobile contacts of these Ghanaian journalists who reported on the 2014 Ebola outbreak. I then contacted these journalists and upon an agreed time and date, met each and every one of them for the interview.

*Sierra Leone entrée.*

Regarding my entrée to Sierra Leone, I relied on the diverse membership of the Ohio University African Students Union in reaching out to journalists in Sierra Leone who reported on the 2014 Ebola outbreak. As a former president and an active member of the Ohio University’s African Students Union, I gained the trust of a few of my colleagues from Sierra Leone after I did a couple of informal presentations about my research topic to them. A member of the ASU, Kumba Gborie, a second year M.A student in Communication and Development from Sierra Leone agreed to link me up with some of the journalists she knew had written about the Ebola outbreak in Sierra Leone. Subsequently, Kumba Gborie assisted me with the email addresses of two award winning Sierra Leonean journalists, Mustapha Dumbuya and Amadu Lamrana, who had both reported on the 2014 Ebola outbreak in Sierra Leone. I then contacted Amadu who lived in Sierra Leone and explained my research to him and asked if he could put me in contact with other journalists who had reported on the outbreak in Sierra Leone.
Amadu then asked me to write a letter to the Sierra Leone Association of Journalists (SLAJ) explaining in detail what my research was about which I did. Amadu then forwarded my permission letter to the General Secretary of SLAJ who replied me with a letter stating the full cooperation of the Association and its members during my research. I am grateful to Amadu for agreeing to be what Patton (2002) describes as my sponsored entry in Free Town Sierra Leone.

*Researcher as Instrument*

I had just managed to convince my dissertation research committee that I was changing my research topic. I was no longer going to investigate why African soccer fans were crazy about European football yet dreaded their own local leagues in their respective countries. It was questioned what my motivation was to conduct such research. Perhaps they all felt guilty as they could narrate the history and current affairs of their favorite foreign clubs but could not even mention the name of a recent recruit in any of the teams in the home countries. It was either shameful or normal, depending which club they supported. But why did I drop this topic?

To the committee, my decision was dangerous and careless because aside from the fact that I was racing against time in defending my proposal, I had worked on the previous topic through my course work, delivered talks on it at various conferences and almost completed the final draft of the proposal on this topic. “And now you're thinking about changing it to focus on what, Ebola coverage by West African media practitioners?”, my committee chair asked the question with a stern look that changed the usual helpful fatherly face he often spoke to students with into a worried advisor. "Yes,
Sir!" was my reply. He knew that as a former journalist from Ghana, my decision to research into how local journalists in Sierra Leone went about covering the most dangerous viral outbreak in that country was personal. He was right. Every time I heard the number of people dying in the news in Guinea, Liberia or Sierra Leone, I would feel sad and helpless.

Volunteers, Africans and non-Africans alike had left the comfort of their countries and risked their lives to go to these places to help fight the virus. Here I was, sitting in a cozy Alden Library and listening to the horrific accounts of lives lost, and the inspiring accounts of how people in affected countries and their foreign volunteer counterparts are risking it all to end the outbreak. How I wish I could do something.

All this while, the desire to research on this topic had not kicked in until I read that the first outbreak of the disease was in 1976 in then Zaire, now Democratic Republic of Congo. I started reading about the various studies that had been done on the outbreak and noticed an important gap. This had to do with how the disease had been communicated by Africans to African audiences. What are the challenges African journalists faced as they covered the deadly disease and how did they overcome such challenges as well as innovative methods to communicate the virus to their audience? Finally, I wanted to look into how African journalists would rate themselves in setting the health agenda in countries where this outbreak had occurred.

According to Delamont (2004), researchers in qualitative studies are the primary instruments in the study. This places importance on the experience and knowledge that the researcher might have about a phenomenon he or she attempts to study. My ten-year
career as a journalist in Ghana saw me work with some of the top rated radio stations in Kumasi, the Ashanti regional capital of Ghana known as Kapital Radio and Kessben F.M. I later joined a private television station, T.V Africa as its Ashanti regional correspondent. I was also a paid contributor to magazines; Ghana Review and New African magazines both published in London.

The highlight of my journalism career came when after a careful and rigorous selection process, I was attached to the Manhyia Palace of the Asante King as the special correspondent on the King’s activities in and outside of the palace. Through this I had the rare privilege of traveling among the Asante King’s royal entourage to several countries to report on his activities. This gave me the opportunity to conduct high profile interviews with the King and sometimes some of the important dignitaries who paid courtesy call on him at the palace. I also conducted some interviews with international dignitaries, local government officials and traditional leaders in the course of my work and this had a profound effect on my interview skills.

As a West African journalist who is also communications student, I believe I am equipped with both the theoretical and the practical expertise needed to undertake such a study that looks into the experiences of West African journalists who covered the 2014 Ebola outbreak. The reflexivity section in this chapter talks about how I overcame the challenge of letting my experience and background as a West African journalist come in the way of this research.
Sampling Procedure

Participants in this study are media practitioners from Ghana and Sierra Leone who reported on the 2014 Ebola outbreak. Media practitioners here refer to journalists, news editors and photo/video graphers who were involved in the coverage of Ebola in these two countries.

I was guided by the work of Ritchie and Lewis (2003) who note that the selection process of a population for a qualitative study requires looking for individuals who could be directly connected to the research questions. These individuals should be able to provide accurate, relevant information that is both rich and thick in outlook (Ritchie and Lewis, 2003). Journalists from Ghana and Sierra Leone who had reported on the 2014 Ebola outbreak were thus appropriately selected as my informants for this study.

Purposive Sampling

I chose purposive sampling as a means to identify and select informants for this study because I wanted to pre-determine what issues were to be looked at and who appeared best fit as an informant based on the knowledge they possessed (Bernard 2002). This idea is also corroborated by Tongco (2007) who observes that, “purposive sampling technique, also called judgment sampling, is the deliberate choice of an informant due to the qualities the informant possesses.” (Tongco, 2007, p. 147).

Purposive sampling, also referred to as criterion sampling, involved identifying and selecting individuals who meet certain predetermined criterion for a study, such as age, gender, religion, status, etc (Given, 2008). Guided by the principles of purposive sampling, I have explained how I went about the recruitment process for the study below.
Informant Recruitment

To recruit participants for my study, I approached people in several ways. Aside from looking online for stories written about Ebola in Ghana and Sierra Leone, I had to make use of my contacts both here on Ohio University campus and back home in the West Africa region of Ghana and Sierra Leone. My background as a Ghanaian journalist proved particularly helpful to me in recruiting informants from Ghana.

In Ghana, the first informant I contacted was the reporter for Daily Graphic who for the purposes of anonymity is described in this study as 'Josephine'. Josephine is the health reporter for Daily Graphic and she had written many of the Ebola stories in the Daily Graphic. Josephine and I had already planned ahead to meet when I got to Ghana so we get to introduce ourselves face-to-face and establish rapport and also fix the date, time and venue for the interview.

I followed the same format with other reporters from these media outfits in Ghana: The Ghanaian Times, The Daily Guide, Crusading Guide, TV Africa, Ghana News Agency, Ghana Broadcasting Corporation. As described earlier, I had already contacted these people before going to Ghana so I only had to let them know I was in town through phone calls which were followed by brief familiarization meetings. We then met and went ahead with the interviews as set out in earlier conversations.

In Sierra Leone, I relied heavily on my informant friend, Amadu who was to introduce me to several of the journalists we had already identified in earlier discussions. One Tuesday while in Sierra Leone, Amadu who works for Star television in Sierra Leone, agreed to let me accompany him to a press event he was set to cover. We walked
through the busy streets of Freetown to a local public bus station where we boarded the bus to the offices of the Ministry of Information of Sierra Leone where a press conference was being organized.

There, I met a number of journalists from different media organizations who had attended the event. I watched them closely and made notes as they asked questions and asked for clarifications about the state of the transport sector of the country. Some had their audio recorders set on the table in front of them while others positioned their TV cameras to record the day's proceedings.

After the event, my informant friend introduced me to the number of journalists who had gathered and informed them about my research. In the beginning some felt I was in the country to gather information about Ebola and use the report for my gains. One reporter remarked: "there goes another person who is interested in the issue of Ebola after the disease has died out. If you were that interested in Sierra Leone issues, why did you not come during the outbreak? That is what you all do; you wait till the risk is lower and then you come into the country, gather your report and you go and sell your reports for cash and fame while we the people here have no benefit. I can't be part of such work, please."

Later, after my informant friend had explained to him that I was there only for academic purposes and that I was there because I am also a colleague journalist from Ghana who is pursuing my Ph.D in Media Arts at Ohio University in the USA, this journalists softened his stance and shook hands with me amidst laughter of other journalists present. After that time, I followed Amadu to several of the programs he
covered whenever I was not conducting an interview with an informant. Although I was a researcher who is not from Sierra Leone, I had the opportunity to observe these journalists in their work setting and this enriched my data from the fields.

**Study Participants**

In all, I interviewed 18 informants who were media practitioners from Ghana and Sierra Leone. The 18 people were six news editors, ten news reporters and two camera operators who had reported on the 2014 Ebola outbreak for news agencies, radio stations, newspapers and television stations based in either Ghana or Sierra Leone. Out of the 18 informants, three had been in the media industry for over 25 years while the rest have been in the industry for less than 25 years. I noticed a very interesting aspect of the gender distribution of the informants I interacted with in both countries.

Out of the eight informants I talked to in Ghana, six of them were women while only two were men. However, in Sierra Leone, eight out of the ten people I interviewed were men while the remaining two were women. Table 3 below shows the informants outline for the study while tables 4 and 5 show the informant demographics from both Ghana and Sierra Leone. In tables 4 and 5 I have used pseudonyms to conceal the identity of the informants as required for the protection of their identities.

**News Editors**

The six editors I interviewed included four and two in Sierra Leone and Ghana respectively. They included two females and four males who aside from editing Ebola stories written by their reporters also reported on the Ebola outbreak themselves. These people are however considered as editors because that was the title they gave to me and
that was how they indicated as wanting to be addressed. Among the two editors in Ghana were editors of the health and science desk of Ghana News Agency and the editor of the political desk of the Ghana Broadcasting Corporation. In Sierra Leone, they included editors of three newspapers and one editor of a television station.

*News Reporters*

The ten news reporters who took part in this study included four newspaper reporters, one radio station reporter and one television reporter who also doubles as the video camera man for his organization from Ghana. In Sierra Leone, the six reporters I talked to included four newspaper reporters, two television and radio station reporters.

*Video/Camera Operator*

There was only one video camera operator who worked with Star T.V that I interviewed in Sierra Leone.

*Reporter/Camera Operator*

I interviewed one reporter who also doubled as the video camera operator for TV Africa in Ghana.

Table 3 below shows a tabular representation of all the participants for this study. This is followed by tables 4 and 5 which contain information about participants from Ghana and Sierra Leone respectively.
### Table 3

**Informants Description Table**

<table>
<thead>
<tr>
<th>Informants Description</th>
<th>Ghana</th>
<th>Sierra Leone</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>News Editors</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>News Reporters</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Camera Crew</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Reporter/Camera man</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
</tbody>
</table>

### Table 4

**Informants’ Demographics from Ghana**

<table>
<thead>
<tr>
<th>Participants</th>
<th>Gender</th>
<th>Media House</th>
<th>Role</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afia</td>
<td>F</td>
<td>Daily Guide</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Josephine</td>
<td>F</td>
<td>Daily Graphic</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Nii</td>
<td>M</td>
<td>Ghana Broadcasting Corporation</td>
<td>Editor</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Pat</td>
<td>F</td>
<td>Ghana News Agency</td>
<td>Editor</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Phil</td>
<td>F</td>
<td>T.V Africa</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Fred</td>
<td>M</td>
<td>Crusading Guide</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Yaa</td>
<td>F</td>
<td>Ghanaian Times</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
</tbody>
</table>
Table 5

*Informants Demographics from Sierra Leone*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Gender</th>
<th>Media House</th>
<th>Role</th>
<th>Data Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kumba</td>
<td>F</td>
<td>Star Radio</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Esther</td>
<td>F</td>
<td>Star T.V</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Jake</td>
<td>M</td>
<td>Politico Newspaper</td>
<td>Editor</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Dave</td>
<td>M</td>
<td>Awoko newspaper</td>
<td>Editor</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Peter</td>
<td>M</td>
<td>Sky radio</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Fred</td>
<td>M</td>
<td>University Teaching Radio</td>
<td>Editor/Producer</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Komba</td>
<td>M</td>
<td>Star Radio</td>
<td></td>
<td>In-depth interview</td>
</tr>
</tbody>
</table>
Table 5: Continued

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Organization</th>
<th>Position</th>
<th>Type of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eben</td>
<td>M</td>
<td>Awoko newspaper</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Emmanuel</td>
<td>M</td>
<td>Star TV</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Benji</td>
<td>M</td>
<td>Sky Radio</td>
<td>Editor/Producer</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Amadu</td>
<td>M</td>
<td>Star TV</td>
<td>Reporter</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>Awal</td>
<td>M</td>
<td>Citizen Radio</td>
<td>Editor</td>
<td>In-depth interview</td>
</tr>
</tbody>
</table>

Ethical Consideration

Brinkman & Kvale (2015) noted that "ethical issues go through the entire process of an interview investigation, and potential ethical concerns should be taken into consideration from the very start of an investigation and to the final report" (Brinkman & Kvale, 2015, p. 85). In considering the ethical issues in this research, I made sure I was guided by Brinkman & Kvale's (2015) work. In their work, Brinkman & Kvale noted that ethical issues should be the concern of the researcher through the seven stages of qualitative research: Guided by Brinkman & Kvale’s work, I ensured ethical compliance in this study through the seven stages of the study as spelt out below:
Thematizing: I ensured that the purpose of this research went beyond just its scholarly value and actually affects positively on how journalists in Africa would report on health outbreaks in future.

Designing: The IRB of Ohio University approved the research proposal. As suggested by Patton (2002), I also ensured that this study was ethical and that all informants in the study were given the opportunity to either be part of the study or not by utilizing the informed consent form.

Interview situation: During the interview, I made sure that the feelings and emotions of the informants were taken into consideration and that if any informant seemed stressed at any point during the interview, it would be understood if they wanted to opt out of the interview.

Transcription: During transcription, I made sure that data that was being transcribed was exactly what was said by the informant and that the transcription process was honest. The confidentiality of the informants were also protected during transcription through the use of codes and pseudonyms.

Analysis: During analysis, I ensured that the transcribed data was sent back to informants to make them cross check with what they said and to have a say in the data.

Verification: I also ensured that what informants told me were verifiable by asking them critical questions.

Reporting: In reporting the findings, I again ensured that it was not possible for the public to easily trace information or data given by a certain informant to that individual. I ensured this by using pseudonyms and codes.
Again, to ensure the confidentiality of the data from informants, I sought their permissions to record the interviews with audio tape recorders. The recorded data was later transcribed and stored in the format of a neatly typed document and kept in a safe place together with the audio recordings.

Credibility

Critics of qualitative research have usually questioned the validity and reliability of qualitative studies (Kvale & Brinkman, 2009). Although these are concepts used in testing the generalizability of quantitative studies, validity and reliability are equally important concepts to be considered by qualitative researchers interested in the quality of every study (Patton, 2001). To enhance the trustworthiness of the findings in this study, I followed Lincoln and Guba’s (1985) recommendation and used strategies such as member checking, bracketing, and peer debriefing. Also to ensure that the findings from this study are credible, I engaged in peer debriefing, member checking, and I was also reflexive as a researcher. These strategies are outlined and briefly explained below:

Peer Debriefing

As noted by Creswell & Miller (2000), peer debriefing is when someone other than the primary researcher who is equally knowledgeable about the topic being researched is asked to go through the data and the procedures that were used in conducting the research. In my case, I engaged in peer-debriefing about my study with my supervisor, Dr. Steve Howard who happens to be a media scholar and an Africanist. Through numerous interactions, he helped fine-tune the research process and advised me
on how to proceed anytime I encountered a challenge. A couple of my doctoral colleagues were also helpful in this regard.

Reflexivity

As an African journalist, conducting a study of how my colleagues on the continent go about their report of a deadly disease outbreak came with several challenges. Principal among these was the challenge of not allowing my biases and ideological positions to cloud my judgment as I embarked on the research. In reflexivity, the researcher is reminded of the baggage of his or her own cultural biases and other personal positions as well as that of the people being researched (Patton, 2002).

In being reflexive, I started by looking at my motivation to conduct this research on how West African journalists in Ghana and Sierra Leone responded to the 2014 Ebola outbreak. The reasons were not farfetched. I felt compassion for the people in the countries where the outbreak happened and I was moved by the lack of research on this issue. In Liberia, Sierra Leone and Guinea, people were dying in their numbers day after day, economic activities had been crippled by ban on people’s movement and other human activities, younger children and infants were being orphaned by the death of their parents and other consequences that came along with the Ebola outbreak. As the outbreak worsened, journalists and other media professionals in Africa made it a point to bring information about the disease to the public. As hard and dangerous as it was, these journalists did not give up and pressed on with their deadly assignments.

As I was following these reports, I noticed that there were differences in the circumstances surrounding how journalists in Africa and journalists from Western
countries went about their work. For Western journalists, taking up the risks of reporting on a dangerous viral outbreak like Ebola come with other guarantees such as life insurances and protective gears. For journalists in Africa however, reporting on deadly disease like Ebola on the continent is a duty and moral obligation, one that can help save the lives of many and bring the world’s attention to the epidemic. It was at this stage that my motivation to work on the current study came. I asked myself this question: What can I do as an African scholar of Mass Communication to contribute my quota as the continent of Africa battles against this Ebola outbreak?

From the above, it is obvious that my inspiration to undertake this study comes with several biases and other ideological considerations. The question is how do I still carry on with this study without having these biases stand in my way to conduct an objective study? To answer this question, I ensured that I kept an open mind as I went to the field and gathered data from the informants. Again, keeping notes of things that unfolded to me on the field during data gathering and constantly referring to these notes also helped me to overcome my biases.

Data Collection

To be able to study how media practitioners in Ghana and Sierra Leone responded to the 2014 Ebola outbreak, I employed a number of qualitative data gathering methods including semi-structured in-depth interviews, memo writing, observation and qualitative content analysis. The data were grouped into two stages of field data (which included interviews with journalists, memos and observation) and analyzing some of the contents of the reports filed by these journalists on the outbreak.
Semi-Structured In-Depth Interviews

To be able to find out from these media practitioners about their experiences in covering the 2014 Ebola outbreak, I selected a method that could best show my interest in the stories of these West African journalists. In line with this, I selected the semi-structured face-to-face in-depth interview method to gather data from the informants of my study. Interviews have been described as ways of showing that a researcher is interested in the lived stories of other people (Irving, 2013).

I chose this method because the questions asked in this study are exploratory in nature and they call for an appropriate method that will allow for in-depth data gathering method (Babbie, 2007). Informants had the opportunity to speak at length about their experiences. In communication, interviews are seen as a common method used in scientific studies (Jensen, 2002).

Kvale (1996) describes interviews as a theme oriented method where two people have a discussion on a topic of mutual interest to them. Kvale also points out that it is through interviews that the lived experiences of the interviewee could be understood and analyzed. While conducting these interviews, I was guided by the seven stages in the interview process that have been laid out by Kvale (2006). These seven stages that guided me during the interview are grouped into two main parts of before and after processes. Kvale (2006) explains that the stages that fall under the before stage are: thematizing or clarifying the purpose of the interview, designing and laying out the interview process and conducting the interview itself. These help in the planning and conducting of the interview.
The remaining stages are transcribing, analyzing, verifying and reporting. During the data analysis stage, I was also guided by the last four stages as I transcribed, analyzed, verified and reported the results from the data. I collected the interview data in both Ghana and Sierra Leone within three a month period between June and August, 2016. Informants in both Ghana and Sierra Leone were interviewed on two different occasions with the following being the reason for each interview:

A) First Interview- To get to know each of informants better and introduce myself to the informants to gain their trust and to explore the lived experiences of these journalists who reported on the 2014 Ebola outbreak in Ghana and Sierra Leone.

B) For verification of the data by informants.

The interviews in Ghana were conducted between the second week of June and the first week of July 2016. To achieve saturation, I ensured that I got many informants by including all who agreed to be part of the study. In Sierra Leone, informants availed themselves for interviews between the second week of July and the first week of August, 2016. Each interview I conducted lasted between forty minutes to one hour and was recorded with an audio recorder device.

Since many of these were journalists and had come to trust me as a researcher, all the informants agreed to sign the consent forms after I had explained to them that they could opt out of the interview anytime they wished to do so. I conducted the interviews with the support of an interview protocol which can be found in the Appendix (A).
Interview Locations

My interviews with informants from Ghana and Sierra Leone mainly took place in the respective work places of the informants. This is because many of the informants were busy journalists who had agreed to do the interview with me and getting them to move from their various work places proved challenging to them.

Participant Observation

Because I had traveled to the respective countries of these journalists from both Ghana and Sierra Leone, I was able to observe them as they went about gathering, processing and disseminating news in their respective local settings. In the office of the Awoko newspaper where I interviewed a journalists and the editor both of whom reported on the outbreak, I was the given the opportunity to sit in the newsroom while waiting for both respondents to finish their works for the interview to commence. I observed them as they interacted with their colleagues and flipped through their hurriedly written notes in small pocket size notebooks in front of them in the newsroom while they went about their jobs.

This method has been described as participant observation, a process whereby the researcher is given a chance to learn about the various actions and activities of the population he or she is studying in their respective natural host locations (Kawulich, 2005; Marshal & Rossman, 1989).

Marshal and Rossman (1989) defined participant observation as a method that allows one to describe either an event or a behavior of a group of people in their natural
locations in a systematic way. Going by this, I was able to systematically observe and record the news gathering and dissemination process of these journalists.

I selected participant observation as a data gathering tool for studying how journalists in Ghana and Sierra Leone responded to the 2014 Ebola outbreak for several reasons. Many of these reasons are premised on the work of Schenule, Schenule and LeCompte whose 1999 work detailed a number of good reasons that would make a researcher adopt participant observation. They noted that a researcher who carefully uses participant observation has the advantage of identifying how to form new relationships with informants as well as having that relationship guided.

I actively participated in the news gathering activities of my informants in Free Town Sierra Leone. In Ghana I was introduced to the working journalists in the Ghana Broadcasting Corporation newsroom who were busy working on their stories. Another reason given by the three authors for the use of participant observation that relates to why I selected this method is that the researcher gets to know about how things are organized and prioritized and how people in a particular cultural parameters relate to each other.

A good example of this is what I observed in the newsroom of the Ghana Broadcasting Corporation where an editor informant had agreed for us to conduct his interview. I was first introduced to the busy working journalists who were either writing their stories or transcribing their recorded audio interviews from assignments they had attended. As I observed how the newsroom operated, I noticed a giant white board with several assignments and task for the day written on it. The names of reporters billed to cover these assignments had been written by some of the assignments while some others
only had dates written by them. I also observed that the more senior reporters were tasked with assignments that came with some form of prestige like covering the issues on and about the Presidency.

From time to time, a reporter working on a story would also leave his or her desk and consult with another reporter on an issue they felt needed clarification. This is also related to the next reason given by Schenule, Schenule and LeCompte (1999) for using participant observation. Participant observation reveals to the researcher what the cultural members being studied see as important regarding manners, leadership, politics, social interaction and taboos.

Qualitative Content Analysis

In selecting informants for this study, I was guided by news contents that had been written or published by journalists in Ghana and Sierra Leone on the 2014 Ebola outbreak. Aside from semi-structured in-depth interviews with the informants, I adopted Qualitative Content Analysis (QCA) as a means of examining the bodies of articles and stories that were produced by these journalists in the course of the outbreak. Schreier (2012) explains that QCA is a method that describes qualitative material in a systematic way through assigned categories or coded frames.

Data Analysis

According to Patton (2002) data analysis is the process of converting raw collected data into meaningful findings. The process of analyzing the data collected included three steps: pre-coding, open coding, and second cycle coding. I transcribed the audio recorded interviews of each participant into a word document. I then did a careful
reading of each transcript while assigning codes. The final themes will be discussed later in this section.

**Preliminary Jottings (Pre coding)**

There were several steps I followed in the analysis of the data for this study. Before the main coding stage, I made use of preliminary jottings as I collected interviewed and observed informants while in the field. The use of preliminary jottings is in line with the advice of Saldana (2009) that coding should start from the collection and formatting of data stage and not afterwards. This enabled me to capture and record my observations in real time while data gathering was ongoing. To separate the jotted information from the main data I was recording in my notebook, I separated it from the main page of the note book and used a different color from the main color with which I recorded the data. While pre-coding, I also circled, highlighted or bolded parts of the data that stood out to me as I jotted data in my field note book as suggested by other studies (Boyatzis, 1998; Layder, 1998).

**Coding**

**Open Coding**

Saldana (2013) defines a code in qualitative research as a “word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” (p. 3). Coding as used here means to assign a symbol to a portion of a text or a document with the aim of categorizing or identifying it (Hesse-Bieber 2010).
As mentioned earlier, I analyzed the data for this study through the use of open coding at the initial stage. “To build concepts from a textual data source, we need to open up the text and expose the meaning, idea, and thoughts in it. One of the processes of analyzing textual content is Open Coding. Open Coding includes labeling concepts, defining and developing categories based on their properties and dimensions.” (Khandker, n.d, p. 1)

*In Vivo Coding*

During this open coding stage, I read through each of the transcripts and assigned initial codes through an open coding method called In vivo coding which allows for the use of words or phrases that are obtained from the actual language used in the recorded data (Saldana, 2013). Also known as “literal coding”, ‘verbatim coding’, ‘inductive coding’, ‘indigenous coding’ and ‘emic coding’, In vivo coding is seen as a good coding method for analyzing qualitative data (Seldana, 2013). By applying this method, I was able to capture direct quotations and the true feelings and expressions of the informants in the data. Table 6 shows an example of how I performed this initial in vivo coding.
**Example of In Vivo Open Coding**

<table>
<thead>
<tr>
<th>In Vivo Coding</th>
<th>Properties</th>
<th>Informants words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignorance</td>
<td>No knowledge about Ebola</td>
<td>“I mean we had never come any close to Ebola”</td>
</tr>
<tr>
<td></td>
<td>Lacking experience in covering the outbreak</td>
<td>“So we didn’t know we to start”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Even we journalists were ignorant about Ebola”</td>
</tr>
<tr>
<td>Training</td>
<td>Not being trained on how to cover the outbreak</td>
<td>“I had never been trained in reporting on disease outbreak”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Being untrained, not knowing much about Ebola”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“As part of our preparations we organized series of trainings for the Ghanaian journalists”</td>
</tr>
<tr>
<td>Tough Challenge</td>
<td>The difficulty in covering Ebola</td>
<td>“Yea it was tough”. So it was very challenging in those days</td>
</tr>
<tr>
<td>Government response</td>
<td>Poor response from government</td>
<td>The government was completely clueless</td>
</tr>
<tr>
<td>Access to information</td>
<td>How to get information from sources</td>
<td>“To a large extent there was access to information”</td>
</tr>
<tr>
<td>Precaution</td>
<td>Making sure one is not infected</td>
<td>“in my newsroom here I cautioned all reporters that ‘don’t you ever go to any Ebola treatment center. just don’t go there”</td>
</tr>
</tbody>
</table>
**Pattern Coding**

Saldana (2009) notes that second cycle coding is a method used to re-organize an initially coded data to form categorize. This cycle of coding is therefore concerned with 'developing sense of categorical, thematic, conceptual and or theoretical organization from your array is second cycle codes.' (P. 149). After initially coding my data with In vivo, I decided to apply the second cycle coding method known as pattern coding, to assist me in finding patterns, categories and themes that are embedded in the data. Saldana (2013) explains pattern coding as "explanatory or inferential codes, ones that identify an emergent theme, configuration, or explanation. They pull together a lot of the material into a more meaningful and parsimonious unit of analysis." (p. 210).

As a second cycle coding, Pattern coding, as suggested by its name helped me to cluster some of the initial codes that were similar into themes. Table 7 below shows an example of pattern/thematic coding.
Table 7

Example of Thematic Coding

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Responses</th>
</tr>
</thead>
</table>
| Professional Experience | Ignorance and In experience | “I mean we had never come any close to Ebola”
“Here in Ghana our coverage of Ebola was guided by our previous report on Cholera”
“We didn’t know where to start”
“We were reporting Ebola the same way we were reporting conventional stories”
“Initially we didn’t know to respond health emergencies”
“we were mixing up the messages”
“people said it was a curse

| Challenging |                                                                 | “It was a challenging period”
“they chose to give information to the foreign media over us in Ghana
“you had to fight to get your story and at the same time make sure you are not infected”
“Sometimes it was scary”
“it was very dangerous to the extent that one journalist died” |
Table 7: Continued

| Ethics | “With Ebola patient you had to be extraordinarily careful for both safety and ethical reasons”
|        | “had to be careful how you spoke to them otherwise you’d appear to be insensitive” |
|        | |
| Evaluation | | |
| Assessment | “I think the media fought half of the battle”
| | “We the media in Sierra Leone made it easier to fight Ebola”
| | “Other partners who recognized our role and contribution”
| | “I commend the Ghanaian media”
| | “The media failed badly in setting the right agenda.” |

Apart from analyzing the interview data from informants in Sierra Leone, I also analyzed some of the news content and texts produced by these journalists as they reported on the outbreak. The aim was to find out if there was a connection between what the informants revealed to me in the interview and what they produced as news coverages on the outbreak. Units such as headlines, story leads and overall tone and content were qualitatively analyzed through an inductive approach to find out whether they were consistent to how the informants claimed to have covered the outbreak. Findings of these texts analyzed are presented alongside the findings from the interview data.

For instance, in a situation where an informant talks about how he or she covered the outbreak in the interview data, I also present evidence of findings from a news
publications by that same informant to show whether they are in line with what the
informant might have said. In short, screenshots of some news publications by informants
during Ebola are added to the theme findings from the interview data to act as a
compliment and enrich the findings from the data.
CHAPTER 4: AFRICANS REPORTING FROM EBOLA FRONTLINES

Reporting War and Ebola in Sierra Leone

In line with Deuze’s (2005) argument that journalists think of their profession as going beyond just informing people, journalists who reported on the 2014 Ebola outbreak in Sierra Leone saw themselves as more than carriers of information during the pandemic. They had the responsibility to build the confidence of their fellow citizens and spread hope in a hopeless situation. The styles of reporting differed from one journalist to another depending on one’s orientation of what journalism is about. During the outbreak, journalism concepts such as objectivity, fairness, ethics and editorial autonomy, as known in western journalism scholarship were viewed differently by these journalists. As an informant told me, “Here in Sierra Leone, the times called for a different approach to the way we did our reporting (Fred, Interview, July 19, 2016).

From July 31, 2014 when the government of Sierra Leone declared a state of emergency in response to the Ebola crisis, Barbash (2014), to the end of the outbreak in 2016, these journalists referred to themselves as being at the frontline of a war like situation. To them, Ebola was the adversary and everyone saw it as a duty to fight the outbreak until victory was won. In the interest of the country, journalists who reported on the outbreak in Sierra Leone told me that risks were taken and personal safety were at times compromised for the general welfare of the nation. Some journalists traveled to the Guinea-Sierra Leone border to trace the history of the outbreak, made frequent visits to the Ebola treatment centers, interviewed Ebola patients in quarantined areas from behind safety curtains and frequented the burial sites to witness the mass burial of Ebola victims.
My field research trip to Sierra Leone to study the news gathering, production and distribution process by Sierra Leonean journalists yielded rich results in the form of findings. In a country ravaged by poverty, I saw not money, but passion and dedication to duty as the main factors that motivated these men and women as they brought news to their people. During my work in Sierra Leone, my friend, an informant who works at Star Television and radio as a reporter and news caster made sure that I was embedded as much as possible in the daily routine of his news gathering process. My background as a journalist from Ghana came in handy and ensured the smooth realization of this goal. I observed him and his colleagues in the newsroom making telephone calls to do verification checks on information they had gathered.

During the time I was in Sierra Leone, I would either join him in a vehicle or we would both be at the back of separate motorcycles on our way to either a press conference or some other news event. The highlight of my experience was when we both once had to walk in what he called ‘light rain’ to interview a Minister of State with whom he had booked an appointment. Such is the dedication I observed on the parts of the other journalists I later encountered as we attended several news events in Sierra Leone, a country that has been described as being one of the poorest in the world despite being rich in natural resources and minerals.
Although Ghana did not record any case of the 2014 Ebola outbreak, it is still important to study how journalists and their media houses in the country responded to the pandemic in terms of coverage. The geographical location of Ghana in relation to its neighbors Guinea, Liberia and Sierra Leone allows for easy movement of people between these countries. Porous borders, lack of effective immigration measures and trading activities are among the factors that keep bringing peoples of these nations in contact with one another. Also, as an engaged member of the Economic Community of West Africa States (ECOWAS), Ghana tries to keep abreast with important news in the region. Ghana is one of the countries in West Africa with a vibrant media presence (Gyimah-Boadi, 2009).

The Ghana media in comparison to the media of other countries in the sub-region is noted for its role in deepening democratic activities in the country (Arthur, 2010). It is imperative to study how the media in Ghana also performs when it comes to covering a health emergency outbreak that is close to the borders of the country.

Comparing Findings from Ghana and Sierra Leone

This section of this chapter lays out the results from the data collected from both Ghana and Sierra Leone about how journalists and other media practitioners who reported on the 2014 Ebola outbreak narrate their experience. My study hopes to contribute to scholarship about journalism and media practice in Africa in times of health emergency outbreaks. The innovative methods they used, the challenges they faced and how they overcame these challenges while reporting on the pandemic were the main
concerns of this study. The findings illustrate the characteristics of an African approach to reporting on health emergency outbreaks.

The chapter has been organised into two main sections according to the two broad themes of *Professional Experience and Self Evaluation* which emerged from the findings from both countries. Saldana (2013) describes a theme as the final product of ‘coding, categorization, or analytic reflection.’ (p. 14). In line with Rossman and Rallis (2003), themes used here are phrases that best represent or convey the implicit meanings of what informants discussed in the interviews. Each of these broad themes has different number of sub-themes that help shed more light and explain the major broad theme that it supports. This is because each broad theme represents a different set of functions and experiences based on what informants said about their coverage of the outbreak. For instance, because the first theme of *Professional Experience* represents informants’ lived experiences while reporting on the outbreak, it has the following sub-themes under it: challenges, ethics, training, inexperience, innovation and messaging.

The second theme of *Self Evaluation* on the other hand represents how informants evaluated their performance regarding reporting the outbreak and thereby setting the right health agenda in their respective countries. The *Self Evaluation theme* also contains part of the findings that helps to characterize an ‘African approach’ to reporting public health crisis in Africa. Thus, the second theme of *Self Evaluation* has two sub categories of: African approach to public health reporting and self-assessment under it.

With no importance attached to the order in which they appear, each section in the remaining part of this chapter begins with a layout of the findings from Sierra Leone, i.e
the broad theme and the various sub-themes that emerged from the Sierra Leone findings. First, however, the Sierra Leone section opens with a brief introduction about the role the media in Sierra Leone played during the Sierra Leonean civil war in the 1990s. This is because journalists in Sierra Leone informed me of how they related covering Ebola to covering the war at that time. In both cases of covering the civil war and Ebola, journalists in Sierra Leone required some form of precaution and protection to do their work in such times.

To be able to do an effective comparison of findings from both countries, a layout of the broad themes and sub themes from Ghana will follow after the Sierra Leone findings have been presented. Such comparison of themes and sub themes in the findings from both countries will show how journalists in the two countries responded to the Ebola pandemic of 2014.

Sierra Leone: From War Reporting to Ebola Reporting

Journalists in Sierra Leone who may be advanced in age have two major events etched in their memories regarding their journalistic practice: the 1991 civil war and the 2014 Ebola outbreak. Khan (1998) and Bau (2010) have both written about the media and the role it might have played in the 1991 civil war in Sierra Leone. For the purposes of this study, sections of the works by Khan and Bau above will be described in the course of presenting the findings from Sierra Leone. This is to help put in context references made by some journalists who related their coverage of Ebola to their experience in covering the civil war in the country.
Comparison of Themes from Findings

Theme 1: Comparing Professional Experience in Covering Ebola in Sierra Leone and Ghana

Sierra Leone

Professional experience as used here refers to the various issues that journalists encountered as they reported on the outbreak. In narrating their professional responses to reporting on the 2014 Ebola outbreak, informants from Sierra Leone were particularly articulate about major issues they faced. These issues which have been described as sub-themes included: Their feeling of ignorance and inexperience, the challenges they faced, the ethical dilemma that came with reporting on the outbreak and the types of messages they sent out about the pandemic. Other issues also included corruption, training and collaboration with other reporters. Starting with how challenging it was to report on the outbreak in Sierra Leone, the sub themes that fall under the broad theme of ‘Professional Experience’ are explained next.

“Reporting on Ebola Was a Challenging Task”

Reporting on Ebola was a challenging task because you had to fight to get your story and at the same time make sure you are not infected. Sometimes it was scary. I remember walking into that room where you had over thirty survivors, and the medical officers will tell you to have no fear, and they are now safe and nothing will happen to you. But then they themselves were wearing protective gear, they were wearing long sleeve, and you did not see any of them holding and hugging and commiserating with these people as such. And being the very
watchful people that we are as journalists, you would always ask yourself whether these people were telling the truth. (Dave, Interview, July 20, 2016).

These were sentiments expressed by an informant who recounted to me the various issues journalists encountered as they went about covering the 2014 outbreak of Ebola virus in Sierra Leone. It reflects the personal experiences of men and women in Sierra Leone who put their lives at risk and on the line to report from the frontline of the outbreak in Sierra Leone. Sierra Leone journalists said they were usually among the key people to distribute information during the Ebola outbreak. This meant that they paid frequent visits to hospitals, treatment centers, quarantined places and even the mortuaries in their bid to get information. All these activities heightened the risks involved in their job and made reporting on the outbreak challenging.

Collins (2001) noted that the nature of health reporting puts journalists who cover health issues at risk. The study argues that apart from potentially being infected with the disease one is covering, journalists covering health related issues also experience psychological stress. Journalists across the world risk their lives to bring global health issues to the attention of the world. As a health reporter, Karimeje (2011) who has reported from the frontlines of several infectious diseases in and around India compared the dangers of health reporting to that of war zone reporting. In Africa where media institutions have meagre resources for instance covering emergent infectious disease comes with various risks.

Another informant recounted how challenging reporting on the outbreak was and the sacrifices journalists had to make. The emphasis of this informant was on the
particularly dangerous role local journalists in Sierra Leone had to play as compared to foreign journalists who had flown into the country to report on the outbreak. He recalled that the foreign correspondents of Western media institutions who were flown to the country to report on Ebola arrived on the scene with adequate protective equipment and assurances of quality health care in case they are infected.

He contrasted this with the situation of local Sierra Leone reporters who he noted were the first to respond to the outbreak. The challenges were enormous on the side of the local journalists who even though knew about the dangers involved had to draw on their sense of nationalism and commitment to duty to report on the pandemic.

For us local journalists, it was very dangerous to the extent that one journalist died in a place called Daru. A nurse had become infected at a hospital in Kailun and she ran away. This journalist wanted to be very brave so that he could get the first-hand story and went very close to her to interview her. He succeeded in getting the interview because by then a lot of us did not have that story of somebody who has contracted the disease to show what they were experiencing and so he got the story but unfortunately for him he also became infected and he died. (Interview, July 25, 2016).

In all, two journalists, Victor Kassim, a journalist who worked with the Catholic Station Radio Maria and Mohamed Mwalim Sheriff who worked with Eastern Radio, died in the line of duty during the Ebola pandemic in Sierra Leone (Nkanga, 2014). Victor also lost his entire family to the outbreak. The deaths of these two journalists and their family members attest to the point raised by the informant above. Journalists in
Sierra Leone were at a great risk when they were reporting on the 2014 Ebola outbreak in the country.

Still, on the challenging nature of their works in Sierra Leone, informant Jake noted that the work of journalists in Sierra Leone during the outbreak exposed them to several risks. His comment suggested that the job journalists in the country did could be likened to that of the risky role that health workers also played during the outbreak. It is estimated by the World Health Organization that about 6.85% of health workers lost their lives to the outbreak (WHO, 2015) Informant Jake revealed to me how close he came to being infected with the Ebola virus through his work.

He told me that he was the first journalist to go to the Eastern part of the country to interview Sierra Leone’s only trained virologist, Dr. Sheik Umar Khan, who later got infected with the virus and died in some days time. Dr. Sheik Umar Khan, a 39 year old specialist in viral hemorrhagic fever was Sierra Leone’s only virologist during the outbreak became infected with Ebola after he had treated a number of Ebola patients in the country and died in 2014 (BBC, 2014).

A BBC report about Dr. Kahn observed that his death shocked the entire nation, particularly since it had come at a time when Sierra Leone was battling with the Ebola outbreak which was claiming lives. Dr Kahn’s work, like that of several other health workers in the country demanded that he operated in close contact with patients of the deadly Ebola virus. Before his death, Dr Kahn worked at the Kenema Government Hospital in Freetown Sierra Leone, one of the places that was largely affected by the
virus (BBC, 2014). With his eyes fixed on the tape recorder being used for the interview, I saw a look of horror on Jake’s face as he narrated his narrow escape from Ebola:

At some point I thought staying in Freetown and making phone calls, relying on government data on the information to be reporting was just not enough. And I thought I had to go out there to get the human misery. So I went to the East of Sierra Leone, probably the first journalist who went out there when the virus had been confirmed to exist in the East. And I went there and did what turned out to be the last interview with the country’s only virologist Dr Sheik Umar Kahn. After my interview in about a week he was confirmed positive and the fear was do I have the virus myself? I had some scares. At a point my temperature shot up considerably and I thought I had the virus so I had to confine myself at home without touching my kids and any member of my family but without letting them know that I was being precautionary and for that matter spread fear in them. So it was a very huge balancing act, getting the story to be able to report on it fairly and also being safe. (Jake, Interview, July 24, 2016).

Jake might have dodged the bullet but his other colleagues who succumbed to the disease were not so lucky. Meanwhile, although Jake did not get the virus, the mental state in which he found himself between the times he thought he had contracted the virus and when he found out that he did not have the virus is what Collins (2001) notes as psychological stress of health or medical reporters.

When I asked informants about some of the challenges they faced in the course of reporting on the outbreak, they pointed to the issue of lack of adequate resources to
support journalists in travelling to rural places and protecting themselves during the outbreak. The resources they mentioned included transportation and protective gear. This informant who mainly covered the farming communities in the rural areas during the outbreak made this observation about the challenges he and his other colleagues had to face:

The resources are not there. As a Sierra Leonean journalist, your institution will hardly support you to go on such expeditions, explore the rural areas and get the news even though you are going there in the name of the institution. So you have to rely on what you have or the support of a few organizations and individuals who will have the means to transport you to those areas. The problem with this approach however is that there will not be enough time for you to gather the information you might need by the time the organization wants to return to the city. So those were some of the limitations we had and still have as journalists covering the Ebola. Your institution will hardly support you to go to the rural areas except very few institutions (Adams, Interview, July 29, 2016).

Another informant who also reported for his newspaper mainly from the rural areas recounted how he faced the challenge of transportation from one place to the other when the ban on movement and people was in full force during the outbreak. As a local journalist, he knew that he would be allowed to move freely from one place to the other but this could only be possible if he drove his own vehicle.

Even though my newspaper supported me to travel to the rural areas, I had to move around in commercial vehicles which were not allowed to move after 6pm.
I tell you, there were times I had to sleep in some of these commercial buses so that I could continue my journey the next day. It was very difficult if you moved about in commercial vehicles as a reporter at that time. (Eben, Interview, July, 30, 2016)

Ghana-Reporting Ebola from a Distance

The findings show that since there was no outbreak of Ebola in Ghana, only journalists who reported on the outbreak from Sierra Leone experienced the various challenges that have been described above. Throughout the interview with Ghanaian journalists, there was not a single mention of how challenging it was to report on Ebola in Ghana as experienced by their Sierra Leone counterparts. One informant who reports for Daily Guide in Ghana observed that distance played a major role in determining journalists experience in covering Ebola:

The difference lies in whether you are an African journalist who was in the countries where the Ebola outbreak occurred or you are like those of us who were not in the countries where the outbreak occurred. I think those who were in the countries where the Ebola outbreak occurred will have a better view of the situation in terms of the proximity to the issues that happened. They will see first-hand what the people were going through as compared to those of us in the same African continent but were in countries where there were no Ebola cases. For us, it would be like we get sources or information from second hand because we would see it first and then report. It was quite different but similar because we were reporting on the same number of cases and the same number of deaths, the
difference being our proximity to the issues and situations (Interview, June 19, 2016).

Meanwhile, it became clear from the findings that one’s level of exposure or experience in health or medical coverage as a journalist affected how they went about their reporting on the 2014 Ebola outbreak. Clearly, the issues of ignorance or inexperience as discussed in the next section as a sub theme affected how journalists in these two countries responded to the outbreak.

Sierra Leone: Reporting Ebola in Ignorance

“*We Did Not Know How to Report on Ebola at First*”

None of the informants I interviewed in Sierra Leone described themselves as health or medical reporters. This supposes that many of the journalists who reported on a scientific and medical situation like Ebola in Sierra Leone had no hands-on knowledge and the skills required in reporting a sophisticated emerging disease like the Ebola outbreak in 2014. From what informants told me they initially saw it as a normal way of reporting stories until they had to change the template for reporting on the disease. This informant admitted that many of the journalists that reported the outbreak got it wrong because they were ignorant about the nature of the disease and how to communicate it.

Yea it was tough. I mean we had never come any close to Ebola. I had heard about it when it broke out in Democratic Republic of Congo, former Zaire and of course Uganda but I had never come any close to the outbreak. So we didn’t know where to start, how do you cover it and ensure you are safe, how do you cover it and make sure that people understand what you’re talking about, but also how do
cover it and ensure that people learn and try to prevent themselves from becoming victims. It was very tough, not only because you had to let the world understand how serious the whole crises was but to be able to do so and keep your family safe. (Jake, Interview, July 20, 2016).

The quotation above is by Jake, a Sierra Leonean based journalist, editor and publisher of Politico SL, a local newspaper in Sierra Leone that played a key role in reporting on the 2014 Ebola outbreak. He summarised his professional experience regarding covering the 2014 outbreak. As a well-known journalist, Jake also reported for foreign news organisations such as BBC and NPR during the outbreak in Sierra Leone and won the Peabody Award for his role in covering the 2014 Ebola (Hornak, 2015). As he intimated to me, reporting on Ebola was different from reporting on any other ‘normal’ issue. Reporting styles and news-gathering approaches had become altered due to the outbreak in the country. He narrated how the pandemic even changed the manner journalist did their work in the country.

On a normal day I’d go anywhere in Sierra Leone. I’d grab my microphone and interview anyone. But during the Ebola outbreak I had to keep making sure that my microphone, nobody spoke into my microphone that spits some saliva into my microphone and that person was carrying the virus. The fear was that I might be infected. We were a bit knee jerk but I think we had to be knee jerk to keep ourselves safe. (Jake, Interview, July 20, 2016).

Jake’s reference to journalists in Sierra Leone being ‘knee-jerk’ in their reaction to the outbreak meant that he and his colleagues had no time to find out what the disease
was about due to its sudden outbreak. They had to respond to the outbreak immediately as reporters and be spontaneous in their reaction to the outbreak by finding their own sources about Ebola on the internet and elsewhere.

As other informants later informed me, this impulsive reaction from the journalists resulted in the first mistake they might have created in sending messages about Ebola to the public. The information they found from the internet suggested that Ebola was a deadly disease and this is what they put in the news during the outbreak. Since some sources from the Ministry of Health had also endorsed the message that Ebola was a deadly disease that had no cure, fear and panic was created in the people who heard this news. As a result, people started seeking help from other sources such as traditional healers.

Another informant, the editor of the Awoko newspaper in Sierra Leone compared coverage of the civil war that broke out in Sierra Leone in 1991 with covering the outbreak and noted a striking difference. He recalled how the coverage of the decade-old civil war in Sierra Leone even though was dangerous, was nothing compared to the coverage of the Ebola outbreak in the country.

We had never covered a medical emergency. We were used to the war, and that was a different type of coverage. Experience wise we learnt a lot. We learnt a lot of lessons, had a lot of training over medical emergency and I think for this purpose, if it happens again, we are much more prepared to handle such situations and the stories that will come out of that. It was at some point traumatic, but as journalists, it was part of our profession to be able to withstand those things and
continue to do what we do best which is to inform the people. (Dave, Interview, July 24, 2016).

When talking about his experience in reporting on Ebola in Sierra Leone, Dave, as could be seen from the above quotation made reference to the coverage of the civil war in Sierra Leone in 1991. As media practitioners, journalists in Sierra Leone who covered the civil war know about the role the media played in the war. It has been established that mass media play certain important roles in conflict issues (Pauddephatt, 2006). Regarding the civil war in Sierra Leone that lasted for over a decade, the media in Sierra Leone have been described as playing a partial role (Khan, 1998).

Bau (2010) referred to Khan’s (1998) work: *Journalism and Armed Conflict in Africa* which investigated the influence of the media during the war. The study reported that the military commanders from the government side felt that the media through their reportage made the government troops feel demoralised. The commanders told Khan that the media in Sierra Leone were biased in their reportage during the war. They claimed the media had reported the rebels’ advances and refused to report the successes chalked by the military. As a result, the soldiers were ordered to stop listening to the radio so that they are not impacted negatively by the reports.

During conflicts, Pauddephatt notes that the media could either be actively engaged in the conflict and increase violence as a result or decide to stay outside the conflict and dedicate their efforts towards resolving the conflict and achieving peace. Whichever side the media decide to choose is dependent on factors such as the independence enjoyed by the media prior to the conflict and the existing relationship
between the media and the actors involved in the conflict. Journalists in Sierra Leone revealed that the coverage of two horrific events, the 1991 civil war and the 2014 Ebola outbreak have all in a way shaped and affected how journalism is practiced in the country in times of emergencies.

Also on the issue of inexperience of Sierra Leone journalists in health reporting, Fred, who works as the editor-in-chief of the University Radio in Sierra Leone also shared his concern about the inexperience of journalists covering the outbreak. During the outbreak, Fred reported for his station and also collaborated with other media houses in the country to work on a joint radio campaign program known as the Independent Radio Network (IRN) to help educate the people of Sierra Leone about Ebola. He informed me that the IRN was aimed at educating the public on Ebola. This is how Fred narrated his experience in covering the outbreak.

Initially we didn’t know how to report health emergencies because of I would imagine our editorial policies. We were reporting Ebola the same way we were reporting conventional news stories. But with the passage of time after interacting with the CDC and other health experts, we realised we needed a paradigm shift, because what health emergency does is to tell people what to do. (Fred, Interview, July 19, 2016).

Fred’s assertion that journalists from Sierra Leone who reported on the 2014 Ebola outbreak did so with the same orientation they used in reporting on other non-medical issues was a view shared by many informants from Sierra Leone. As the journalists from Sierra Leone themselves indicated, this might have wrongly affected
how their messages were received by the public. The question that arises is whether these journalists did the wrong thing for reporting the outbreak the old way they knew how to?

Gasser-Edelsburg & Shir-Raz (2017) argue that the media cannot take the sole blame in such instances. They opine that journalists cannot be the only people who are to blame for the media’s inability to serve as a watch dog when it comes to public health issues, adding that collaboration between medical sources and journalists could assist reporting of medical issues. Fred also recalled that it was the intervention of the CDC that helped change the situation somehow. He said the CDC’s interactions with local media houses in Sierra Leone urged some media houses to change their editorial policies. These interactions he remembered centered on the effective ways that the media could communicate the outbreak.

A case in point is my radio station, we don’t opinionate, we don’t editorialise, we only give news and information and allow people to make their judgment. So now, that paradigm shift from making news available and allowing people to make judgment to moving to a position where we need to tell people what to do was a major paradigm shift because when you’re telling people what to do and what not to do, you’re taking a position. (Fred, Interview, July 19, 2016).

Fred’s point above showed that there was a shift in editorial policies of local media houses who were covering the outbreak the old way they were used to. The CDC through these interactions urged journalists and their media houses to take the educational approach in their messages. The media was also to desist from sounding alarms and creating fear in the people through their reports. This informant also shared his
experience regarding how ignorance might have hindered how the outbreak was covered in Sierra Leone. Unlike the rest who spoke about ignorance, this veteran journalist in Sierra Leone and the proprietor of Citizen Radio explained that the level of ignorance among the public made the disease hard to fight through the media, “When Ebola broke out in the east part of the country, Kailun, our people didn't believe that it could be explained scientifically so they said it was sickness that came through Guinea that someone was cursed. This ignorance made the disease a little difficult to fight” (Awal, Interview, July, 19, 2016).

There was also ignorance on the side of the government of Sierra Leone. Esther, an award-winning journalist who works with Sky Radio in Freetown Sierra Leone, said she felt ignorance on the part of the government might have affected the way coverage of the outbreak was impacted. In the early part of the outbreak, Esther said she took it upon herself to travel to the Guinea-Sierra border to investigate whether Sierra Leone was under threat of being infected with the disease.

It started with the government not accepting what was going on. Because when Ebola was in Guinea around February and March 2014, the government was still not accepting that Ebola was around. So I travelled to Guinea to confirm whether Ebola was here and also to see what was going on at the border point. It was in Guinea at that time but not in Sierra Leone. But whiles coming back I realized that on the main border point, the northern part of the country, the medical check-up system at that point was not too good, it was very weak. Even though they had a particular point where water was placed to wash your hands, it was not
compulsory. I came back on March 14, 2014, and did a report on Radio Democracy and the Chief Medical Officer, had to respond that yes indeed Ebola was in Guinea, but they were putting things together to ensure that preventive measures are put in place. (Esther, Interview, July 19, 2016).

Meanwhile, findings from the Ghana data as spelt out in the next section tell a different story as Ghanaian journalists say they were guided by their previous experience in health reporting. The data revealed that the experience of Ghanaian journalists in covering previous health related issues guided them in communicating about Ebola to their audience.

Reporting Ebola as a Network of Health Reporters in Ghana

“We Have a Network of Health Reporters”

Unlike their counterparts in Sierra Leone, journalists who reported on the outbreak in Ghana said even though they did not know a lot about Ebola, their coverage of Ebola was guided by their coverage of cholera outbreak in the previous year in Ghana. Informants from Ghana told me that the occasional outbreak of cholera in Ghana was the reason some journalists in the country organized themselves into a group of health reporters. Known as ‘Media Network on Health’, informants from Ghana said each member of the group represented his or her media house as a health reporter. Afia, a female reporter from Ghana summed up the main function of the group and how its members were active in the 2014 Ebola reporting,

We have a network of health reporters: Media Network on Health is the name of the group. We were so much involved when this issue came up. Our colleagues
From other media houses were always calling to check the next action and also bringing ideas on what needed to be done (Interview, June 19, 2016).

I asked this informant to explain how she thinks Ghana’s journalists’ experience in covering Cholera in 2014 helped shape their reporting about Ebola in neighboring West African countries.

For us in Ghana, we were coming out of an outbreak of cholera in the year 2014, so with the precautionary measures we were taught or trained on in reporting such cases, I think it was the same thing we used in reporting the Ebola outbreak here in Ghana. We reported on the number of cases, what is being done about it, and we also reported on the number of deaths and what people should do in case they have symptoms. So we focused on the preventive measures and the symptoms of the diseases. As Ghanaian journalists, I can say we were guided by past experience of reporting on the outbreak of Cholera in Ghana (Interview, June 11, 2016).

This informant also told me that because she has been reporting for the health desk of her newspaper for the past five years, she gained some experience in reporting on health matters such as Ebola. According to a Unicef report, Ghana recorded its first case of Cholera outbreak in 1970 (Unicef.org, n.d). From the 1970s, the report indicates that there was a general decrease in Cholera outbreaks in Ghana between the periods from 1990 to 2010. However, the years 2011 and 2012 saw a surge in Cholera outbreaks in the country, resulting in large cases being reported. For example, between 1998 and 2013,
the Unicef report quoted the number of reported cases of Cholera in Ghana as 55,784. Of these, there was a total of 1,095 fatalities in the country.

Although the outbreak was described as national in nature, the majority of these outbreaks happened in areas with high population density such as the Greater Accra Region and the Ashanti Region as well as along the coastal regions of the country. The report noted that Ghana experiences occasional Cholera outbreaks which comes into the country across borders of countries like Nigeria, Togo and along the Guinea coast. The report also observed that between 1998 and 2013, Ghana’s coastal regions of Greater Accra, Central, Western and Volta accounted for 70% of cholera cases in the country.

The northern part of Ghana has also recorded some degree of cholera outbreaks. Between 1998 and 2013, the northern part of Ghana recorded less than 10% of the entire cholera cases that were reported. In times outbreak distribution, the Unicef report noted that the outbreaks in Greater Accra, Central and Eastern occurred at similar times-all-year round and were connected as a result of movement between these regions. Meanwhile, the Ashanti and northern regions of the country recorded seasonal outbreaks of cholera between June and September, a period that usually fell around the rainy season of the country when there are usually more movement of people from region to the other. (unicef.org, n.d).

The media play an important role in sending health information to the public (Johnson, 1998). In a study conducted about the number of people who rely on the news media for medical information, 75 percent of the people surveyed said they pay either 50 percent of attention (moderate amount) or 25 percent of (great deal) of attention to
medical and health news from the media. The study also found that 40 percent of respondents said their primary source of health news was television while 36 percent saw doctors as such. This underlines the importance of medical news in the media (Johnson, 1998).

Health and medical related news are an important source of information that can influence the decision of many including health care practitioners, policy makers and the general public (Johnson, 1998). Even though health or medical news is supposed to be accurate, timely and devoid of factual errors, such publications are sometimes seen as inaccurate (Larsson, Oxman, Carling, Herrin, 2003). As recounted by some journalists in Ghana their decision to form a network of health reporters have benefited their media houses immensely in terms of getting access to health information and sending out accurate news.

The data in Ghana further revealed that, a number of health journalists who covered Cholera outbreak in the country in the year 2014 were the key reporters on Ebola for their various media houses. They resorted to the use of various new media technologies and innovative ideas to collect process and disseminate health information about Ebola. In her interview, an informant who works with Ghanaian Times recognized that although the two diseases, Cholera and Ebola were different in many areas including mode of infection and treatment, when it comes to covering these outbreaks as a journalist, there was not much of a difference.

She explained that in each situation, a journalist would have to visit hospitals and seek information from health sources:
It wasn’t too different from what we have been covering already like cholera. With Cholera, we would go with the ministry of health to the hospitals where people were there, you will see the stool and vomit on the ground but we go and come back to report but nothing happened to us. So it was quite the same way as reporting with cholera but with Ebola because the death and contagious rate were high it was difficult for us to come to terms with it. (Yaa, Interview, June 16, 2016).

Other informants, I interviewed also mentioned how covering the outbreak of Cholera in certain parts of Ghana became a useful point of reference when they were covering the outbreak of Ebola. For instance, this informant who reports for TV Africa told me that the cholera coverage in Ghana forced some journalists to think about the delicate nature of reporting on health outbreak, something he wasn't doing at first. He believed that the coverage of cholera served as a preparatory stage for Ghanaian journalists who later covered matters relating to Ebola in the country;

I'd say the coverage of cholera in the previous year gave me an idea of what to do when I was asked to report on Ebola issues. I had already developed some relationships with some of the doctors and health professionals from the various hospitals so I could just phone them and ask for an interpretation or validation of something I had heard and they'd tell me. (Interview, June 26, 2016).

As shown above, findings in this study showed that journalists in Ghana and Sierra Leone had varying experiences regarding health reporting experience. While journalists from Sierra Leone who reported on the outbreak said they had not engaged in any kind of
health reporting thereby making them quite unprepared for communicating Ebola to their audience, their colleague journalists from Ghana said their report on Ebola was guided by their previous experience of covering Cholera outbreak in the country.

**Ethical Dilemma of Reporting Ebola in Sierra Leone**

*“We Needed to Be Careful about Safety and Ethical Reasons”*

Journalists are bound by codes of ethics in their profession (Dugan, 2008, Ward, 2009). Ward (2009) argues that the purpose of an ethical code in journalism is that journalists and their media organizations are answerable to the public in what they report. This responsibility is what drives journalists to ensure that the news reports are always credible. The issue of ethics is critical especially when one is reporting on a health emergency outbreak like Ebola in Africa where cultures are so diverse.

According to informants, the sudden outbreak of the virus in Sierra Leone caught journalists in the country off-guard and unprepared. These journalists who reported on Ebola stories in Sierra Leone told me that one of the major challenges that they had to contend with was the challenge of ethics in journalism. One informant summed the issue of ethics in reporting on Ebola this way:

You couldn’t talk about Ebola patient or any patient for that matter without seeing and knowing how they were looking after themselves. With Ebola patients you had to be extraordinarily careful with both safety and ethical reasons. Somebody was seriously sick in bed almost receiving palliative care. You had to be careful how you spoke to them otherwise you’d appear to be insensitive to them. So those
were some of the challenges we faced but we still managed to get the news (Interview July 26, 2016).

Although journalists in Sierra Leone knew that the ethical aspect of journalism requires one to be truthful at all times and only report the facts, following this principle was difficult for them. As Peter explained, the issue of ethics did not come as a straightforward choice or not but something that had to be negotiated based on the environment in which they were operating from. Peter recalled how they had to go altering the truth, something he called unethical for effective communication purposes:

Yes, we had to alter the truth because if the truth really came up that nobody, that doctors were dying, hardly any doctor survived the virus, people would be discouraged. But based on your system, the way you are built, I think there’s some truth in it but sometimes we could lie that well, this has happened and so many people in this village are turning up in hospitals in their numbers and they are beating Ebola. (Peter, Interview, 17 July, 2016).

Journalists who were reporting on the outbreak were not the only ones who had to deal with such ethical issues. Informants who also edited news stories about Ebola in Sierra Leone also said they were faced with equal ethical dilemmas. Their dilemma had to do with whether to include information they saw as discouraging or not. After reporters had written various angles of the Ebola story including the horrific accounts of how the virus was claiming lives, the burden of which story to include in the news were left to the editors. One editor informed me that the ethical challenge for editors was heightened when after hearing good news of Ebola patients recovering the disease,
reports started coming in that such survivors of Ebola may still carry the virus in their semen.

We started hearing stories about relapses. About Ebola staying in the eye, about the bad effects where some people were going blind, some people going deaf, having continuous body pain etc. It was challenging sometimes because we had to weigh when you were editing the stories: are you going to put the negative aspect or wait. There was a critical time in which that judgment was very painful because you heard stories about people who were having a relapse, people who were going blind, and you wondered whether that was the right moment to talk because we were coming from a period where people did not believe that there was Ebola. There were stories that Ebola was something, witchcraft. That a witchcraft aircraft was flying and fell down and that is what caused the death of people. (Interview, July 24, 2016).

Dave’s experience above is a reflection of the struggle journalists in Ebola-stricken countries had to go through even in terms of deciding what constitutes news during health emergency outbreaks in an African country. As earlier mentioned, the issue of suspicion and ignorance on the part of the people in Sierra Leone, some of whom thought Ebola was a hoax, also made fighting the outbreak a difficult task.

The informant above explained how challenging it was to be ethical at a time when the public had begun to doubt that, yes Ebola could be cured. This challenge of ethics came in the form of whether to tell the truth about how even though the outbreak
was thought to be going down there were new reports that challenged that particular narrative.

We were moving from the state of that denial because it had created the situation where people in the provinces were not coming forward, they were not coming to the hospitals because the narrative then was if you had Ebola you were going to die. There was no cure for Ebola, so when we moved from that situation and the narrative had started changing and people were believing now that some people were cured, and some people who had Ebola were saved after running to the hospital, we wanted to stick to that. (Interview, July 23, 2016).

Dave said the major challenge arrived when the narrative started changing. He recalled how hopes were dashed when they heard that even people who had been cured of the disease could still carry the virus in their semen. As a journalist, the major ethical question you would be faced with in such a situation is whether you would publish such a story or not.

Then we started hearing issues about the relapses and all of that and we were faced with making the judgment whether we should now start talking about the negative aspects that people were suffering a relapse or not. That some promiscuous men survivors were infecting women because Ebola was still in their sperms, and they were going round having unprotected sex and this was creating new chain of Ebola. (Dave, Interview, July 23, 2016)

Meanwhile, a content analysis of some news reports by this informant showed that even though local journalists were faced with the dilemma of whether to tell both
sides of the Ebola story or not (the good and the bad), they usually presented the story with a reassuring orientation or tone. One of such stories written by this informant in the Awoko newspaper was titled “We came to finish Ebola in Sierra Leone—Dr. Gao Fu”.

The story was about the presence of a 29 man medical team from the Chinese Disease Control Center that had flown to Sierra Leone to help in the fight against Ebola. This story depicted hope and assurance for the people of Sierra Leone. The story also showed a more solidarity tone, assuring the people of Sierra Leone they were not alone in the fight.

At a time when other Western countries were barring international flights from Sierra Leone and other Ebola-stricken countries, such a reassuring tone could serve a good purpose of making the people of Sierra Leone know that they had not been neglected. The medical delegation had promised the people of Sierra Leone that they were in the country to help end the outbreak. This story presented some degree of hope to its readers, unlike if it had focused on the negative part of the outbreak. Figure 1 below shows an image of the story about the medical delegation from China who had flown to Sierra Leone to assist the country in the fight against Ebola.
When faced with a major challenge such as reporting on a health emergency outbreak with a high magnitude like that of the 2014 Ebola, the last thing one would expect to impact on the style and level of reporting is corruption. Journalists who reported on the outbreak in Sierra Leone however had a different story to tell as corruption in the form of mismanagement of Ebola funds started coming up in the heat of the outbreak. As it turned out corruption also became one of the issues that presented ethical dilemmas to journalists in Sierra Leone as they covered the outbreak. Informants told me how corruption had surrounded the disbursement of Ebola funds and resources meant to help fight the disease. According to an informant who also happens to be the President of the Sierra Leonean Journalists Association, some journalists were targeted by the government for their reports that were seen as criticizing the government:
It was very challenging in those days and more so when the state of emergency was imposed. That brought forth other challenges for us as journalists about how we work. Indeed the first casualty after the state of emergency was a journalist who was locked up without charge just for making comments that were deemed not to be in the interest of fighting the Ebola. It was really trying times in those days. (Dave, Interview, July 26, 2016).

With the arrest of the journalist who had been critical of the government and commented about corruption in the management of Ebola funds in the air, other journalists from Sierra Leone started writing and asking for the release of the reporter. In the report on Awoko newspaper website below, the writer pleaded with the government for the release of the incarcerated journalist.
Journalists in Sierra Leone also used various media platforms to announce to the world how the government was harassing some of the country’s journalists who had been critical of the government in certain areas. An informant showed me how he used his Twitter feed to tell of the government’s harassment.
When I was interviewing this journalist who was imprisoned by the government of Sierra Leone about his reports on corruption, I asked him what his motivation was to choose the corruption angle during such a pandemic outbreak. He had seen and reported many angles but felt there was the need to look into the corruption stories, he said:

As usual, corruption in Africa raised its head and that may in effect have hindered the coverage of the story properly because with the quantum of money coming in either from outside or internal resources, journalists started paying attention to the issue of corruption. To the extent that I must confess, there were times that we journalists almost forgot about the dangerous signs of the sickness and the epidemic, and we were paying attention to the issues of corruption. This forced the President himself to go to the North to tell the people that it will be a sin for anybody to misuse the Ebola funds. (Interview, July 21, 2016)

Using his own case an example, the informant noted that between covering Ebola itself as an epidemic and covering issue of corruption surrounding Ebola, the journalists were between the devil and the deep blue sea, in the sense that issues of corruption could land you in prison because the
government was very sensitive about it like my own experience (Interview, July 21, 2016).

Kumba, another female local reporter also touched on the confusion local journalists had whether to pay attention to the issues of corruption that surrounded the use of Ebola funds or not. To Kumba, the real dilemma was in the fact that many of these stories came in the form of rumors:

The problem some of us had about whether to report on corruption and misuse of Ebola funds was that these stories were through the grape vine and you know investigating such a story would require trusted sources for information. Meanwhile, government officials were tightlipped and not ready to share any information with us. (Interview, July, 30, 2016).

Ethical Reporting of Ebola in Ghana

Quite understandably, however, journalists from Ghana who had reported on the outbreak from the safety of distance never experienced any ethical issue regarding their coverage of Ebola. The main issue that accounted for this was that they reported on the outbreak from far away in Ghana. Compared to their counterparts in Sierra Leone, journalists who reported on Ebola from a country that did not record a single case of the virus were under no pressure at all to consider whether to abide by the ethics of the profession or not in their reportage.

As Ghanaian journalists recounted to me, reporting on the outbreak in Ghana involved routine practices such as picking a lead on an information, contacting the appropriate offices for clarification or authentication and making the appropriate checks
before publishing the story. Occasionally, Ghanaian journalists who reported on the outbreak would attend press conferences organized by health experts to get information. Their Sierra Leonean counterparts were however under the intense pressure of using their own judgement as to whether to follow the ethics of the profession or not when they were covering the outbreak.

Training Journalists on Ebola Reporting in Sierra Leone

“In Sierra Leone, We Were Only Trained on How to Report About Ebola but Not How to Stay Safe”

Swchitzer et al. (2008) have observed that journalists engaged in health reporting are seldom trained about medical reporting. The study observes that accurate and factual news stories assist both consumers and health care workers to make wise and appropriate decisions about their health, a situation that improves the general healthcare of a nation. However, inaccuracies in health news about new treatments and tests in the medical field usually cause unrealistic hopes and lead consumers and health workers alike to make bad decisions, the study argued.

In reporting on a critical health emergency issue such as the 2014 Ebola outbreak in parts of West Africa, training for journalists who covered the outbreak was crucial. The findings from this study revealed that journalists who covered the outbreak in Ghana and Sierra Leone had different stories to tell about whether they were trained on how to report the outbreak or not. I asked an informant who covered the Ebola outbreak whether there were training sessions organized for them as journalists during their coverage of the outbreak:
There was simply none. At some point during the outbreak, I think there was an attempt to train journalists but I think it was more of a PR thing than for the journalist to be able to cover the outbreak. For example and this is just an example purposes. If the UN, which was involved at some point, wanted journalists to be lenient with them and not kick their asses, they would come around and organize training for the journalists. To me, this was more or less a publicity stunt than really equipping journalists to be able to cover the outbreak because that was more or less when the outbreak was withering out so you’d have expected that before then they should have organized it.” (Jake, Interview, July 21, 2016).

Jake’s assertion above meant that even though the UN and other organizations which were involved in reporting about the outbreak organized some sort of training sessions for journalists who were covering the outbreak in Sierra Leone, it could be described as too little too late. Although Jake did not give the time frame in which these trainings were organized, his views suggested that these organizations could have organized these trainings in the early part of the outbreak’s course in Sierra Leone. His assessment that these trainings should have been conducted earlier is a remarkable point judging from the fact journalists from Sierra Leone themselves had indicated that they were ignorant about the disease.

Regarding the relevance of the Sierra Leone Association of Journalists (SLAJ), this informant who works as the editor-in-chief of Star Television said SLAJ organized such trainings. He however noted that even though there was training on how to report on
the outbreak, no trainings were organized on how to stay safe as a reporter working from the frontline of Ebola coverage:

There was no platform where they would call journalists for a special training on how to protect yourself, but there was a training on how to report Ebola stories. How not to scare the hell out of the people, how to maintain the status quo, that look, Ebola is not as dangerous as we think about it, so many people have been cured. But there was no forum that said ok journalists; this is how you protect yourselves. It was based on our own reading, our own curiosity and reading other people's work. Everything we knew was based on our own reading. We did so much reading about it. This is what was happening but they did tell us that look, this is how you report about Ebola itself. The Sierra Leone Association of Journalists conducted so many of those kinds of things (Interview, July 24, 2016).

The informant further noted that these trainings were vital because it helped them to change the focus and the direction within which many journalists were operating at that time. He recalled that at their television station for instance, they had resolved not to bring in any one who was either recovering from Ebola or was suspected of having Ebola for interviews or soundbites. However, the informant added that it was after several of these trainings sessions by SLAJ and other organizations that they decided to invite Ebola survivors into the studio for interviews.

In one of these interviews, the informant was heard interviewing a 13 year old Ebola survivor who was narrating his ordeal on the radio. The boy who had fully recovered from Ebola narrated how he lost his mother to Ebola and was now alone. He
made a passionate appeal for people not to ignore Ebola patients and called for a special care, love and affection for Ebola survivors. A portion of the interview read:

When I’m walking in my neighborhood people will be pointing their fingers at me and say this is the boy who got Ebola. None of my friends wants to play with me anymore. I want to tell them that I am a human being just as they are. I don’t have Ebola anymore so they should not run away from me but rather accept me. I did not call for Ebola to come to me, but I thank God that I survived it. (Abdul-Raman, Star Radio Interview, 2014)

The informant who interviewed the 13 year old boy told me the interview changed people’s perception about Ebola survivors. After hearing the interview, people started accepting survivors and even donated needed supplies. The view of the above informant were shared by other informants who recalled that the trainings organized by SLAJ and other groups mainly focused on the content of the stories that are being published by journalists in Sierra Leone as they covered the outbreak. This was against the backdrop that many of the media organizations and their respective journalists were responding to the outbreak with the same editorial and journalistic strategies and policies.

Journalists who report on science issues have to get information from authentic sources. Apart from journalists studying on their own about the virus and the training workshops organized by the Sierra Leone Association of Journalists, other Non-Governmental Organizations and civil society groups were also involved in training journalists of Sierra Leone on how to report the outbreak. These organizations included the United Nations Children’s Fund (UNICEF), International Medical Corps and the
Rotary Club among others. I asked Emmanuel about other sources through which journalists in Sierra Leone learned about the virus: Principally, the way we educated or trained ourselves about Ebola was through in-depth research on our own. This is because the disease was itself new and we had never heard of Ebola. When it came to our country even the medical doctors did not know what to do let alone journalists. But there was a crash training I must say. UNICEF, international agencies, conducted workshops, they did their best. Like IMC. International Medical Corps (IMC). Even local NGOS conducted training on how we should report because as journalists, if you went on and reported any contrary testament, you only end up creating perpetual fear in the people. So it's like we were carrying some kind of solace by saying that now, as soon as you contract the disease or any abnormal symptoms, the best thing you can do is to report to a hospital within 72 hours and when you do that, there is a great tendency to get cured and people started adhering. (Emmanuel, Interview, July 20, 2016).

Training on Ebola Reporting for Journalists in Ghana

“As Part of Our Preparations We Organized Series of Trainings for Our Journalists”

As Guinea, Liberia and Sierra Leone were battling with the Ebola pandemic, journalists in Ghana said they were preparing themselves on how best to report the outbreak incase it happened in Ghana. The findings from the Ghana data showed that training for journalists involved in Ebola coverage in Ghana was conducted in two main ways. Local Ghanaian organized trainings and internationally organized training for
Locally, the Ministry of Health and the Ghana Health Service as well as the Ghana Journalists Association (GJA) all organized series of training for the local Ghanaian journalists. The second was by international organizations like the World Health Organization.

I asked Josie about how they were trained to cover the outbreak:

It is fortunate that we didn’t experience the Ebola outbreak in Ghana but we were prepared when there was an outbreak in Sierra Leone. Being a neighboring country we were prepared once we knew Sierra Leone had recorded an Ebola case. As part of the preparations, the media went through some training from the Ministry of Health and the Ghana Health Service and WHO (Ghana Office). We put up a training program for Ghanaian journalists not only those reporting on health issues but then generally. Aside the training, we also had some collaboration with the Nouguchi Research Institute simply because all the cases that people reported were sent to this institution. So before we are able to authoritatively say that the alleged cases are Ebola cases, they would have to do the test and confirm so we had that collaboration with them (Josie, Interview, June 15, 2016)

The above is how Josie, an informant with Ghana News Agency described how journalists in Ghana were trained as part of preparations to cover Ebola should there have been an outbreak in the country. Even though there was no Ebola outbreak in Ghana, informants said rumors of suspected Ebola cases were rife all over the country so training journalists to be able to tell the truth from the rumors was quite important. Josie and a
number of informants from Ghana were all articulate in how they believed effective training of local journalists in Ghana was a good way to equip these journalists as they prepared for a possible outbreak in the country.

Although the issue of training was vital to journalists in Ghana as they prepared for a possible outbreak, the first wave of training sessions for journalists only focused on the journalists in the urban areas such as Accra, Kumasi, Cape Coast and other major cities and towns, leaving out those in the rural and border areas. This gap according to an informant was however filled through the initiative of the Ghana Journalists Association which organized training for local journalists located in other places:

The Ghana Journalist Association also sought some funds from the American Embassy to train our journalists at the border post because we realized that people were coming in through the borders and there was a need for them to also be trained. This is because the initial sets of trainings didn’t capture the reporters at the remote areas where we have borders, where we think people passed through without the necessary checks so they needed to be trained on some of the symptoms that they should be looking out for. So the Ghana Journalist Association took that issue up, sought some funds from the American Embassy and we trained our journalists on our border post. So we had training for Takoradi, Volta Region, Brong Ahafo, Tamale, Bolga and Wa. These were the key people that were left in the previous training so we saw the loophole in there and the GJA came in to breach that gap. So eventually every journalist had an idea when it comes to Ebola (Interview, June 18, 2016).
It has been noted that training journalists in Ghana has the main objective of creating media personnel who may act professionally in the country’s mass media institutions (Boafo, 1988). A 2014 study about journalists and their practice in Ghana revealed that the major concern on the minds of journalists in Ghana was how to be trained in science reporting and how to access research findings on scientific issues. (Appiah, Gastel, Buridne & Russell, 2014)

The study asked respondents, journalists in Ghana who report on science issues to identify one or more of 12 items that posed barriers to science reporting in the country. “Nearly half of the respondents (67 of 140 or 47.9%) selected “I am already involved enough.” Respondents might have considered that item a socially acceptable answer. The second most commonly cited barrier to science reporting was “I do not have the training needed to report on science” (57 of 140 or 40.7%). Two barriers, “I do not have the contact information of scientific researchers” and “I am too busy with non-science stories,” were tied for third place (33.6%)” (Appiah, Gastel, Burdine, & Russell, 2014, p. 32).

This shows how important journalists in Ghana rate the issues of training on how to report on science topics in the country. The study concluded with a recommendation for journalists in Ghana to be trained specifically on science reporting. Journalism institutions in Ghana are also to have as part of their curriculum, a course that empowers journalists on how to report on scientific stories.

Apart from the Ghana Journalists Association and the World Health Organization, there were other non-governmental organizations such as the Media Foundation for West
Africa (MFWA) which also championed a number of training sessions for journalists in Ghana who reported on the Ebola outbreak. For instance, during the heat of the outbreak in 2014, the MFWA partnered with the World Health Organization to organize what they described as ‘special training on effective Ebola reporting’ for Ghanaian journalists that were drawn from 60 radio stations across the country.(mfwa.org, 2014).

The training was meant to equip journalists with the needed skills set and required knowledge to enable them to carry out accurate and timely reporting on the outbreak. Participants were drawn from local radio stations that were located in some urban areas, rural parts of the country as well as those found in the border parts of Ghana. The decision by MFWA to focus on local radio stations stemmed from the fact they ‘remain the most effective information dissemination platform in rural communities and can therefore play an essential role in educating the public about the Ebola disease (par. 3).

The journalists in Ghana were also concerned with how their colleagues in the affected countries went about their work. An informant who worked with Ghanaian Times also spoke about the importance of training for the Ghanaian journalists who covered the outbreak in Ghana. Due to the sudden nature of the outbreak in the affected countries, Yaa who reported for Ghanaian Times, asked whether journalists in Sierra Leone and other affected countries in West Africa were given any training at all: “I don’t know the training that journalists in Sierra Leone and other affected countries had but we had a number of trainings that took us through how to report about Ebola and how to stay safe in case there was an outbreak in Ghana.” (Interview, June 20, 2016).
Training for Ghana’s journalists did not just focus on how to accurately report on Ebola stories but also involved how one could wear protective gear to keep themselves safe when reporting from the field. This informant recounted how this part of the training was undertaken and how beneficial it was for them as journalists.

We were taken through how to wear the protective gear. We asked for it because we felt should it happen that we recorded Ebola in Ghana and we were supposed to receive and provide first-hand information, what would we do? I mean were supposed to be in the field, we were supposed to be closer to them for them to share their experience with the public but then how do we get the information when we don’t even have the gear to put on and don’t know how to?. However, the training took us through all that. So we were well prepared for it but it did not happen (Interview, June 20, 2016).

Also regarding the issue of training, the data from Ghana revealed that Ghanaian journalists took a cue from what was happening in nearby Nigeria in terms of training for the country’s journalists. An informant told me that when Nigeria recorded its Ebola case, she and her colleagues monitored how the journalists in Nigeria responded and learned lessons from that.

We translated the way Nigeria trained their media to handle their issues to assist and help equip our Ghanaian journalists. That was the experience that we had from our international partners. We had colleagues in Nigeria whom I was contacting very often to update us as to what was happening, apart from what we were reading in the news, I had first time information from my colleagues as to
what was actually happening in their various communities. I had a colleague who
had a case in her area so she had the first hand information and I was using the
experiences that they had gained because they were also in touch with their
ministry of health. (Yaa, interview, June 19, 2016).

Innovative Reporting of Ebola in Sierra Leone

Atton & Mabweazara (2011) have observed that African journalists have taken
advantage of the advancement in technology and have come up with innovative ways that
help them in their journalism practice. In an environment where a dangerous viral disease
is affecting people just by close contact with each other, journalists cannot rely on the
conventional means of gathering and disseminating information. In countries where the
2014 Ebola virus broke out for instance, journalists covering the disease could not easily
knock on the doors of suspected patients or visit treatment centers and start interviewing
people for information. Care would have to be taken as they go about doing these
interviews and telling the story in their various news outlets. In order to protect
journalists and other media workers in these countries from being infected, new
innovative methods would have to be adopted by these journalists.

Innovative methods that would ensure that they are able to access the right
information use the appropriate medium to communicate their stories, stay healthy and
safe from the disease as well as getting attention of their news audience. In Sierra Leone,
schools were closed while shops and markets were only allowed to operate at certain
times during the years the nation battled with Ebola. This ‘poisoned atmosphere’ also
affected how local journalists in Sierra Leone went about doing their job. For safety and
efficient news reporting purposes, Journalists communicating Ebola in Sierra Leone had to be innovative in their approach. Journalists could not get close to Ebola patients for interviews and regular stories for fear of being infected. There was the need for local journalists to be innovative in their report about the outbreak in the country.

Aside from staying safe while reporting, local journalists also had to devise innovative means of communicating the disease to attract the attention of both the citizens and authorities and to be able to report in real time as well. I learned from the data that journalists in Sierra Leone who reported on the Ebola outbreak complimented their traditional reporting on radio, television and newspaper with innovative social media strategies. An informant who works with Star Television told me that he took advantage of his huge following on Social media to start a campaign to get the President of Sierra Leone, Ernest Bai Koroma to cancel his trip to the USA and visit places that were affected by Ebola in Sierra Leone:

At a time when the president of Sierra Leone was supposed to travel to the US to meet with president Obama, myself, other journalists and civil society joined a campaign I started on social media with the hashtag #declare state of public health emergency. Later on people said this is brilliant. Let’s force the president to declare state of public health emergency and also cancel his trip to the U.S. With time the mainstream media picked it up and did several interviews with me about the campaign. In about a week, I saw a press statement that the president had cancelled his trip to the US and also he was going to declare a state of public health emergency which he did. (Adams, Interview, July 18, 2016).
From the above quotation by this informant, it is clear he was the only journalist who started a personal Public Health campaign on his social media page. He informed me that the campaign was successful because other journalists joined in the campaign and shared it several times on their timelines as well. The image below is the social media page initiative that was undertaken by this informant to ensure that president Ernest Bai Koroma stopped his trip to the USA and declared a state of public health emergency and also visited affected areas in Sierra Leone.

![Image of the Facebook Campaign](image)

**Figure 4. An Image of the Facebook Campaign that was Launched to Force the President of Sierra Leone to Declare a State of Health Emergency in Sierra Leone Due to Ebola**

The informant quoted above underscored the important role that social media had to play in innovative reporting of Ebola in Sierra Leone. Aside from creating a social
media campaign to force the president to declare a state of public health emergency
during the outbreak, the informant who is a broadcast journalist also observed that he and
other journalists relied heavily on social media platforms like WhatsApp to send stories
from locations to the newsroom:

We were traveling with the President who was touring the various provinces that
had been affected so we were away from Freetown and our main offices. So what
I and other colleagues of mine started doing was real-time reporting with the help
of social media. I was a having a very small Acer laptop which was equipped with
adobe software. I will write the script to my story, edit the voicing and then
transfer it to my Samsung Galaxy X3 smart phone and then I will send it direct to
a WhatsApp group where the technicians can download straight from the
WhatsApp page in the office. Early the next morning, it will go on our breakfast
program. So it was real time reporting with the help of social media. Through this,
we were able to tell the story from the provinces without having to wait till we
come back to Freetown with the President. (Interview, July 23, 2016).

As mentioned earlier, another aspect of journalistic innovation in Sierra Leone
about the 2014 Ebola outbreak was how to stay safe since they were operating in a very
contagious environment. Dave told me about the steps he had to follow when working on
Ebola stories.

I would ensure that I changed my microphone shield and there was certain
distance I maintained between who I was interviewing and myself, keeping the
microphone at a very safe distance. I remember doing an interview with someone
who was a confirmed case, from behind the curtain. The patients were actually inside the treatment center, they brought them to the doorway and I had my cameraman behind me zooming in on them. We had to gather sound so we boosted the microphone to the extent that we could capture whatever they were saying. Video was a bit easier because you could zoom in. Microphone, getting the audio was much trickier. So that was some of the ways we did it trying to make sure that we stayed alive. (Jake, Interview, July 22, 2016).

The innovation was also at play in the kind of programs that journalists in Sierra Leone had on their various media outlet. This informant recalled some innovative programs by some media houses in Sierra Leone that helped to change the narrative and eventually influence the audience positively in understanding the Ebola message from the media:

The BBC media action crafted a drama series called ‘Mr. Plan Plan’, a program aimed at bringing out, dramatizing, putting into drama, putting into context, dramatic context, how the situation looks like in a particular area, sometimes in a satirical way, sometimes as how they happened in the communities. That Mr. Plan Plan, you know, Sierra Leoneans will understand messages easily through music and through drama, so coming out with such an initiative helped to drive or Out Ebola.(Emmanuel, Interview, June 30, 2016)

The findings from Sierra Leone also revealed that the Sierra Leone Association of Journalists (SLAJ) also embarked on some innovative ideas to communicate the outbreak to the public. At the level of Sierra Leone Association of Journalists, about forty radio
stations were involved in what journalists in Sierra Leone described as the Independent Radio Network (IRN), which served as a central point where programs in relation to the epidemic were broadcast. According to Journalists in Sierra Leone, although journalists had their differences in terms of political and other orientations, they all decided to come together for the IRN for the greater good of the community. This informant recalled how coming together as a team of journalists in Sierra Leone was beneficial,

> It was unique in this instance of Ebola because we ordinarily have a very polarized press. Polarized along political lines but in this case all of the press came together to talk with one voice and everyone was covering good part of Ebola and trying to do sensitization, and trying to see how best they could help (Interview, July 26, 2016).

When I asked the President of the Sierra Leone Association of Journalists what were the motivations for them to decide to take such initiative, he replied that it was their way of helping to fight the outbreak as an association:

> Also what was happening which was embarrassing to us was all the institutions were collecting money to donate to the president. We didn’t have money so we decided to do something because at some point Ebola will be touching us if not directly, our family members, relatives because we are a small country and everybody seem to be connected and at some point Ebola was going to touch us. (Interview, July 17, 2016).

The above quotation supports the argument made by some informants from Sierra Leone that the government of Sierra Leone was initially against journalists sending out
some type of messages in their coverage of Ebola. The government preferred these journalists to focus on only the educational aspect of communicating Ebola. Still on the innovative ways of staying safe while reporting on Ebola, the case was a bit different for informant Jake who reports for his local newspaper, Politico and is also the local correspondent for foreign media houses such as the BBC and Reuters. When asked about the innovative ways of reporting on Ebola stories during the outbreak, he observed that the BBC also played a role in ensuring his safety as their local reporter:

Well, I would say I almost had to bath in chlorine solution. We had to bath more or less as well in all these stuffs that in my case the BBC sent from London. The BBC advised us strictly not to go to any of the Ebola centers unless I had a biohazard advisor. And whenever a BBC crew, the TV crew was coming they’d come with a biohazard advisor who would literally calculate where I stepped on and what I touched for fear that I could end up infecting myself. So it was a bit frustrating most of the time but I realized that that was very necessary and to a large extent it helped me stay safe. And when I had to go to some of these centers, I had to be very much conscious and aware, on the alert and I had my chlorine solution I would apply literally after touching anything and after stepping on anything and I had wellington boots. The Wellys I had to put on any time I went to anywhere that I wasn’t sure and couldn’t tell what had happened there. So I had to wear my Wellies, I had to wear long sleeves shirt and when I came back home I had to take off my shirt and everything outside, dump them all into chlorine and make sure that we allowed my clothes to be there for hours before putting on
gloves again to wash them and bring them out. So that was how much we had to pay attention to whatever we did and said (Interview, July 21, 2016).

Another innovative way that journalists in Sierra Leone communicated the outbreak was to involve community leaders in communicating the Ebola message. Religious leaders were particularly targeted and asked to speak to the people about Ebola. This is how an informant who works for a radio station put it:

We decided to get the religious leaders to come in and talk because at some point there were problems with Muslims. Muslims always wash dead bodies and Ebola virus is most active when the person dies. So the Muslim leaders had to be brought in to talk about not washing dead bodies. The Christian leaders had to be brought in. We put them on radio they spoke to the people. These were respected people in the community and so the message went right down to the people and we were able to change the behavior of people. We were able to turn the narrative around (Interview, July 25, 2016).

What the informant said about involving local religious leaders in their messages to the citizens of Sierra Leone showed that at some point the community had to be involved. I then asked this informant to assess the role that the local community members played in turning the situation around during the Ebola outbreak. He told me that local journalists decided to involve the community based on the advice of Peter Piout, the scientist who co-discovered Ebola and asked him what could be done since their message was not working:
Our experience was that we were really getting it wrong and Ebola was killing many people. But later on we had some experts in Sierra Leone, for instance, Peter Piout, who co-discovered the Ebola virus and who was not in England of course, he was in Sierra Leone. When he had a meeting, I had the opportunity to ask him some questions that: how are we going to beat this virus? Is there any magic that you did in the Congo at that particular time to stop the virus from killing so many people like it is now doing in Sierra Leone? He said there’s no magic; it’s just that community ownership is very important. You have to involve communities, they own the disease and until the last man is cured and he does not transfer it to the other person, the Ebola will be over. So this went round and we changed the message (Interview, July 20, 2016).

Based on the advice given by Peter Piout, the media in Sierra Leone according to this informant later had to join hands with the government and other stakeholders in the community to ensure that Ebola was eradicated. This also repaired the estranged relationship between the government and the media.

We collaborated with government and we changed the message that even though we know Ebola cannot be cured, we know this, if you go the hospital on time, they will be able to help you. There was evidence of people coming out who got the disease and fought, of course based on how strong their system is, they were cured of the disease. So on the radio, we were now saying if you go to the hospital earlier, your chance of survival is very high and even the musicians joined that if you make it to the hospital, you can be cured. Based on this we involved the
paramount chiefs and the village heads and also sensitize the traditional healers at
the local level who believed that it was a curse. So after we involved them, they
were able to create their own role and we were able to bring Ebola under control.
(Interview, July 17, 2016)

He also spoke about how he thinks the community ownership approach adopted
by the media and the government was very effective in educating the people about the
need to visit the hospital early when one is suspected of having the virus:

The community ownership model was successful in the sense that, after we the
media appealed to the government, President Ernest Bai Koroma became an
Ebola fighter by visiting Paramount Chiefs in their chiefdoms and appealing to
them that the top government alone cannot fight this disease if you the chiefs do
not get involved. Your people listen to you more than us. This message was going
on in the media and the chiefs later saw themselves as important fighters at that
level. In fact in some chiefdoms there were fines that if you should harbor a
stranger, if someone visits from another place and you don’t report that person to
the chiefs, you will be fined. They did this and their people listened to them. So
all of a sudden we were able to tackle Ebola (Interview, July 17, 2016).

The data from Sierra Leone further revealed that although the various media
houses in Sierra Leone all played their respective roles in fighting the Ebola outbreak, it
was radio that helped communicate the message more effectively. The president of the
Sierra Leone Association of Journalists acknowledged the important role played by radio
in the sensitization process of Ebola in the country:
With the help of radio, we were able to turn the narrative around. There is one group which is called focus 1000, they were doing stories for UNICEF on how the messaging was going on and the first survey they did the media was not so prominent in delivering the message. I remember the reach of newspapers was judged to be about 6%, but by the time they did their second survey which was 3 to 4 months later, after we had come in and exerted our broadcast sensitization, over 80% of people acknowledged that they got Ebola message from the radio and so the radio played a huge part.” (Interview, July 22, 2016).

Innovative Reporting of Ebola in Ghana

Asked about some of the innovative methods they used in covering Ebola, an informant in Ghana said they relied on the use of mobile phone application known as WhatsApp to share information among themselves. She also observed that the decision by some media houses to assign a particular reporter to cover Ebola was quite effective. WhatsApp is used all over Africa for these purposes.

We created a platform that included health experts and some journalists so we could easily access and update any information on Ebola. Most of the health reporters had a WhatsApp page with the Ministry of Health and Ghana health Service so we easily got information from there. We had head of disease surveillance, the Director General of the Ghana Health Service, and field workers on board. This made sharing of information easier and selective. One could also ask questions on the platform or via emails. We were four ladies doing reportage
everyday so we had in-depth knowledge of the outbreak unlike the other media houses who kept on changing their reporters (Interview, June 21, 2016).

From hindsight however, this informant observed that the media response to the outbreak in Ghana could have been improved if all media houses had maintained one reporter to follow the story like some did, “In making the reportage better, some of the media houses could have maintained one reporter like others did. I observed Daily graphic, Ghanaian times, GNA, Daily Guide using specific reporters” (Interview, Rebecca, June 22, 2016).

Another innovative way some journalists in Ghana used to communicate issues about the outbreak was to include some form of education in the various stories they told as observed by this informant.

We normally try to educate people a little bit at the tail end of our stories that they have to go to the health facilities even if they did not have the funds or were facing monetary issues. We also observed that people normally will not want to go to the hospitals early in seeking early treatment so we made them understand through education that treating this kind of disease is free so they should go to the hospitals early (Interview, June 19, 2016).

Nii of the Ghana Broadcasting Corporation (GBC) also said that his outfit was determined to carry the news about the virus to the people. He said GBC did this by creating a special desk for the reportage of Ebola that would ensure that stories about Ebola were treated with the urgency and seriousness that it deserved:
News reports created, written and edited for the Ghanaian, all played in to the Ebola drive created by the government in the country. For us we placed someone on this level to ensure that anything that should come from the Ministry of Health and the Special Task Force on Ebola is quickly put out there for our audience to be well informed (Interview, June 20, 2016).

Ebola Messages in the Sierra Leone Media

Through the health messages that they sent out, journalists who reported on healthcare issues are capable of influencing behavior of both patients and clinicians (Lundgren & McMakin, 2013).

During healthcare emergencies, actions of people who rely on the media are impacted by the type of messages journalists send out. The data from Sierra Leone revealed that journalists and media practitioners who covered the Ebola outbreak in Sierra Leone were sending messages that were conflicting in meaning to the audience. An informant believed that journalists had their hands tied since even health experts could not give accurate information about the virus.

The initial messages we sent out were confusing the public. I will say the messages were not as coherent and consistent as they were put out at that time. Because our country was not prepared at that time, a lot of the health professionals were also unaware of the condition which is why they put out different messages to us. So if the health officials that we depend on are uninformed, I wonder how we journalists with no medical knowledge or health experts could have done at that time. So it was difficult for us to send right
information because what we got from the experts was mixed messages (Interview, July 21, 2016).

To Peter of Star Radio, the problem of poor messaging stemmed from the source of the information that journalists sent out to the public in the early part of the outbreak which happened to be from the internet. He explained how the messages on the Internet were conflicting with the messages they would later get from health experts about Ebola.

Yea, we had Ebola in Sierra Leone, but when it came, even journalists, people like us we got it wrong and whatever came up, it was copied from the internet directly, that Ebola cannot be cured, it has no medicine. This was copied directly from the internet hook, line and sinker and that was how it was broadcast. To the layman out there, it is ambiguous, the statement was ambiguous. If we say Ebola cannot be cured, which was true according to experts, but to the layman, this is ambiguous. If it has no cure it means well, there is no cure in the modern hospitals but traditionally I think Ebola has cured and that is how they understood it. Because it has no cure which we were saying on the radio after copying it from the internet, the only option which was open to the people who were exposed to the danger of having the virus was to go to traditional healers. So, people get the virus and they refuse to go the hospital but go to traditional healers because we in the media got the communication wrong (Peter, Interview, July 17, 2016).

Peter also made this observation about the messaging. He said journalists in Sierra Leone created fear through the messages they sent out. He blamed the media for creating fear and panic at the initial stage of the outbreak and added that it might have affected
contributed to the people losing trust in the media: “The media in Sierra Leone created so much fear in the people and because we never asked the help of language experts in the first place, everyone had it wrong from the very beginning of the outbreak” (Peter, Interview, July 17, 2016).

Peter emphasized the lack of health experts in Sierra Leone as one of the main reasons the messaging was wrong in the first place:

We were in a position where eventually we had to talk to designated health experts because when we were doing it like the conventional news story, we were mixing up the messages but there were no experts. Politicians were talking about health emergencies. Sierra Leone has no experts in health communication. We have journalists who specialize in almost everything so we were using that template to report about health emergencies.” (Peter, Interview, July 17, 2017).

Informant Awal said the situation got better when the government of Sierra Leone set up the National Ebola Command Center where journalists could go for information:

The first point of call became the National Ebola Command Center where journalists could phone for information. I believe Paule Conteh and another gentleman were in charge. So journalists would telephone them and ask what the current situation was. Depending on whether they have confidence in you they will tell you the number of deaths that have been recorded in some places. For instance they can tell you they have just reported 50 people buried in Gambier, 35 in Kenema and maybe 60 in Freetown for the day. So they will give you the figures and you will start from there (Awal, Interview, July 27, 2016).
Ebola Messages by Ghanaian Journalists

In Ghana however, the journalists revealed that they were very consistent in their messages about Ebola. They explained that the messages they sent out on Ebola could be grouped into two main themes: Educating the public about the dangers of Ebola and putting the government and authorities on their toes for them to know about the possibility of Ebola outbreak in Ghana. This educational content of the media messages by journalists in Ghana touched on areas such as how to ensure personal hygiene, reporting to the hospital early when one was not feeling well and asking people to desist from certain cultural practices such as bathing dead bodies for burial.

Generally, however, the educational theme messages sent out by Ghanaian journalists who covered the outbreak focused on two things: What people should do to avoid contracting Ebola and the actions people should take when they suspected someone of getting Ebola. Meanwhile, a section of the journalists from Ghana pointed out to me that they realized that some of the messages that were meant to educate Ghanaians about how to avoid Ebola created fear and panic in the people.

An example is the news story in the Ghanaian Times written by an informant below in Fig 5. The story cautioned Ghanaians about eating bats, birds that were associated with the origin of the Ebola virus in parts of West Africa. Although the story educated people about the dangers of eating bat, it also created fear and panic in parts of Ghana where bat meat was considered a delicacy. One journalist recounted how such stories created fear in the country, “I think some of the stories we sent out put fear in the people. For instance, I come from Kwahu in the Eastern part of the country where bat
meat is considered as a staple food. I like bat meat myself so when news came out that one can get infected with Ebola from eating bat meat so you can imagine the confusion and fear it created” (Interview, June 20, 2016).

![Figure 5. A Ghanaian Times Story Cautioning Ghanaians to Avoid Eating Bat Meat](image)

The second theme in the messages sent out by journalists in Ghana was about how the government of Ghana should put in the right measures for the control of Ebola in case there was an outbreak in the country. Stories under this theme focused on areas such as preparations by the Ghana Health Service and the Ministry of Health, the availability of treatment centers and adequate protective gears for health workers. Again, just as some of the educational messages created fear in Ghana, messages that were sent out by Ghanaian journalists with the aim of putting the government on its toes about Ebola also created
some degree of fear in the people of Ghana. One of such reports is shown in Fig 6 below. In this story, the Ghana Medical Association (GMA) suggested that Ghana was not prepared for a possible outbreak in the country and that should there be an outbreak of Ebola, the country could not handle the situation.

Figure 6. A Ghana News Agency Report Which Suggested that Ghana Was Not Prepared for Ebola Outbreak

After I did further analysis of the messages the Ghanaian journalists sent out about Ebola, it became clear that journalists in Ghana and Sierra Leone covered the 2014 Ebola outbreak with the journalistic orientation of *development journalism* and *preventive* or what I will call *prophylactic journalism* respectively. These two concepts summarize how journalists in Sierra Leone and Ghana narrated how they went about their reporting of the 2014 Ebola outbreak in their respective countries.
Theme 2: Self Evaluation of Ebola Reporting in Sierra Leone

The second theme that emerged from the findings is Self-Evaluation. This theme which focuses on how informants judged their own performance in setting the health agenda as they reported on the pandemic, is supported by two sub-themes: self-assessment and an African approach to reporting public health outbreak. The self-assessment sub theme is about how informants assessed or evaluated their performance while the African approach to reporting health outbreak sub theme captures the journalistic styles that these journalists used in communicating about the outbreak to their citizens.

Looking at the role the media play in setting health agenda in Africa, Pratt, Ha & Pratt (2002), noted that there is the need for African countries to have a second look at the prevalence of diseases on the continent and find ways of dealing with it. The study suggested that, the media, when used effectively could help in this goal by expanding coverage of such major health issues with its attendant effect of making the public more aware of the health situation in the country based on the availability of information.

Self-Assessment

Appiah, Gastel, Burdine & Rusell (2014) have argued that because science journalism is done in Africa by general reporters and not specialized health reporters, it is important to know from African journalists what they understand by science journalism. Kornelius (2006) also notes the need to assess or critique the works of journalists as a way of improving the profession. When journalists evaluate their own work, strengths
and weaknesses are noted and the necessary adjustments are made which as Kornelius
puts it, helps the profession to grow.

In the case of West African journalists who covered the 2014 Ebola outbreak,
evaluating their performance in setting the health agenda in their respective countries
could help enhance their future reporting. This is because as the journalists assess their
performance in covering the outbreak in retrospect, they are able to avoid past mistakes
thereby improving future reporting on health emergency outbreaks.

Several works across various fields of academia have also underscored the
importance of self-evaluation (Duff, 1995; Luhtanen & Crocker, 1992; Peplau, Miceli &
Morasch, 1982). Duff (1995) opined that evaluating one’s self ensures professional
development. Peplau, Miceli & Morasch (1982) also explain that self-evaluation is the
process by which human beings seek to understand and judge themselves. They argued
that it is a normal trait for humans to desire to know themselves and to be able to
conceptualize their daily experiences in a meaningful manner.

It is against this backdrop that I sought to find out from participants how they
assessed their performance in setting the health agenda as they reported on the 2014
Ebola outbreak in West Africa. The purpose of asking journalists who covered the 2014
Ebola outbreak in Ghana and Sierra Leone was twofold: First, it serves as a platform or a
reference point where African journalists who may be in countries that may experience
such health emergency outbreaks in future can learn about their work. This is similar to
how Kalyango & Eckler (2010) justified their study of International journalists’
expectations from the US media coverage of Hurricane Katrina. According to the
authors, having international journalists evaluate the performance of their US colleagues was important because ‘it provides international journalists who may face similar events in the future with an insight into the professional expectations about their work” (278). The second reason is that it may contribute to scholarship about how African journalists evaluate their own work in times of health emergency outbreak.

Sierra Leone Journalists Evaluate Their Coverage of 2014 Ebola

“I Think the Media Fought Half of the Battle; We Made It Easier.”

Journalists from Sierra Leone who reported on the 2014 Ebola outbreak said they thought the media did well in communicating the disease to their citizens. With the exception of two informants, all other journalists rated their performance high when they were asked to evaluate their work. This is how one informant summarized his impression about the performance of journalists in Sierra Leone:

To the extent that even health experts, the government, and other partners all recognized our role and contribution, I think the media fought half of the battle. We made it easier. For example, the idea to quarantine people is alien to our culture. Putting people in one place for 21 to 42 days was met with stiff resistance. There were certain times when you know is a chain of transmission so the best way to stop the Ebola was to break the chain and in terms of isolating people and allowing people to complain to health workers so that the person can be taken away from the community (Interview, July 29, 2016).

The informant above opined that it was the media that helped to sensitize the people about the importance of the quarantine part of managing the Ebola pandemic.
Another informant who also shared the view that journalists in Sierra Leone helped set the right agenda with their coverage of the pandemic lauded the media for sending out the right message that helped to change some cultural practices that were aiding the spread of the virus:

How do you fight such a battle in a culture that has deep-seated secrecy? It took the media to convince the people to say if you keep people in the community, you are at risk. All of you will die. So we created a scenario where we changed people from hostility to acceptance. People were hostile to health workers, stoning ambulances, because they were accusing health workers of carrying the viruses to the communities. It was the media that helped to change their perception was the media that succeeded in telling the people that health workers are there to save them and not to carry the disease. It was the media who also encouraged the people to report early because this is disease that if you don’t report the symptoms you will bleed and die. (Interview, July 29, 2016).

When I asked Esther how she would assess the media response, this is what she said:

I cannot evaluate my performance but I know I did my best. If the media had not agreed to come together and fight Ebola, it would have still been here. And it would have been here for more than a decade. Because the politicians were misinforming people, there were mismanagement of funds, there were issues surrounding supplies to quarantine homes, there were a lot of issues (Interview, July 20, 2016).
James commended the efforts of the media in their response to the outbreak. He was particularly pleased with the way the media in Sierra Leone communicated the outbreak to affect positive change in the culture of the people.

Another informant who happens to be the president of the Sierra Leone Association of Journalists (SLAJ) said the association also played a major in the fight against Ebola. He noted that through some initiatives that they embarked on, SLAJ was able to change people’s perception and educate them about the virus. He explained what was happening before SLAJ decided to come in with some of the intervention plans:

It got to a point where people had had enough of the quarantine. People were fed up staying at home, there was no entertainment. All the entertainment places had been locked and closed by the emergency regulations. You could not even go to your local sports to watch football game because it was said to be crowded and the emergency regulation said not more than 15 people could meet at a place at a time. So a lot of people became fed up and wanted Ebola to end and as they became fed up they started diverting to the old tricks and the old business. The veronica buckets which stood at doorways for people to wash their hands started disappearing. People were not washing their hands again. (Dave, Interview, July 26, 2016).

The informant then laid out the number of steps SLAJ took to address the situation on their part:

We then decided to come up with something, which could reenergize the fight even though it had gone down. So we came up with another social mobilization,
which was called the YELLOW RIBBON. This was a commitment that you would do the four things that we were asking you to do: You would wash your hands properly, you should ensure that your neighbors also have the message. You should ensure that you isolate anybody with Ebola, you should also ensure that you call 117 immediately after isolation. So anybody who put on the yellow ribbon has recommitted to do all these things to ensure that Ebola ends. We also had the bands. So this was our strategy to get people committed and reenergized again for the Ebola campaign. So we actually did a lot (Dave, Interview, July, 28, 2017). Fig 7 below shows a news story talking about some of the campaigns that SLAJ embarked on.
Jake however thinks differently. To him, the media did not do a good job by asking the right questions and holding the government to task. He believed that the Sierra Leone Association of Journalists was somehow compromised by the government the moment they began to work together.

I think the local media badly failed in setting health agenda. The media did not hold the government to account and even the journalists union signed agreement with the government of Sierra Leone to be educating the public about Ebola. I think they should hold the feet of the government to the fire. But because they signed this agreement with the government they lost the moral high ground to hold the government to account for both its action and in actions. So if you ask
me, I think the local media failed badly in holding the government to account on the way it responded to the outbreak” (Jake, Interview, July 18, 2016).

Through his local newspaper and with the influence he wields as a senior journalist in Sierra Leone, Jake said he focused on other aspect of covering Ebola and followed this up by asking the government difficult questions:

At some point it appeared to me as if the media was working in cahoots with the government when they should rather be holding the government accountable. The local media did not ask the government the right questions and in a sustained manner that could hold the feet of the government to the fire such as; why did you shut up when the virus was engulfing the whole of the East of Sierra Leone? Why did you not declare a state of emergency when you should have? You see, I challenged this particular issue until the president told me that the WHO from declaring a state of Public Health Emergency when he wanted to, according to him dissuaded him. Of course, WHO also had their version and said that’s not true. So since the media did not do this I think they did not set the right health agenda (Jake, Interview, July 28, 2016)

In support of what he said, analysis of some of the news content published by this informant reveal that he produced stories that were quite different from how many of the other local journalists were doing. While the local journalists said they wanted to produce stories that did not challenge the government narrative or question other things that surround the management of Ebola in Sierra Leone, this informant said he was not afraid
to ask the tough questions and write about some of the corrupt deals that surrounded the government’s handling of Ebola in Sierra Leone.

For instance in a story published in the politico SL newspaper titled: “How Ebola exposed UN and Sierra Leone government’, this informant likened the UN and the Sierra Leone’s government’s handling of the Ebola pandemic to the weak performance of both the UN and the Sierra Government during the outbreak of the civil war in the country in late 1990s. The story opens in this way.

It looks like a re-enactment of what obtained in Sierra Leone in the late 1990s and at the turn of the millennium. A United Nations mission that seemed confused about what to do and often letting its guard down, a government that was out of its depth, a rebel outfit that was ravaging the population, and the British military intervention that was to save the day. Five months since Ebola was first diagnosed in Sierra Leone it would seem like almost all the key players in stemming its spread have been treating the matter with kids’ gloves and sometimes sheer foolishness (PoliticoSL, 2014 October).

At a time when some journalists from Sierra Leone said they wanted to side with the government and practice development journalism, informant Jake’s critical report of what he described as the sloppy response from the UN and the government in the early part of the outbreak provided a sharp contrast to what could be seen as the norm in Ebola reporting in the country.
Ghanaian Journalists Evaluate Their Coverage of Ebola

Ghanaian journalists who covered the 2014 Ebola outbreak had the opinion that they performed very well in their responses to the outbreak. All informants from Ghana shared the same opinion that their work on covering Ebola in Ghana was satisfactory. This informant showed her appreciation to the Ghanaian media for their effective coverage of the outbreak:

I must commend the Ghanaian journalists especially the health reporters. I will rate us excellent. I will also commend TV3. At that time they sponsored some of their journalists to go to Sierra Leone reporting live which some of the media houses didn’t do because of the financial constraints. We were also happy that our health professionals also helped in assisting our sister country Sierra Leone to contain their situation and we are so proud of them because when they came back from Sierra Leone they shared their testimonies and experiences with us. We can also say we are part of the success story in Sierra Leone (Interview, July 22, 2016)

The editor of GBC also gave his reasons for rating the media in Ghana high on their performance on reporting about the Ebola pandemic.

I think the Ghanaian media did very well in setting the right health agenda. This is because constantly, there were stories about what to do and where to go when did not feel very well. The media also highlighted the various initiatives by the government such as where the centers set up by government like isolation centers could be located. The media in Ghana also kept on talking about how to take
personal hygiene seriously and how not to get too close to people. I mean that was all over the place (Interview, Nii, June 26, 2016).

Afia, a reporter with Daily Guide also shared her opinion about how she evaluated Ghanaian journalists on their response to the Ebola outbreak.

With the media in Ghana, I think we did very well on the Ebola coverage. Again, as I have already said, our experience from covering cholera taught us that just putting out figures of number of cases being recorded in hospitals and putting out number of deaths being recorded as a result of the disease was not really enough. So with the lesson from our cholera stories we wrote, we decided to focus more on the preventive measures and what to do when you have the symptoms that you suspect could be Ebola. So we started shifting focus from reported cases and deaths to preventive measures, symptoms and what to do to keep yourself and your family safe. (Afia, Interview, June 22, 2016).

African Approach to Public Health Reporting

I asked the informants to explain how they would describe or characterize the way they approached the 2014 Ebola coverage. ‘Approach’ as used here means the journalistic style or angle they adopted to cover the outbreak in both countries. Journalists from Ghana and Sierra Leone said they approached coverage of the outbreak from the preventive and development journalism angles respectively. The next section describes these two concepts and how they were practiced by these journalists.
Sierra Leone-Covering Ebola with Development Journalism Concept

“We Told Ourselves that We Shall Not Question the Origin of the Disease”

A number of the local journalists I interviewed in Sierra Leone agreed that for the media to be successful in communicating effectively about the Ebola outbreak, they had to embark on what they referred to as ‘development journalism’. By this, they could mainly focus on telling the people how to prevent themselves from being infected with the virus and how to take care of an Ebola patient instead of questioning where the virus came from and other corrupt activities that surrounded the Ebola Funds. Two informants shared their opinion about why they had to perform this kind of journalism:

It must be noted that the health sector in Sierra Leone was grossly challenged when Ebola made appearance in our midst. Better put we were caught pants down. But what happened as a way of meaningful intervention to address the looming catastrophe, was that, the Sierra Leone Association of Journalists (SLAJ) decided that all journalists will put aside our critical thinking and stick to what was then tagged as ‘developmental journalism (Interview, July23, 2016).

Another informant from Sierra Leone explained why journalists in Sierra Leone had to resort to the development journalism approach when they were covering the outbreak.

Yes, we practiced development journalism. We said we shall not allow ourselves to question the origin of the disease, though we should be doing that. Let's put that aside and ensure that we ward off this epidemic. That's how the interests of journalists was generated and they all came together to strengthen the
communication aspect. So we turned our attention to developmental journalists
and we turned the situation around (Interview, July 28, 2016).

Esther recounted to me that the decision by journalists in Sierra Leone to focus on
development journalism was reached after they were admonished by the Sierra Leone
Association of Journalists to take such a step.

The Sierra Leonean Association of Journalist had a meeting and the president
said: this time we are all Sierra Leoneans before becoming a journalist so we have
to take this critical point to some level. We had to reduce our critical mindset, to
ensure that poor people do not lose their lives because that was a major concern.”
(Interview, July 24, 2016).

Ogan (1980) who examined the various scholarly interpretations of 'development
journalism’ notes that term is used to represent two main contexts: The one that refers to
serving the development agenda of central government and the context that refers to
investigative reporting by journalists. The first context of development journalism
according to Ogan is also referred to as support communication. Under this context, the
various media stakeholders in a country are all channeled in support of the authoritarian
regime of a country.

Peter explained why local journalists in Sierra Leone had to resort to development
journalism as a way of communicating effectively about the outbreak.

The government of Sierra Leone thought journalists may not cooperate because
they were talking about it, it was scary and whatever happens, the number of
people who died, we were reporting everything. But it came to a time we thought
that if we continue this way, we will put fear in the people so we had to change our tongue even though we were lying, some truths were hidden. For instance the number of people that may have died in a particular place, we will water it down so that more people will be able to come out and go to hospitals. By so doing, so many people went to the hospital and were cured. So we joined the government, they were lies, but this was the only we could appeal to the common man who cannot read and write (Peter, Interview, July 22, 2016).

Covering Ebola with Preventive Journalism Orientation in Ghana

“We Were Only Preventing Ourselves from Getting it”

When Ebola struck in some West African countries, we the Ghanaian journalists had to do everything possible on our part to prevent the outbreak from happening here in Ghana. So largely, if you look at the work we did, you could see that we were only preventing ourselves from getting. Mind you, we have a lot of Ghanaian fishermen working all over on the seas that go beyond the borders of Ghana. There are Ghanaian fishermen in working in Sierra Leone, Liberia and as far as Senegal and Mauritania, There are Ghanaian fisher men all over. The problem is that the thing struck at a time when most of them were coming home for festival from these places. So we had to send reporters to areas where these people are: Winneba, Elimina, and all the coastal areas in the Central and Western Region and as far as the Volta Region (Interview, Fred, June 29, 2016).
Minutaglio (2015) describes the aim of preventive journalism as identifying problematic themes in the early stage before they escalate into bigger issues. This type of journalism also monitors the effectiveness of solutions put in place to check these issues.

A 2007 Unicef report about preventive journalism states that the purpose of preventive journalism is offering useful information to the public about the beginning, development and outcome of risk situations (Unicef.org, 2007). This kind of coverage must address the issue of whether a country has in place an adequate emergency plan as part of the necessary preparations for a future pandemic. The Unicef report notes that this could be done through the verification of certain issues such as the number of hospital beds available, the number of doctors and other medical workers available.

The Unicef (2007) report outlines the following steps as facilitating effective preventive journalism: Verify whether a special plan is in place to assist persons in areas with limited access and monitoring the consumption of food and beverages, which generally conflicts with preventive efforts. For preventive coverage to be effective, it must also analyze the cultural, political and or geographic factors that could affect the effective handling of a future pandemic.

The report which was meant to guide journalists in their coverage of the avian flu also described preventive journalism as reporting on issues that can prevent the recurrence of a particular crisis in future. With regards to health crisis coverage, it advises that preventive journalism must move beyond simply giving information that leads to preventing more infections.
Regarding the coverage of Ebola in Ghana, the above qualities of preventive journalism as contained in the Unicef report explains why Ghanaian journalists that I interviewed described their response to the outbreak as preventive journalism. Josie commented on how as a journalist in Ghana she thought the culture of the people was worth monitoring as part of preventive journalism:

We know how African culture is. If a family member dies, no matter what, you have to be there. The way we prepare the body for burial involves bathing and handling of the body. We don’t care what killed that person, whether it was a contagious disease or not we damn the consequences. And give our dead the last respects. For us as Ghanaian journalist that was where our fear was. We had to ensure that we sent messages that educated people on what not to do. During the GJA training program that took place in Ho for those reporting on our borders, it was one of the main issues that came up. Our culture, the way we handle the dead, what can we do about it? Could there be a policy? Could government come up with a policy? If there should be a policy, how are we going to implement it? Is it something that can be implemented? How are Ghanaians going to embrace this whole idea? (Interview, June 17, 2016)

Although preventive journalism provides early warning reports about effective measures that help in detecting future crisis, preventive journalism also places premium on accurate and timely information, which is devoid of sensationalism (Unicef.org, 2007). In line with this, an informant told me about how his media house avoided sensationalism in their report as part of their preventive journalism stories.
As a policy, my media outfit, the Ghana Broadcasting Corporation, we do not like anything sensational. So before we put anything out there, we have to ensure that we have located the source to verify the authenticity of the story and that it will benefit the society. We heard other media houses carry scare stories that Ebola was here, Ebola was there but we did not do that. You know, most of those even turned out to be hoax. We went behind the scene and spoke to those matters to ensure that we understand what is happening before we put it on air (Interview, June 22, 2016).

To this informant, however, sensationalism in the Ebola news was not all that bad. To him, although the media could be blamed for covering sensational stories that created fear and panic, the nation as a whole became alert and everyone started being watchful for evidence of the disease.

Journalists do like sensational things and sensational stories were stories that were creating so much panic in the country. People were scared because we talked about transmission of the virus through sweat and other bodily fluid, so once you sit in public transport you didn’t want the person next to you to touch you and it created so much fear and panic even within families in our various homes. I think it was also good in way but it didn’t sustain because we didn’t record any case eventually we ignored all those things. We created so much panic but it helped us to be alert. It had the negative and positive sides but eventually people were aware of what to do should it happen and then the precautionary measures that we had to
take. Some people still do washing of hands, not shaking anyone etc. it has become the culture of some people now (Eben, Interview, June 28, 2016).

The findings from the Ghana data also revealed that, not all media reports about Ebola in the country were devoid of sensationalism. Two informants expressed their observation about how they thought some of the reports that surrounded Ebola in Ghana contained needless sensationalism that were blown out of proportion on social media thereby creating panic and fear:

Though the media were actually doing education especially on the radio stations based on the scripts of the symptoms of the disease, any similar symptoms were blown out of proportion with the help of social media with pictures of alleged cases going viral. Those cases turned out to be false. These people were not journalists in their communities. They saw these similar symptoms and with no verification post these pictures on social media. Before you verify it would have already caused damage to that person and the stigma that goes with it. We were misusing social media at that time creating false alarms. We had over 100 reports from Nouguchi of alleged cases that turned out to be false (Jane, Interview, June 18, 2016).

It could be argued that getting accurate health information from the right sources in times of emergency helps journalists to give credible news reports. Journalists who reported on the outbreak in Ghana said they had the opportunity of contacting health and other medical experts for information. This, the data revealed, set the right tone for the journalists to be educated about the outbreak in neighboring countries. Access to health
experts also helped Ghanaian journalists to cross check information and seek clarifications about stories and issues that needed further checks. Ghana’s Ministry of Health was mentioned as being readily available to provide needed information meant to educate.

It all started somewhere in May-June 2014 when we heard of the Ebola scare. As journalists we were supposed to take up the task of educating the public. Health reporters were assigned to take up the challenge and so we started researching about Ebola and took it up from there. But we didn’t do the Ebola reporting on our own. We worked directly with the Ghana Health Service and the Ministry of Health. It was the Ministry of Health that first held a press conference to educate the media on the Ebola (Afia, Interview, June 23, 2016).

Another informant also spoke about the close collaboration between the journalists in Ghana and these experts, a situation which she noted equipped the journalists with the right information about the outbreak.

We were with the experts the ministry and the public from the scratch to the end. Being with the regional team, committee that was set, being there at all meetings and knew the outcome of all meetings, actions that were being taken by the ministry, equipped us to know everything that was going on with regards to Ebola and Ghana. We were equipped with all that information so we had the opportunity to add that aspect to our reportage anytime we reported on Ebola. The information helped us to educate the public well on Ebola. Ghana being the hub of West
Africa most of the conferences were held here. We had a chance to deal directly with the experts.” (Interview, June 26, 2016).

Another informant also shared the view that the government in Ghana was prompted early and thus put on its toes as a result of the preventive journalism model adopted by the Ghanaian journalists. As she recalled, there was no way the government could ignore being alerted since there were lots of critical stories by the media. So the media reportage was coming from all angles and that put our health care section and government on their toes. People were asking numerous questions and that made them to sit up to put the necessary infrastructure in place should it happen then it means that we are well equipped. But remember that Ghana happened to be the hub for the consumables and the necessary equipment that goes into it for West Africa in general.” (Rebecca, Interview, June 18, 2016).

An informant also told me that one of the ways the Ghanaian journalists feel their preventive journalism style paid off was when they questioned whether there was an isolation center that could be used to quarantine infected people if there was an outbreak. She spoke of how they learned from other affected countries that having an isolation center was an effective way of dealing with the outbreak right from the beginning. The media was involved in the whole chain right from the beginning to the end. It really helped and equipped us, such that we were ready should it happen but it did not happen. Also based on what we were hearing from Sierra Leone and Nigeria, we were prompted to also alert our health system that we did not have an isolation where we could quarantine possible cases and that prompted the Ghana Health Service to look for a place
in Tema where they built an isolation center solely for Ebola. It was well equipped because WHO was involved to make sure it met the standard so that in case we never recorded and Ebola case there could be some other illnesses that needed to be isolated so that we would have a center (Rebecca, Interview, June 18, 2016).

I found West African journalists reporting their responses to the 2014 Ebola crisis as highly determine and committed to assisting in the fight against Ebola, but with scant resources. The tone of journalism in Sierra Leone was of development reporting-information seeking to prevent further spread of this deadly disease. Journalists in Ghana noted a preventive tone, the result of their journalistic vigilance of the country’s borders porous borders.
CHAPTER 5- AN AFRICAN MODEL OF HEALTH EMERGENCY NEWS

COVERAGE

The main objective for this study was to account the experiences of 18 journalists in Ghana and Sierra Leone who reported the 2014 Ebola outbreak in parts of West Africa. The challenges they faced and the various innovative methods they employed in covering the pandemic were also explored in this study. My study adopted a comparative approach to interview participants from both countries in order to establish the differences and similarities in their works as they covered the pandemic. Transcripts of these interviews were later analyzed and coded for themes that helped in answering the following research questions of the study:

1. What is the process by which journalists in health crises areas innovate reporting methods to respond to emerging health crisis?

2. How did media professionals and their institutions in Sierra Leone and Ghana professionally respond to the outbreak of Ebola in the region?

3. What constraints do journalists in West Africa face in reporting about emerging health crisis?

4. How may we characterize an 'African approach' to public health crisis reporting?

I chose the two countries as the sites for this study due to their unrelated experiences with the 2014 Ebola pandemic. While Ghana did not record a single case of Ebola during the epidemic, Sierra Leone on the other hand was ravaged by the plague. The findings show that journalists in Sierra Leone had a little or no time to prepare adequately for the nuances involved in reporting on the outbreak. As the disease spread
from one person to another in Sierra Leone, both print and broadcasts journalists in the country were faced with enormous amount of information evolving out of such an emergency which they had to process as news. These included the number of deaths from Ebola, new infection cases, rumors of newly infected people, conspiracy theories and corruption surrounding the management of the Ebola funds.

In short, the public health emergency that unfolded in the country was itself the news to be reported. Faced with such a challenge, journalists in Sierra Leone said they were concerned with the type of journalism that gave hope to the people of Sierra Leone while educating them about the dangers of the disease and how one could avoid it. They mentioned that in concert with their mother association, the Sierra Leone Association of Journalists (SLAJ), many journalists in Sierra Leone decided to practice development journalism which allowed them to join hands with the government in its efforts to end the outbreak. This part of the findings is supported by Skjerdal (2012) who observed that majority of the journalism practiced in some African countries are under what he calls the ‘interventionism journalism’ model which supports social change. Journalists who work under the interventionism model do so with the objective of change in the society.

Ghanaian journalists on the other hand who reported on the 2014 Ebola outbreak from the safety of their country, which did not record any case of Ebola, said they covered the Ebola outbreak from a preventive journalism angle. They explained preventive journalism as using their various media houses to publish information that educated the public about Ebola and urged the government to put in the necessary measures to control the virus in case there was an outbreak. The Ghanaian journalists said
through the preventive journalism angle that they used, the country became alert and was ready to deal with any outbreak had there been one.

Findings on the challenges faced by these journalists and the innovative methods they used to overcome such challenges while reporting on the outbreak are discussed further in the subsequent sections of this chapter. I discuss and interpret these findings and situate them in the larger picture of journalistic health emergency coverage scholarship.

Regarding the bigger picture of scholarship about the 2014 Ebola outbreak, this study situates itself in the narrative of health emergency risk communication (Lin, Savoia, Agboola & Viswanath, 2013; Lin, McCloud, Bigman, & Viswanath, 2016; Savoia & Viswanath; 2013). It does so by presenting an African oriented angle or side to the narrative, a seemingly missing piece in the works about the outbreak.

This chapter is divided into three main parts. In the first part, I discuss the findings to the various research questions within the broader frame of comparing the findings of the interviews I conducted with informants from both Ghana and Sierra Leone. The discussion in this section, like the remaining two, will also be presented in the context of wider literature that relates to the particular findings.

The second section deals with recommendations by the researcher on how to effectively communicate health related messages during times of health emergency crisis in an African country. The recommendations, based on the findings of this study will include among other things, how to communicate with an African audience who
are situated within in a culturally diverse environment and the third and final section talks about future research.

Discussing the Findings in Relation to the Research Questions

Research Question 1: What is the Process by Which Journalists in Health Crisis Areas Innovate Reporting Methods to Respond to Emerging Health Crisis?

The findings in the data revealed that journalists in Ghana and Sierra Leone both used two different types of innovative methods in reporting on emerging health crisis such as the 2014 Ebola outbreak. These are: Innovative methods in terms of safety of the journalists involved in the coverage and innovative methods in terms of communicating the disease.

In Sierra Leone, journalists reporting on the pandemic used both the innovative methods of communicating the disease and staying safe while reporting. One possible explanation for this is that Sierra Leone happened to be one of the hardest hit countries in West Africa by the 2014 outbreak as the country recorded 3,956 deaths (CDC, 2016). Journalists who reported on the outbreak thus had to be innovative in both reporting on the outbreak and staying safe from being infected with the Ebola Virus. This part of the finding agrees with Collins (2001) who found that journalists face some health and safety risks in their line of duties. The need to adopt measures to stay safe while reporting on Ebola in Sierra Leone could be attributed to two main factors:

1. Mistrusts in Journalists and Other Government Officials

Garba (2015) noted that “In Guinea, the grip of the deadly Ebola epidemic turned people’s fear into violence as mistrust of the government’s campaign to detect and
contain the virus grew. In one incident, three journalists were hunted down and killed along with medical workers.” (par.1). This explains how journalists in Sierra Leone, a country that shares a border with Guinea, will take the appropriate innovative measures of safety when reporting on the outbreak. According to one informant, people were ignorant about Ebola in Sierra Leone to the effect that they were spreading rumors that Ebola was not real and that it had been invented by the government to control people in the stronghold of the opposition political party in the country. The informant explained that this rumor heightened mistrust of the people in the government and even journalists who were covering the outbreak.

2. The Contagious Nature of the Ebola Virus

An informant from Sierra Leone noted that journalists in the country started taking innovative precautionary measures to stay safe after the death of one of their colleagues. The journalist had interviewed a nurse who was suspected of having contracted Ebola at a hospital in Kailahun but had run away to hide in Daru in Sierra Leone.

On the actual ways of staying safe, this is how Jake, an informant from Sierra Leone who writes for the Politico SL newspaper explained how he had to be innovative in staying safe while reporting on Ebola in Sierra Leone, “I would ensure that I changed my microphone shield and there was certain distance I maintained between who I was interviewing and myself, keeping the microphone at a very safe distance. I remember doing an interview with someone who was a confirmed case, from behind the curtain.”
(Interview, July 24, 2016). This informant also touched on how journalists had to balance the act of telling the Ebola stories and staying safe.

After my interview in about a week he was confirmed positive and the fear was do I have the virus myself? I had some scares. At a point my temperature shot up considerably and I thought I had the virus so I had to confine myself at home without touching my kids and any member of my family but without letting them know that I was being precautionary and for that matter spread fear in them. So it was a very huge balancing act, getting the story to be able to report on it fairly and also being safe. (Jake, Interview, July 24, 2016). Another informant also shared a similar experience of the innovative means she adopted to stay safe while reporting.

There was the red zone and the blue zone. The red zone was where the patients that had been confirmed to have the virus were. So If I go there I make sure the distance is far. But if I go where the people who had already recovered I got closer. Whenever I went to the centers, I ensured that there was some amount of space between me and the people I was interviewing. I don’t go that very close depending on the zone. (Interview, July 22, 2016).

While it was only journalists from Sierra Leone that concerned themselves with innovative ways of staying safe while reporting on the outbreak, that of innovative ways of communicating Ebola messages to the audience was employed by journalists in both countries. I found that one of such innovative ways that journalists in both Ghana and Sierra Leone came up with in communicating the outbreak was the use of certain social media platforms such as Facebook and WhatsApp. This part of the findings is line with
Harper (2010) who noted that the internet in general and the use of social media in particular has impacted how journalists and media organizations operate.

In Sierra Leone for instance, some journalists said they used their Facebook pages to start a ‘Declare State of Public Health Emergency’ campaign to force the president of Sierra Leone to cancel his trip to the USA and visit places in the country that were affected by the Ebola virus.

Other informants also revealed that they used their WhatsApp and Twitter pages to receive information from health expert sources and to update their followers about issues that surrounded Ebola respectively. One informant told me that since journalism was about speed and sending information in a timely manner, he used WhatsApp as a means of sending news to his editors in the newsroom for broadcast when he traveled outside of Freetown and could not come back on time. This part of the findings is supported by Deuze (2005) who argued that journalists’ work are underpinned by speed and making fast-paced decisions in their work.

The use of WhatsApp mobile phone application by journalists reporting on Ebola in Ghana was somehow different from the case in Sierra Leone. Journalists in Ghana said they used WhatsApp to organize themselves as a group of health reporters working on Ebola stories to facilitate information sharing between them. This difference in the use of these innovative methods could be attributed to the fact that there was an Ebola outbreak in Sierra Leone and not Ghana.

Contrary to the belief that the social media revolution will mark the end and death of traditional journalism, Harper (2010) contends that the use of social media by
journalists and their institutions rather underscores the point that journalism embraces transparency, and honesty.

Another innovative way that journalists in Sierra Leone adopted as a response to communicating the 2014 Ebola outbreak was collaborative communication. Bowman & Chris (2003) support this idea of collaborative communication between the media and the community in general. They note that there are times that the media see the need to involve outside members in the day-to-day process of news gathering and dissemination. This seems to have been the case in Sierra Leone where journalists and media practitioners involved the local community leaders in the day-to-day media coverage on Ebola. A likely reason for this could have been that Sierra Leone like many other African countries has a culture that respects opinion leaders and religious leaders. Involving such people ensures that the citizens would indeed listen to the message and be educated.

As a way of coming up with innovative ways to communicate about Ebola, journalists in Sierra Leone said they collaborated with among themselves, (media-to-media collaboration), with the government (media-to-government collaboration) and collaborated with the community as well, (media-to-community collaboration). The media-to-media collaboration in Sierra Leone was organized under the auspices of the Sierra Leone Association of Journalists which launched a program known as the Independent Radio Network (IRN). Under the IRN some forty two stations teamed up to broadcast information about the deadly virus in the country. The messages aired on IRN were produced and aired by volunteer journalists and reporters from different media
houses who coordinated to fight for a common cause. For thirty minutes each day, all radio stations would be connected to one hub to enable all radio listeners in the country to listen to the central message from IRN. Due to the success of the program, the duration of the IRN program was increased from thirty minutes to one hour each day.

The media-to-community collaboration which is also known as networked journalism, Becket (2008), or participatory journalism by Bowman & Chris (2003) allowed for the involvement of external parties in the production and distribution of news. (Sapngenberg & Heise, 2014). The reason for this was to let the media gain back credibility which it had lost with the people.

Informants revealed that the media in Sierra Leone were facing credibility issues due to the type of confusing messages they were sending out to the public about Ebola in the early stages of the outbreak. To gain back the trust of the public in Sierra Leone, participants said the media had to involve the voices and efforts of some respectable members in the various communities. To achieve this, an informant said they relied on community leaders and opinion influencers. This is how he put it:

We started working more on the messages and started interviewing people. We started getting the experts to talk in the local language, getting the religious leaders to come in and talk because at some point there were problems with Muslims. Muslims always wash dead bodies and Ebola virus is most active when the person dies. So the Muslim leaders had to be brought in to talk about not washing dead bodies. The Christian leaders had to be brought in. We put them on radio they spoke to the people. These were respected people in the community
and so the message went right down to the people and we were able to change the behavior of people. We were able to turn the narrative around (Interview, July 27, 2016).

As Bowman & Chris (2003) explained, participatory journalism is “the act of a citizen, or group of citizens, playing an active role in the process of collecting, reporting, analyzing and disseminating news and information. The intent of this participation is to provide independent, reliable, accurate, wide-ranging and relevant information that a democracy requires. Participatory journalism is a bottom-up, emergent phenomenon in which there is little or no editorial oversight or formal journalistic workflow dictating the decisions of a staff” (p.9).

One informant contended that the success of Sierra Leone in curtailing Ebola could be linked to the collaborative communication approach employed by the media in Sierra Leone:

That was one strategy we came up with and within a month and a half the narrative had started to change. People started to believe that there was hope when you had Ebola and of course messages were now coming on what to do, how to avoid it and even if you come across somebody who had it, how to take care of such a person” (Interview, July 25, 2016).

Media-to-Government Collaboration

Journalists in Sierra Leone also collaborated with their government in the course of work on the 2014 Ebola outbreak. Largely, the media in Sierra Leone saw the government, through its Ministriy of Health and Information as the main source of
information about the outbreak. Aside from seeing the government as a source of information, journalists in Sierra Leone also in a way acted as government mouthpiece in communicating the right information to the public (Internews.org, October, 2014).

Development Journalism involves helping the central government of a country achieves its development agenda (Ogan, 1980). In the case of Sierra Leone, it could be understood how the journalists would want to support the central government in achieving its goal of developing the country through eradicating the Ebola virus. The majority of the informants from Sierra Leone therefore admitted that they collaborated with the government in sending out positive messages to build the hope of the people regarding dealing with Ebola.

Research Question 2. How Did Media Professionals and Their Institutions in Sierra Leone and Ghana Professionally Respond to the Outbreak of Ebola in the Region?

The findings from this study revealed that there were differences in the manner in which journalists from Ghana and Sierra Leone responded to the 2014 Ebola outbreak through coverage. In Sierra Leone, what I have described above as media-to-government collaboration could be likened to Ogan’s (1980) concept of Development Journalism, which sees the media as partners in the development of their various countries. In the case of Sierra Leone, it could be understood how the journalists would want to support the central government in achieving its goal of developing the country through eradicating the Ebola virus. The majority of the informants from Sierra Leone therefore admitted that they collaborated with the government in sending out positive messages to build the hope of the people regarding dealing with Ebola.
Journalists who covered the outbreak in Sierra Leone were of the view that they had to act as partners of the government in order to help eradicate the outbreak in their country. As such, although they knew it was their journalistic duty to be critical in their report about some issues surrounding the government response to the outbreak, they chose not to engage in such journalism. Rather, they devoted their resources in the form of airtime and newspaper spaces to educate the public about the outbreak. As earlier mentioned, the concept of development journalism as explained by these journalists has been described as one that plays important role in developing the economies of third world nations (Anand, 2014; Xiaogbe, 2009). It is thus understandable how journalists in Sierra Leone would embark on this type of journalism.

A number of informants who shared similar views like the one expressed above believed that through development journalism, they were able to educate the public about Ebola and eventually get rid of it in Sierra Leone. Anand (2014) noted that development journalism played an important role in the affairs of developing countries. The study found that development journalism can contribute to good governance through influencing the decision making process of a country.

Development journalism however faces some challenges and has not escaped criticism. As Xiaogbe (2009), notes “development journalism and scholarship around it have long been belittled or neglected by the journalism research community. One indication can be found in the limited output of academic studies in the literature of journalism studies.” (365). The argument by Xiaogbe (2009) that development journalism serves the elite is somehow rather counteracted with the positive results from
Sierra Leone where journalists said they used development journalism to help educate the people in the fight against Ebola. (Xiaogbe, 2009). This, however, does not collapse the argument that development journalism comes with some disadvantages.

As noted by some journalists in Sierra Leone, working closely with the government during the 2014 Ebola outbreak and carrying information from the government to the people came with its attendant issues. Mistrust and loss of confidence in the media were rife in instances when the public felt the media had let them down. One informant framed the situation this way:

The government or service providers will say we have the facilities let people not stay in their homes let them go to the health centers we will take care of them but then when the media tell people to go to the health centers there were nobody there to take care of them. So at the end of the day people were blaming the media for creating false information or giving them the wrong impression. Therefore, there was this difficulty for the media as to the extent to which you could rely on government information for dissemination for the public (Interview, July 22, 2016).

Although some journalists from Sierra Leone said they covered the outbreak with a development journalism orientation, two journalists said they were critical in the coverage of the outbreak. Analysis of portions of news stories produced by one of these two journalists supported this find. The first journalist, a proprietor of a radio station who was critical of the government’s response to Ebola was arrested and sent to prison for his comments which were described by the government as incriminating.
The other journalist, the editor of Politico S.L newspaper in Sierra Leone wrote news stories and editorials in his newspaper which suggested that both the United Nations and the Sierra Leone government were not responding appropriately to the 2014 Ebola outbreak.

In Ghana, all journalists who covered the 2014 Ebola outbreak in Ghana said they saw themselves as protectors of the country and thus covered the outbreak from a protective journalism orientation. Participants from Ghana said they saw it as their duty to send out the right information aimed at educating the people about the dangers of the disease and what one could do in an event that someone is suspected of having symptoms. Ghanaian journalists said they embarked on a series of training sessions to enable them report about Ebola effectively. The Ghana Health Service, the Ministry of Health and the Ghana Journalists Association all joined hands to train Ghanaian journalists on medical reporting while there was Ebola outbreak in Guinea, Liberia and Sierra Leone.

Research Question 3. What Constraints Do Journalists in West Africa Face In Reporting About Emerging Health Crisis?

Lack of specialized science or health reporters, inexperience in communicating health emergency outbreaks and the lack of health experts to comment on Ebola issues were some of the main challenges that journalists in Sierra Leone faced as they reported on the 2014 Ebola outbreak. Others included ethical challenges, mistrust of the media that created fear and panic in the beginning, lack of adequate resources, ever-changing
themes in health messages, as well as being ignored by health experts who would first want to share information with foreign journalists before considering local journalists.

The challenge of being overlooked by international health experts who would at times choose to release information to foreign reporters before considering local reporters was faced by journalists both in Ghana and in Sierra Leone. In an almost similar message, informants from Sierra Leone and Ghana shared their thoughts on this particular issue with me:

I realized that in some instances some sources were more inclined to talk to the international media people than local media. But also at the end of the day, we the local journalists know the terrain, the people, the culture, we understand the geography. We can speak the language and so we were more inclined or in a better place to talk to survivors and get real life testimonies and case studies than the international media (Interview, July 23, 2016).

An informant from Ghana shared similar sentiments about how international journalists were given preferential treatment by sources when it comes to getting information, “We were sometimes ignored as journalists at the regional level where there was a regional committee meetings. Attention was given to the international journalists at high-level meetings to the neglect of the Ghanaian media. Even getting a speech issued at such functions was a problem for local journalists (Interview, June 22, 2016).

While the challenge above was the only one experienced by journalists from Ghana, I discuss below how journalists from Sierra Leone experienced all the other challenges listed above that related to communicating issues about Ebola:
1. Ignorance and Inexperience In Science Reporting

One of the main challenges that journalists in Sierra Leone faced was not being experienced in medical reporting. The sudden outbreak of the 2014 Ebola outbreak in Sierra Leone coupled with the lack of adequate training in medical reporting left journalists in Sierra Leone ill prepared in their response to the outbreak. In line with what Appiah, Gastel, Burdine and Rusell (2015) note, scientific and medical reporting are done by general reporters in many parts of the world and Sierra Leone is no exception. Journalists who reported on the outbreak were general reporters who reported on everything else.

The result as one informant said was that reporters did not know how to go about reporting on the Ebola outbreak it in the right manner. The inexperience in science reporting by journalists from Sierra Leone explain why they sent out conflicting messages about the outbreak when it first broke out. This is supported by Larsson, Oxman, Carling, Herrin (2003) who argue that journalists who are not experienced in health reporting send out that inaccurate messages that are not based on facts in times of health emergency reporting.

Closely tied to the issue of non-medical or science journalists reporting on Ebola is the issue of lack of adequate training on health matters. Not being trained in medical reporting was also another challenge for journalists who reported on the outbreak in Sierra Leone. Kitzinger& Reilly (1997) support this with their find that lack of proper training in health reporting affect the quality of medical reporting by journalists.
The situation was different in Ghana as journalists in the country were distant from the outbreak. Even though Ghanaian journalists may not necessarily have been trained on how to report on Ebola, majority of the journalists in Ghana who reported on the outbreak from Ghana were coming from a period where they had reported on the outbreak of cholera in the country. Although Cholera is a very different disease from Ebola, these journalists said they had an idea how to do health reporting based on their previous experience with cholera. They had also become the official health reporters of their various media houses which in turn recognized them as such.

Leask, Hooker and King (2010) argue that being a trained health reporter helps puts one in a good position to report on science and medical issues such as the 2014 Ebola outbreak.

2. Lack of Experts as Sources

Added to the issue of no experience in medical reporting, especially on Ebola, journalists from Sierra Leone were faced with the problem of not having health experts knowledgeable about Ebola to go to for information. While their colleagues in Ghana said they had access to several health experts to consult with in Ghana, journalists in Sierra Leone said they initially had to resort to the internet for information about the outbreak, especially in the early part of the outbreak.

As Ghana was made the Ebola Hub of West African activities, there were several health experts who had flown into the country in addition to those already in Ghana. This made access to information about Ebola easier for journalists in Ghana than for their colleagues in Sierra Leone.
3. Confusing Messages

The findings in this study suggested that the messages that the citizens of Sierra Leone were getting from the media about Ebola were confusing, leading to a lack of trust in the media initially. This is because when Ebola first broke out, journalists in Sierra Leone said they were forced to copy information about the disease from the internet since there were no health experts to comment on the outbreak. One reason that accounted for journalists copying information from the internet about Ebola was that they were ignorant about the disease and did not know where to start.

As one informant told me, the information available on the internet suggested that Ebola was a deadly disease which had no cure. The media therefore started broadcasting and publishing this information that Ebola was a deadly disease that had no cure. The informant said this created fear and panic among the people, forcing them to hide their relatives and friends who were infected with the disease. This early message of *Ebola is a deadly disease with no cure* also pushed the people to seek treatment from herbalists and other traditional healers rather than reporting at the hospitals early for treatment.

As time went on, the media in Sierra Leone realized that the information they later received from health experts and the research they did on their own about the disease were conflicting. Health experts later said that Ebola was curable and that if one reported early at the hospital they would have increased chances of being cured. When the media started giving out the second message that Ebola was curable it then resulted in the public being confused as to which of the messages from the media they should believe in.
4. Human Rights Challenges in Reporting About Ebola in Sierra Leone

One of the journalists from Sierra Leone who took part in this study was arrested by the government of Sierra Leone for publishing a story about corrupt activities that surrounded the management of Ebola funds. This shows that some journalists who reported on Ebola in Sierra Leone had to contend with government interference and sometimes heavy handedness as they asked critical questions and probed alleged cases of corruption surrounding the management of Ebola funds.

This part of the finding agrees with Coronel (2004), and Nyamnjoh (2006) who point out that the media in some African societies face several challenges from their governments. The findings about how some journalists in Sierra Leone had to be arrested by the government for questioning alleged corruption in the management of Ebola funds adds to the literature of how journalists in certain parts of Africa are still controlled by the government.


Journalists from Ghana and Sierra Leone who took part in this study said their approach to covering the 2014 Ebola outbreak was determined by the prevailing circumstances in their respective countries. While journalists in Sierra Leone said they reported the outbreak with a development journalism orientation because the pandemic hit the country, journalists in Ghana said they did preventive reporting because they wanted to protect Ghana from experiencing an outbreak.
The point above shows that journalists in Africa are flexible in their health crisis reporting styles, and are ready to adopt a particular journalism orientation that would present itself as a remedy to particular health crisis. For instance, while reporting on the outbreak in Sierra Leone, some journalists said they were willing to overlook an aspect of the general code of ethics in the profession by altering the ‘truth’. For instance, an informant told me that there were times they would reduce the actual number of deaths that had been recorded from Ebola when reporting. If the actual number of deaths recorded in a particular week was 300 for example, the journalist said they would reduce the number of deaths to 150.

He explained that they had to do this to build the confidence in the people and also to get the people to visit the hospitals early when they were infected. This part of the findings is supported by the works of Nyamnjoh (2015), Shaw (2009) and Skjerdal (2012), who have all underscored the need for African journalism to be practiced in an ‘African way’. To Nyamnjoh (2015), this amounts to African journalists ‘Africanizing’ their journalism practice.

Implications for Practice

My study of how journalists in Ghana and Sierra Leone reported on the 2014 Ebola outbreak has informed me of some of the challenges that African journalists had to face when reporting on health emergency crisis. The study also showed me the agency of these African journalists and how they try to overcome some of the challenges they face to be able to inform their people in times of public health emergencies. The comparative nature of the study showed how two African countries with completely different
experiences of the 2014 Ebola outbreak both covered the outbreak. For instance, findings from Sierra Leone revealed that some African journalists were willing to work alongside government to achieve a common goal of ending the Ebola outbreak in the country.

These were the journalists who said they practiced development journalism in Sierra Leone. Other journalists in Sierra Leone also said they felt it was important to hold the government accountable for the kind of response it gave to the outbreak when Ebola first broke out in the country. Still, others also believed that it was necessary to focus on the corruption that surrounded how Ebola funds were managed.

Ghanaian journalists who also reported on the outbreak from a country that did not record any case of Ebola said they were practicing the kind of journalism that would ensure that their people were educated and sensitized about Ebola. Through this, Ghanaian journalists said they were able to protect the country from any Ebola outbreak. Findings from the data revealed that all journalists in Ghana believed that they were able to set the right health agenda in the country based on the coverage they gave to the issue. Ghanaian journalists said they rated their performance in setting the right health agenda on Ebola in the country high because they educated the public about the disease and also ensured that the government of Ghana had put in place the right measures to handle the outbreak if it had occurred.

One possible explanation for this is the fact that since there was no outbreak of the disease in Ghana, it was easy for the journalists in the country to focus on a single agenda which they described as ‘preventive journalism’, meant to protect the country from experiencing an outbreak.
Similarly informants from Sierra Leone also said journalists who covered the outbreak in the country helped set the right agenda, “It was the media who encouraged the people to report early because this is disease that if you don’t report the symptoms you will bleed and die. The problem with the initial outbreak was that people were not reporting the sick.” (Interview, July 19, 2016).

The section of the journalists in Sierra Leone who think this way believe that it was the media that helped to educate the people and sensitize them to visit the hospitals early in case there was an outbreak. This is contrary to Leask, Hooker and Kin (2010) who maintained that mass media always fall short in communicating scientific message.

According to their study "It is well recognized that the mass media, especially its traditional components, print, television and radio, is in many ways a poor vehicle for the communication of scientifically accurate information about health and medicine, prone to sensationalism, sins of omission, and sheer inaccuracy (Leask, Hooker. & King, 2010 p. 2).

A section of the journalists in Sierra Leone however thought differently and said they did not think the media created the right educational atmosphere in the country. This small number of informants who believed that the media in Sierra Leone did not do a good job in setting the right health agenda might have done so for various reasons;

First, they believed that the decision by their colleague journalists and the Sierra Leone Association of Journalists (SLAJ) to practice development journalism clouded their journalistic eyes and compromised their professional goals. This in the view of the
informants who thought the media in Sierra Leone did not set the right health agenda made it difficult for them to ask the government some tough questions.

Secondly, the arrest and harassment of one of their colleagues by the government of Sierra Leone might have influenced these informants to think that some journalists acted out of fear of reprisal from government and thus did not do much investigative reporting about the disease. According to Suchman & Wilkes (1997), the press does a poor job in communicating medical or science news to the public. The study cited reasons such as competitive pressure, careless reporting and the general ignorance of the press about scientific issues as some of the reasons behind the abysmal performance by the press when it comes medical reporting.

I also observed some issues in the course of the research that if addressed could enhance how the media in Africa can better serve the public with accurate health information in times of public health crisis. Based on this observation, I would like to make the following recommendations which I believe could help inform aspects of how journalists in Africa could go about reporting on health emergency outbreaks in their respective countries.

The first recommendation I would like to talk about is effective collaboration between government, the media and other stake holders who may be involved in the management of health crisis in any African country. This is based on the findings in this study which suggested that effective collaboration between the media in both Ghana and Sierra Leone positively affected the messaging of the health news and how the news was received by the people. This collaboration will make it easy for the media to access
information from the right sources and assist them to release timely and accurate information.

The above recommendation is supported by Holmes, Henrich, Hancock & Lestou (2009) who point out that since public health officials communicate public health messages through the media, there was the need for an effective collaboration between public health officials and journalists. Lack of such collaboration between the government, the media and stakeholders involved in managing health crisis in a country could force journalists to speculate and go looking for information from elsewhere as was the case in Sierra Leone where journalists looked for information from the internet many of which turned out to be inaccurate.

The second recommendation I would like to give is the setting up of training institutions that offer professional training in health or science reporting to African journalists. African journalists who want to focus on health or science reporting can take advantage of this and gain the valuable knowledge in science reporting. This is supported by Appiah, Gastel, Burdine, & Russell, (2014) who also argue for the need for journalism institutions in Africa to have as part of their curriculum training modules that focus on science reporting.

Implications for Future Study

In that the 2014 Ebola outbreak in parts of West Africa was declared ended in 2016 by the World Health Organization WHO (2016), my study on how West African journalists in Ghana and Sierra Leone responded to the outbreak in terms of coverage might be among the pioneer studies about the subject. There is the need for further
additional studies to be conducted regarding the role that the media played in the fight against Ebola in West Africa.

One area that I recommend for future research is how the audience in Ebola stricken countries in West Africa would rate the performance of the media in setting the health agenda. This is because while my study limited itself to the opinions and experiences of West African journalists who covered the 2014 Ebola outbreak, it does not capture how the audience evaluate the works of these journalists. This makes it difficult to evaluate the media’s performance from the point of view of audience who are citizens of these countries. Therefore, it would be appropriate for someone to use Agenda-Setting theory to find out from the public whether the media was successful in setting the health agenda during the outbreak or not.

Another suggestion I would like to give for further research is for someone to look at which medium in any of the Ebola affected countries had the most effect on people. Here I would like to suggest that a special attention be paid to how radio in particular was used to communicate health messages to the people during the outbreak. Finally, I would like to state that as reported by journalists in Sierra Leone, reporting on the 2014 Ebola outbreak as African journalists was not an easy task.

These journalists who faced the risks of being infected with the virus still felt motivated to report the outbreak due to the passion they have for their country. The question that arises however is whether they were able to communicate information about the outbreak to their audience effectively.
Gasser-Edelsburg & Shir-Raz (2017) argue that in an event that the media is not able to communicate public health issues to the public effectively, the media cannot take the sole blame in such instances. They opine that journalists cannot be the only people who are to blame for the media’s inability to serve as a watchdog when it comes to public health issues. They added that collaboration between medical sources and journalists could help aid journalists reporting of medical issues. It is based on this point that I make a further suggestion for future research on the collaboration between the media and health sources in Ebola stricken countries.

Limitations of the Study

This study focused on West African journalists who covered the 2014 Ebola outbreak in parts of West Africa. Although an ideal representative sample for such a study should include journalists in West Africa who covered the outbreak in Guinea, Liberia and Sierra Leone, informants were only drawn from Ghana and Sierra Leone. This is because the study was bound by time and resources and issues of accessibility. These factors would not permit me to include all these journalists and media practitioners who covered the 2014 Ebola outbreak in West Africa.

A sample of size of just 18 informants drawn from Ghana and Sierra Leone who reported on the outbreak does not make it possible for me to generalize the findings of this study to represent all West African journalists who covered the 2014 Ebola outbreak in parts of West Africa.

As a West African journalist from Ghana, I must admit that I was challenged by the issue of researcher bias throughout this study. Reading accounts of people dying
every day in the heat of the 2014 Ebola outbreak in Guinea, Liberia and Sierra Leone was both a motivation for me to conduct this study and also something hard for me to deal with at the same time.

However, I must state that as discussed in Chapter 3 of this study under *Credibility*, I adopted several measures to enable me overcome this limitation and increase the trustworthiness of my study. Among these are peer debriefing and member checking which I did with my advisor and informants respectively. I also used several qualitative research methods such as semi-structured interviews, qualitative content analysis and participant observation to collect the data. This triangulation of methods enabled me to compare what informants reported in the interview with what some of them reported in the news as a way of increasing the validity of my study.
REFERENCES


Appiah B, Gastel B, Burdine., & Rusell, H.L. (2014) Science reporting in Accra, Ghana:


Boyartzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and*


Copied from https://www.washingtonpost.com/lifestyle/style/media-goes-overtime-on-ebola-coverage-but-not-necessarily-overboard/2014/10/06/d65e92fc-4d8a-11e4-8c24-487e92bc997b_story.html


Development Goals in Africa by 2015-an overview. Veritanaria Italiana 46(2).


Eckler, P., & Kalyango, Y. (2012). Cross-national content analysis of the coverage of the


outbreak/global-threat-obama-reveals-plan-ebola-outbreak-n204731


a category of bourgeois society. MIT Press.


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Joint Information Center, Emergency Operations Center, Centers for Disease Control and Prevention, (October, 2014). Key messages-Ebola Virus Disease, West Africa.

Kagurusi, P.T. (2013). Impediments to media communication of social change in family planning and reproductive health: Experiences from East Africa. *African journal of reproductive health*. 17 (3): 70-78


232


Nkanga, P. (2014, October 17). In Ebola-stricken countries, authorities and journalists should work together. Retrieved from https://www.cpj.org/blog/2014/10/ebola-


Ofori-Birikorang, A. (2009). Promoting a new Health Policy in the Ghanaian Media: Newspaper Framing of the National Health Insurance Scheme from

Outbreak in Western Africa-do we need to counter one, two, or many epidemics? 

*Croatian Medical Journal 56 (5) 496-499.*


Parmer et al (2016) Crisis and emergency risk messaging in mass media news stories: is the public getting the information they need to protect their health? Health communication 31(10). 1215-1222


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Secondary Data Analysis, Fieldwork, Observation/Participant Observation, and Informal and Semi-structured Interviewing. *Culture ecology of health and change.*


Trans-regional Crisis of SARS, Asian Journal of Communication, 15:3, 255-273, DOI.


UNDP (2015). Socio-economic impact of the Ebola Virus Disease in Guinea, Liberia and


Interview Guide

Interview #-----------------------------------

Date----------------/--/--

Interview Protocol


1. Opening

   A. Establish rapport

   You are welcome and thank you for your participation in this study.

   B. Purpose

   The purpose of this study is to find out the experiences of journalists and their editors of the various media houses in West Africa who were involved in the production of news about the 2013-2014 Ebola outbreak. Your responses are confidential.

   C. Consent information

   In order for me to be able to do correct extraction of the information you provide me, I would like your permission to record this interview which will take between 40-60 minutes with a tape recorder.
At this point, please be reminded of the written and signed consent to this study. If at any point you wish to discontinue the interview or object to the recording, you are free to do so and please let me know.

Do you have any questions at this point?

Shall we begin the interview then.

Questions

1. What is your journalism background?
   a. How long have you been a journalist?
   b. Which media institution do you work with?
   c. How long have you worked with this media institution?
   d. How would you describe working at this place?

2. In your view what has been the performance of African Journalists in times of health pandemic?

3. As a journalist, what was your reaction when you were reporting on the outbreak in West Africa?

4. Ask of the challenges faced in reporting on Ebola?

5. Ask of informant’s view of accessing information in times such as the outbreak of Ebola?

6. Ask of the methods used reporting about Ebola and why?

7. As a journalist in Africa, what was your motivation in reporting about Ebola?

8. What would you say was the relationship between journalist and government officials in Ebola stricken countries?
9. Is there anything you would want to say?

10. Conclude the interview by thanking informants.

I appreciate your time for this interview.