

GHANA INSTITUTE OF JOURNALISM

REPORTING THE DARK CONTINENT: A FRAMING ANALYSIS OF THE *NEW YORK TIMES* AND *DAILY GRAPHIC* REPORTAGE ON THE 2014-2015 EBOLA OUTBREAK

BY

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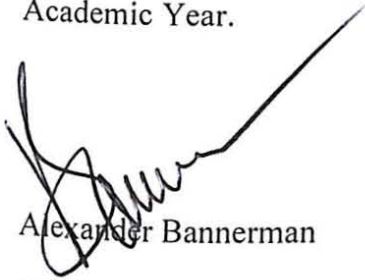
A DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES AND
RESEARCH, GHANA INSTITUTE OF JOURNALISM

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER
OF ARTS IN DEVELOPMENT COMMUNICATION.

OCTOBER, 2015

DECLARATION

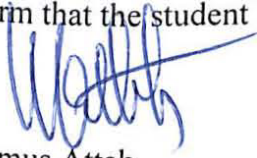
I declare that I have personally, under supervision, undertaken the study during the 2014 /2015 Academic Year.



Alexander Bannerman

October, 2015

I declare that I have supervised the student in undertaking the study submitted herein, and confirm that the student has my permission to present it for assessment.



Maximus Attah

October 2015

DEDICATION

This work is dedicated to my family, especially to my wife Phyllis, My children Agyemang, Nana Afua Serwah, Kwantabisa Jnr. (Papa Jnr.) and Afrakuma.

ACKNOWLEDGEMENTS

I thank the Almighty God for guiding and giving me the wisdom and knowledge to undertake and complete this academic programme. I would also like to express my appreciation to my supervisor, Maximus Attah, and to my other lecturers, including Mr. Perry Oforu and Dr Hammond, whose guidance and encouragement helped make this work a reality.

In addition, I am deeply indebted to Ambassador Kabral Blay-Amihere, Mr. George Sarpong, who tolerated and supported me during this academic endeavor.

Theophilus Aperkor and Eric Dagadu for their assistance and friendly support given me during the programme.

ABSTRACT

CAUSING FEAR AND PANIC: A FRAMING ANALYSIS OF THE NEW YORK TIMES AND DAILY GRAPHIC REPORTAGE ON THE 2014-2015 EBOLA OUTBREAK

By Alexander Bannerman

This study looks at the media coverage on outbreak of the Ebola virus in three West African states, namely Guinea, Sierra Leone and Liberia and exported to others as far as Europe and North America. A content analysis of the content of Ghana's Daily Graphic and United States' New York Times were performed for the study in a comparative context.

The purpose of the study was to determine the depth of reportage, the context and presentation of the affected countries, key messages carried in the news stories, and stereotypes thereof. The findings suggest that the local media lacked depth and content, while the western media had depth and details but inclined towards stereotyping. Also, the outlook and content of the local media depended heavily on the source of their stories.

Keywords:

Ebola, West Africa, health, media framing and bias, agenda setting, media coverage

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List of Abbreviations

BBC	British Broadcasting Corporation
UN	United Nations
UNMEER	United Nations Mission for Ebola Emergency Response
USA	United States of America
CDC	Centre for Disease Control
WHO	World Health Organisation
NWICO	New World Information and Communication Debate
UNESCO	United Nations Educational, Scientific and Cultural Organisation
HIV/AIDS	Human Immuno-Deficiency Virus/ Acquired Immune Deficiency Syndrome
NYT	New York Times
DG	Daily Graphic
NEJM	New England Journal for Medicine
ECOWAS	Economic Community for West African States
WAHO	West African Health Organisation
UNICEF	United Nations Childrens Education Fund
NMIMR	Noguchi Memorial Institute for Medical Research
AfDB	African Development Bank
MOH	Ministry of Health
UK	United Kingdom
EVD	Ebola Virus Disease
NHIS	National Health Insurance Scheme
SARS	Severe Acute Respiratory Syndrome

CHAPTER ONE

1.1 Introduction

This chapter introduces the study. It further outlines the background to the study, the research questions, significance and overview of the entire report.

1.2 Background

The recent Ebola virus outbreak in the West African sub-region has dragged on over a longer period and with the highest casualty rates recorded in the history of the disease outbreak so far. The outbreak has breached borders into Liberia and Sierra Leone and jumped across three or four counties to Nigeria and most recently, the reported case of a two-year-old girl in Mali. Health workers and relatives of patients have also carried the virus to other countries like the USA and UK.

According to the World Health Organisation's Regional Office for Africa (2014),

Ebola virus disease (formerly known as Ebola hemorrhagic fever) is a severe, often fatal illness, with a case fatality rate of up to 90 percent. It is one of the world's most virulent diseases. The infection is transmitted by direct contact with the blood, body fluids and tissues of infected animals or people. Severely ill patients require intensive supportive care. During an outbreak, those at higher risk of infection are health workers, family members and others in close contact with sick people and deceased patients.

The total number of infections so far stands at 28,000 (twenty eight thousand), with Sierra Leone having the highest number of infections. Liberia, however, has had the highest number of deaths since the outbreak (BBC, 2015)

Country	Number of Infections	Number of Deaths
Guinea	3,783	2,512
Liberia	10,672	4,808
Sierra Leone	13,250	3,949
Nigeria	20	8
Senegal	1	0
Mali	8	6
Italy	1	0
Spain	1	0
United Kingdom	1	0
United States	4	1
Total	27,741	11,284

Table 1: Number of infections in affected countries (source: BBC, 2015)

Ghana has so far been lucky not to have seen or reported any infections, with several suspected cases all having tested negative for the virus; but there is growing concern over a number of possibilities:

- (a) Ebola carriers arriving undetected,
- (b) Ebola carriers passing through to other countries,
- (c) Apparent lack of any concrete and elaborate contingency plan to contain an outbreak.

There were also public concerns over the citing of the Ebola Response Centre of the United Nations in Ghana, as well as the recent concerns over the Ebola vaccine trials in Ghana. These

were due to poor public education on the issues, and caused so much uproar and public outcry to the point where public education and official government and technocrat responses and education were rendered ineffective.

The above listed concerns are real, owing to the porous nature of the Ghanaian borders. Local reportage on the “crisis” has been muddled, while international reportage seems to achieve only one thing: confirm the image of Africa as “The Dark Continent”.

This study would attempt to study the frames under which the narrative has been carried out in the local and international media, in this case, the Ghana’s biggest newspaper the Daily Graphic and the New York Times.

The study further segments the period under study as:

- a. the onset of outbreak
- b. when Ebola cases are reported locally
- c. bringing the outbreak under control
- d. calls for and deployment of aid
- e. reports on the life of recovered patients and families of those affected

1.3 Statement of the Problem

Africa over the years has been portrayed as the place of poverty, where everything evil, terrible and inhumane exists and occurs. This was the bane of the New World Information and Communication Order debate which took place in the 1970s resulting in the McBride Report.

The MacBride Report (1980: 157-158) argued that:

Distortion of news...occurs when inaccuracies or untruths replace authentic facts; or when a slanted interpretation is woven into the news report...through the use of pejorative adjectives and stereotypes.... This occurs where events of no importance are given prominence and when the superficial or the irrelevant are interwoven with facts of real significance.

The NWICO debate that dominated the world discussions pointed out a number of issues affecting international flow of news and culture, stressing the argument in the report of the United Nations Educational, Scientific and Cultural Organisation's (1970):

“What has come to be known as the free flow of information at the present time is often in fact a ‘one way’ rather than a true exchange of information”.

So the more developed countries treat the less develop countries as inferior, and present them as such in the news and other content of international communication. For instance, the 53 nations of African are often lumped together as one while the continent is often portrayed as “a crocodile-infested dark continent where jungle life has perpetually eluded civilization” (Ebo, 1992: 15).

The NWICO debate died pre-maturely with the western countries fiercely resisting the implementation of the resolutions thereof, which nearly led to the collapse of the United Nations Educational, Scientific and Cultural Organisation (UNESCO). Moving forward, reportage on the continent seems to remain the same, without much change, very much dominated by conflict, poverty, and diseases. This has not changed much with recent reportage on the HIV/AIDS.

The Ebola disease has been largely portrayed as an African problem, the physical evidence that Africa is the most dangerous and darkest place on the planet. This notwithstanding, the Ebola

virus has been reported in other places other than Africa, including the United States, Italy and the Philippines.

Writing on the Politics of Illusion, W. Lance Bennet (quoted in Mheta, 2015) argued that

I think unfortunately in the Western media, there are first-world diseases and third-world diseases, and the attention devoted to the latter depends on the threat they pose to us, not on a universal measure of human suffering.... A death in Africa, or Asia for that matter should be as tragic as a death in Europe or the USA, and it doesn't seem to be.

1.4 Research Questions

The study will attempt to answer the following:

- a. Under what frames do the western media report the outbreak of Ebola?
- b. How much of local media reportage on the outbreak comes from western sources
- c. Do local media select stories from the western media with particular frames?
- d. Which frames feature in local stories on the reportage
- e. Do the various stages of the outbreak have an impact on the dominant frames used?

1.5 Significance of Study

In the wake of the new current outbreak of the Ebola disease, which is considered very deadly, and a strange phenomenon to many, including people on the continent, one wonders how the western media will portray the outbreak on the continent.

Again, the dynamics of the outbreak is different from previous ones, this time, it is occurring at a different geographical area on the continent, which has never recorded a case prior to this outbreak. This begs the question whether there will be any clear indication within the reportage to show that the outbreak this time is different from previous areas.

It is also important to see if there is any difference in the reportage of the local media, to see if they by themselves understand the phenomenon enough to provide enough information in their reportage, and whether or not when they source news from foreign sources, like the wire services, they consider the presence or not of cultural bias in the stories provided to them.

1.6 Organisation of Study

This study will be organized into five chapters. The first chapter captures a background to the study. The second chapter reviews literature and related studies as well as theoretical frameworks.

Chapter three describes in detail, the method used, including the sampling method. The fourth chapter presents the data collected and analysis of the data. The last chapter presents conclusions and recommendations.

1.7 Limitation of Study

This study has as its main limitation, the lack of information or data from within Ghana on the Ebola outbreak. This is beyond the control of the researcher and the country, since justifiably so;

no outbreak has been recorded in the country, so the researcher has to rely on data and assessments from international agencies like the United Nations, Centre for Disease Control, etc.

There is also the potential (depending on the background of the reader) of the study having a certain bias towards the western media in the analysis. This is however, the very intent of the study, which is to look at the biased frames that the African continent is presented in, hence the researcher realizes the fact that anyone who may be tuned into the western bias (if found to be real by this study) will likely disagree with the analysis herein.

CHAPTER TWO

2.1 Pre-2000 Ebola Outbreaks

The first widely recognised outbreak of the Ebola virus occurred in Yambuku, Northern Zaire, in 1976. There was a similar outbreak in Southern Sudan, which later laboratory results showed was a distinct subtype from the strain that caused the Yambuku outbreak (Sanchez et al, 1995). The Yambuku outbreak killed 280 of the 318 people it infected, a mortality rate of near 90 percent (WHO Bulletin). (Sanchez, 1995) put the mortality rate of the Sudan outbreak at 50 percent.

The Yambuku outbreak first began after a teacher went to hospital with a disease thought to be malaria. He was given a chloroquine injection, but at the time needles were not sterilised after use. Thus the disease was spread unknowingly by the Yambuku Mission Hospital to all the inhabitants of nearby villages they serviced. Attention was only drawn to the possible outbreak after 11 staff members of Yambuku Mission Hospital fell ill. The index case attended hospital on the 1st of September 1976 and the last Ebola patient died on 5th November, 1976 (WHO Bulletin, 1978).

There was another outbreak in two settlements in Gabon, spanning three months between December 1994 to February 1995. The first outbreak occurred in Minkébé, a small-scale gold mining settlement and its environs. Thirty-two people contracted the disease, and travelled over 100 miles by boat to Mekouka General Hospital to seek medical attention.

The second occurred in Makokou. In all, 49 people were infected, with 29 dead, marking a mortality rate of around 59 percent. Officials in Gabon declared the outbreak over eight days after the death of the last patient, when the normal period for declaring Ebola over was 42 days after the last case (Georges et al, 1999).

The biggest outbreak to occur after the first outbreak in Yambuku occurred also in Zaire, in a southern town known as Kikwit. The first case occurred on January 6, 1995, when a charcoal worker attended Kikwit General Hospital with an ailment. He worked in the forests near Kikwit and could have been exposed to the primary vector via any number of means. He infected three members of his family and 10 members of his extended family over a period of nine weeks (Khan et al, 1999).

Human to human transmission occurred till the end of April 1995 before the presence of the virus was detected. A laboratory technician at the hospital fell ill, and underwent surgery. Some of the medical personnel who performed surgery on him also fell seriously ill (Sanchez et al, 1995).

As Sanchez writes, after repeated illnesses of the medical team, specimens were sent to the United States Center for Disease Control and Prevention (CDC) through the Tropical Institute of Antwerp (Belgium). Teams of experts from CDC, the World Health Organization, Belgium,

France, South Africa, and Sweden travelled to the region to assist in implementing safe patient care, management, and containment of the Ebola virus outbreak.

The Kikwit outbreak killed 244 of the 315 cases marking a 77 percent fatality rate. The outbreak was declared officially over on August 24, 1995. Sequencing by the CDC showed a 1.6 percent between current strain and original 1976 strain. Sanchez et al, (1995) stated that:

Such little change in viruses that caused outbreaks of disease at extreme ends of Zaire separated by a span of nearly 19 years, may indicate that the genomes of Ebola viruses (and filoviruses in general) are unusually stable and have evolved to occupy special niches in the wild.

The Reston of the Ebola virus, which is harmless in humans, has occurred sporadically in the USA, Phillipines, and Italy, with no human casualties.

2.2 Outbreaks of the Ebola Virus Post - 2000

The first occurred in Uganda, involving a strain of the Sudan virus. A fever that caused haemorrhages was affecting many health workers and the populace in Rwot-Obillo, a village 14 kilometres north of Gulu town.

On October 8th 2000, a report was made to the Ministry of Health by the District Director of Gulu district of the highly fatal disease. On October 12th, samples collected were sent to the National Institute of Virology in South Africa, where the virus tested positive as the Sudan strain of Ebola. Gulu is one of Uganda's northernmost districts, bordering Sudan (Lamunu et al, 2002).

Swift measures were implemented to deal with the outbreak, including the setting up of multiple taskforces. Uganda was declared Ebola free on 27 February 2001, 42 days after the last case was reported. The 2001 outbreak killed 224 people out of the 425 total reported cases (53 percent) fatality rate (Lamuna et al, 2002).

Later that same year, the Zaire strain was found to have re-emerged in Gabon and Congo, which border each other. Whilst the epidemic is believed to have started in October 2001, the World Health Organisation received notification of it on December 4. By then seven deaths had already occurred, and an inter-agency taskforce with Gabonese and WHO officials as well as military personnel working on containment of the outbreak. Irrespective of their efforts, other cases were reported in neighbouring Congolese villages. The epidemics run concurrently until it was declared over in March 2002. At that point, 43 out of 57 (75 percent) had died in Congo, whilst 53 out of 65 (82 percent) died in the Gabon (cdc.gov). There were two outbreaks in Congo in 2003, with the first one having started in December 2002 but only being detected later, in the districts of Mbomo and Kéllé in Cuvette Ouest Département. The initial outbreak killed 129 out of 143 (90 percent) cases (Formenty et al, 2003).

The second outbreak also occurred in Mbomo district, in the villages of Mbomo and Mbandza. The outbreak, which ended in December, had a mortality rate of 83 percent. This represents 29 out of the 39 reported cases.

Another outbreak hit the Democratic Republic of Congo in 2007. The outbreak, of the Zaire strain of the virus, killed 187 out of 264. It occurred in Kasai in Occidental province, and was officially declared over on 20th November. A totally new strain was discovered in Bundibugyo, Uganda, in December 2008. It was the first reported outbreak that was not due to either earlier known strains of Sudan or Zaire. Somewhat noticeably, the Bundibugyo strain lasted for a shorter period and had a significantly lower mortality rate being 37 deaths out of 149 cases (Macneil et al, 2011).

The Bundibugyo strain reoccurred in the Democratic Republic of Congo in 2012. Astonishingly, a similar outbreak was running concurrently in Uganda, where the strain was first noticed, but the new one was the Sudan strain. Once again, the Bundibugyo strain had a low mortality rate, with 36 percent of infected patients dying (13 out of 36). The Uganda outbreak, in Kibaale district, killed four of the eleven patients, and was declared over in October 2012 (cdc.gov).

2.3 The Worst Outbreak in History, West Africa 2014/15

The outbreak mainly affected the three West African countries of Guinea, Sierra Leone, and Liberia, killing over ten thousand people as the longest lasting epidemic decimated these three nations. The 2014 outbreak also affected Nigeria and Senegal, Mali, as well as cases being reported in the United States, the United Kingdom, Spain, and Italy. An unrelated outbreak hit the Democratic Republic of Congo also in 2014.

The first recorded incidence of the virus in West Africa was the 2014 outbreak that has gone on to become by far the worst in history. Many factors are believed to have led to the catastrophic outcome of the 2014 epidemic. The presence of the Ebola virus was not diagnosed early enough for measures to be taken. Investigations show that even though the first case is believed to have occurred in late December 2013 in Guinea, the WHO was only notified in March 2014 (WHO bulletin, 2014). However, even after the notification there was a poor response towards dealing with the epidemic, with initial control measures being very poor. Ebola had never hit prominent urban centres before, where the bustling economy means risk of infection was extraordinarily high. Yet the response remained lukewarm and the virus spread exponentially (Fisman et al 2014), (WHO bulletin, 2014). The WHO later admitted to mishandling the initial response to the virus (Boseley, 2014). Spread of the virus started initially in three south-eastern districts of Guinea, Gueckedou, Macenta, and Kissidougou, and the capital Conakry. Cases were reported in Liberia in March whilst the first Sierra Leonean cases were reported in May (Dixon & Schafer 2014). At the time of doing this research, the West African epidemic had killed 11,384 out of 27,952 cases, (41 percent) mortality rate. The Ebola virus entered Nigeria on the 20th July, when an infected Liberian flew into Lagos. After detection, there was a swift response to combating the virus, which led to the one of the best successes in fighting Ebola, nineteen people were infected, of which seven people died. Nigeria was declared Ebola free on October 20th (WHO, 2014).

International air travel meant the virus went quasi international. Three European countries, as well as the United States of America were hit. There were no fatalities in these cases, except the Liberian who took the virus to the US (CDC, 2014). The DRC outbreak began in August 2014,

after a pregnant woman killed a bush animal in Ikanamongo Village. She reported to a private clinic in Isaka village, which started the chain reaction of infections (CDC, 2014). The DRC Ebola outbreak was officially declared over on November 21, 2014. It killed 49 out of 66 (74 percent) (CDC, 2014).

Despite the severity of the outbreak, it is on the decline. Liberia got declared Ebola free, then regressed again, but are effectively battling the new outbreak. Sierra Leone has drastically reduced the number of new cases, and are generally considered on the road to being declared Ebola free (BBC, 2015). Reportage of the 2014 outbreak, much like the size of the epidemic, dwarfed what had been done in the past. The commonplace nature of new media now the size and scope of the outbreak, as well as the first cases occurring outside the continent led to more international exposure than in the past. Most major news outlets worldwide carried stories on the West African pandemic.

2.4 Theoretical Framework

News served to society presents an assorted dish that allows consumers to form opinion about everything in the world. This allows the media as a conduit for this purpose to dictate what is fed to the society, a power that has been identified, fine-tuned and used in so many instances, deliberately and otherwise. The manner in which information and news is passed to the public allows the media to achieve various motives by framing the narrative (Aperkor, 2012). Media function in a society to provide surveillance on the government and inform the citizens as such,

correlation and explanation of information, socialisation by connecting individuals to the larger society, and entertainment for stress and tension reduction as well as relaxation (Wright, 1986).

The uses and gratification research has shown that the functions that the media serve direct their choice and use of different media channels and content (Katz, Bumler and Guretvitch, 1974). Media practitioners factor in audience expectations about the functions that the media should fulfil in their (media) decisions about content, format, timing and news material. These functions are most apparent during crisis. When crises, both natural and otherwise threaten, the functional importance of the mass media increases. The media, in recognising their importance, respond by devoting extraordinary resources to coverage. Media outlets respond to the audiences' heightened needs for information, explanation, solidarity and tension reduction (Perse et al, 2002).

2.4.1 Framing

The frames, metaphors, exemplars, catchphrases and visual images employed by journalists to communicate the news have the potential to change the way people feel about a political issue. The attribution patterns, ideological themes and affective elements of a story provide readers with a narrative framework for interpreting complex issues (Pande K, 2009). News frames are important in how these events are reported, as they reflect a process of recurring selection and emphasis in communicating perceived reality (Entman, 1993; Gitlin, 1980).

Characterising media effects “social constructionism” (Scheufele, 1999, p. 103), Cissel (2012) debates that mass media constructs social reality by “framing images of reality . . . in a predictable and patterned way” (McQuail, 1994, p. 331). According to Gamson and Modigliani (1989), “Media discourse is part of a process by which individuals construct meaning, and public opinion is part of the process by which journalists . . . develop and crystallize meaning in public discourse” (Gamson & Modigliani, 1989). By incorporating media framing with agenda setting, priming and bias, Entman (1993) believes that readers can better comprehend how and why framing occurs in the media. “Agenda setting serves as the first function of framing as it defines the problems worthy of government attention.” Priming is “the goal, the intended effect, of strategic actors’ framing activities” (Entman, 1993, p. 165). Agenda setting will always occur, even if it is not pervasively biased. However, when paired, agenda setting and priming have the ability to create widespread bias. Bias, as defined by Entman, is “consistent patterns in the framing of mediated communication that promote the influence of one side of conflicts . . . over the use of government power” (Entman, 1993, p. 166). Thus, “news framing is a strategy of constructing and processing news discourse or a characteristic of the discourse itself, which provides a way to locate, perceive, identify and label occurrences and information.” (Xu, 2002). Generally, framing analysis focuses on studying and analysing the thought and intent of the writer or sender or source of the message and these actors have strong influence in the collection, organisation and presentation of news in whatever context.

Giving a story context allows the reader to better understand its implications. Context is important so that audience members can view the event or story as it applies to a larger scheme. . . .stories are given meaning by reference to some particular ‘news value’ that connects one event

with similar ones". Without frames, news stories would be incomprehensible and unrecognizable, meaningless talk when void of context. Without context it would be difficult for the reader to understand the significance of a particular news story or event. In addition to providing context, framing also provides an analysis of events. "People are interested in more than simple facts—they seek out analysis of events". Most people do not have time to read, analyze and interpret all of the available information; they depend on the media to guide them (McCann 2010).

2.4.2 Frame Building And Frame Setting

De Vreese (2005) argued that the potential of the framing concept lies in the focus on communicative processes. Communication is not static, but rather a dynamic process that involves frame-building (how frames emerge) and frame-setting (the interplay between media frames and audience predispositions). Entman (1993) noted that frames have several locations, including the communicator, the text, the receiver, and the culture. These components are integral to a process of framing that consists of distinct stages: frame-building, frame-setting and individual and societal level consequences of framing.

De Vreese (2005) thus discussed Frame-building as the factors that influence the structural qualities of news frames. Factors internal to journalism determine how journalists and news organizations frame issues (Shoemaker & Reese, 1996). Equally important, however, are factors external to journalism. The frame-building process takes place in a continuous interaction between journalists and elites (Gans, 1979; Tuchman, 1978) and social movements (e.g., Cooper,

2002; Snow & Benford, 1992). The outcomes of the frame-building process are the frames that manifest in the text.

Frame-setting refers to the interaction between media frames and individuals' prior knowledge and predispositions. Frames in the news may affect learning, interpretation, and evaluation of issues and events. This part of the framing process has been investigated most elaborately, often with the goal to explore the extent to which and under what circumstances audiences reflect and mirror frames made available to them in, for example, the news. The consequences of framing can be conceived on the individual and the societal level. An individual level consequence may be altered attitudes about an issue based on exposure to certain frames. On the societal level, frames may contribute to shaping social level processes such as political socialization, decision-making, and collective actions.

2.4.3 Episodic Versus Thematic Coverage

Iyengar (1991) wrote that "The episodic news frame takes the form of a case study or event-oriented report and depicts public issues in terms of concrete instances. The thematic frame, by contrast, places public issues in some more general or abstract context and takes the form of a 'takeout' or 'backgrounder' report redirected at general outcomes". In simple terms, episodic limits social issues to specific event. This event may be related to others in the past or elsewhere, but it is presented as an isolated event, whereas thematic news coverage presents the same social issues in a broader picture or interpretation.

2.5 Cultural Bias

Information is also framed because of personal and cultural biases—intended and unintended. Bias is introduced when reporters begin to interpret facts, straying from objective reporting (McQuail, 2005). News stories regarding international incidents are often reported in very different ways, depending on the cultural biases of the reporter (McQuail, 2005). The resulting frames will depend on political factors, public opinion, country of origin and differences in media systems. These ingrained influences make it nearly impossible to report just the facts. Framing happens regardless of intention. Entman (1993) wrote that “journalists may follow the rules for ‘objective’ reporting and yet convey a dominant framing of the news text that prevents most audience members from making a balanced assessment of a situation” (p. 57). Even the most ethical and objective reporters will inherently introduce cultural biases (McCann 2010).

Rhetorica stated that:

No matter how much we may try to ignore it, human communication always takes place in a context, through a medium, and among individuals and groups who are situated historically, politically, economically, and socially. This state of affairs is neither bad nor good. It simply is. Bias is a small word that identifies the collective influences of the entire context of a message.

Rhetorica in discussing media and political bias posits that there are a number of biases that feature in journalism. These include *Temporal Bias*; which refers to how the media favour the immediate, *Bad News Bias*; which is depicted by the saying that good news is boring, *Status Quo Bias*; this refers to how the media tends to accept some issues and concepts as they are while unrelenting in questioning others. *Glory Bias* helps journalists establish and maintain a cultural

identity as knowledgeable insiders. Mostly helped by proximity either to the incident or people of interest, the journalist often asserts themselves into the stories they cover.

Rhetorica further discusses a few assumptions that news media has about language and discourse. One of the assumptions being that language use is neutral and news can be reported in neutral terms. Other assumptions are that mere use of language cannot put anyone at a disadvantaged position, and that all users and viewers share the same conceptual system.

They argue that language is “never innocent” and that as long as there is nothing like an objective point of view, there cannot be an objective or transparent language.

2.6 Stereotyping

Stereotype research in communication and media studies over the period has focused primarily on racism and gender roles in what is communicated. This has mostly concentrated on the negative portrayal of these social groups either overtly or covertly.

A stereotype is a belief that associates a group of people with certain traits (Brehm et al, 1993). Groups consist of two or more persons perceived as related because of their interactions with each other over time, membership in the same social category, or common fate. In the fifth edition of *Social Psychology*, Brehm et al, (1993) argued that stereotyping is attributed to social categorization into in-groups and out-groups. Social categorization describes how people sort

each other into groups on the basis of gender, race, and other attributes like intelligence, body weight, and physical ability. This social categorization breeds in-groups (groups you identify with) and out-groups (all groups other than your in-groups). Brehm et al (1993) also attributes stereotype formation to past events, political figures, and from real differences in social groups that manifest into exaggerated, perceived differences. Stereotypes have long been a topic of study as researchers try to attribute their formation to societal factors.

Brehm et al, 1993 proceeds to posit:

At the extreme, social stereotypes can be learned either from direct contact with individual target group members or from communications about what the target group received from others.

These two forms of stereotype acquisition have consequences for the nature and content of the stereotype that is formed (Park & Hastie, 1987). The media not only entertains and offers news to people but also transfers the stereotypes, beliefs and values of the society we live in and many examples can be cited on sexism in adverts.

2.7 Globalisation, Regionalisation, Nationalisation

In fact, globalization is a short form for a cluster of related changes: economic, ideological, technological and cultural. Economic changes include the internationalization of production, the greatly increased mobility of capital and of transnational corporations, and the deepening and intensification of economic interdependence. Ideological changes include investment and trade liberalization, deregulation, privatization, and the adoption of political democracy in the institutional realm. Technological changes include information and communications technologies that have shrunk the globe and the shift from goods to services. Finally, cultural

changes involve trends toward harmonization of tastes and standards, a universal world culture that transcends the nation-state.

The interest of this study relates to and is limited to the definition of globalisation as “a technological revolution, with social implications; and the inability of nation-states to cope with global problems that require global solutions, such as demography, ecology, human rights, and nuclear proliferation”.

Whereas regionalization can be conceived as the growth of societal integration within a given region, including the undirected processes of social and economic interaction among the units, this study is more interested in how regions formed by geopolitical units get defined and portrayed as a bloc, often times with specific tags as a result of stereotyping or in some cases, an example is the “third world” tag given to any country as long as they are African, however, this is not to argue that the tag is limited to African countries only.

Nationalism is an immediate derivative of the concept of nation. It refers to the feelings of attachment to one another that members of a nation have and to a sense of pride that a nation (or better, a nation-state) has in itself.

CHAPTER THREE

3.1 Method

This study uses the framing approach to explore manifest and latent news content on the Ebola outbreak in West Africa covering the year 2014 and 2015. News framing analysis focuses on the underlining meaning of news content and how journalists portray an event or phenomenon. In the attempt to carry out a comparative analysis of the reportage on Ebola from different sources, the study examines the type and tone of reportage as well as the sources and images carried with the story. This is juxtaposed to the image of Africa, depth of knowledge in the report, distinction made on the exact location of the outbreaks, the adjectives used when specific people are involved in the phenomenon so reported, among other factors.

The study is designed to determine whether there are any differences in the language and tone of coverage between the African media and western media. The outbreak of the virus definitely has an effect on the image of the African continent, and to that extent, the content of the news media is crucial to finding out how the image is “served” to the public. Though this study is primarily qualitative in nature, some quantitative data will be included, mainly, the frequency of stories as collected from the sampling frame.

The period May 2014 to May 2015 is used as the study period. Even though the reviewed literature shows that the first outbreak occurred in December 2013, the attention became focused

on the region and the outbreak around May 2014, after the response from the WHO. Within this period, the study segregates events for the purposes of analysis:

- a) the onset of outbreak
- b) when Ebola cases are reported locally (in the areas of origin and elsewhere)
- c) bringing the outbreak under control
- d) calls for and deployment of aid
- e) reports on the life of recovered patients and families of those affected

The reason for the segregation is that with the progression from one to the other, the narratives and content changed, the details therein also changed. Also likely to have happened was an information fatigue on the Ebola virus. The other significance of the segregation is when the narratives within a segment combines another segment, for example, when cases are reported in the United States at a time when the dominant narratives were more of calls for aid for the affected areas.

Gamson and Modigliani (1989) identify 'framing devices' that condense information and offer a 'media package' of an issue. They identify them as (1) metaphors, (2) exemplars, (3) catch-phrases, (4) depictions, and (5) visual images as framing devices. The most comprehensive empirical approach is offered by Tankard (2001, p. 101) who suggests a list of 11 framing mechanism or focal points for identifying and measuring news frames as follows:

- a. Headlines

- b. Subheads
- c. Photos (pictures)
- d. Photo captions (angle captured from)
- e. Leads
- f. Source selection
- g. Quotes selection
- h. Pull quotes
- i. Logos
- j. Statistics and charts
- k. Concluding statements and paragraphs.

These devices are critical to this study; hence, they are adopted and used extensively in the identification and analysis of the frames in the newspaper content studied.

Key concepts compared side-by-side from the media organisations sampled includes:

- a. The use of eye witness account
- b. The official sources cited
- c. The inclusion or otherwise of sources for significant statements
- d. The inclusion or otherwise of pictures and how they are used
- e. Whether the pictures were direct from the affected areas or library pictures
- f. The convenient (or otherwise) references to “similar” outbreaks
- g. Discrimination against:
 - Any particular affected country
 - Any particular city

- Any particular culture
- Any groups tagged “Ebola prone” or “with a history of ”
- Hints at or calls for local policy changes
- Hints at or calls for foreign policy changes, and any other questions that may arise during the discussion thereof.

Two popular newspapers were selected for the study. The New York Times of the United States and the Daily Graphic of Ghana. This was purposefully done in order to achieve the objective of carrying out a comparative analysis.

The Daily Graphic is the biggest selling newspaper in Ghana, even though state-owned, it has the reputation of being relatively credible and authoritative in its content and handling of news in Ghana. On the other hand, the New York Times is one of the biggest newspapers in the United States with a history of credible journalism and professionalism.

3.2 Sampling

A constructed week sampling method was adopted. This allowed all the different days of the week to be represented, making it more efficient because it is combined with a random selection (Riffe, Aust & Lacy, 1993).

In carrying out the sampling, a random day of the week was selected for the first week of the first month. The subsequent weeks saw the selection of the next day of the week as the weeks progressed. Hence, if Tuesday was selected for Week one of May 2014, Wednesday was selected for Week two, Thursday for Week three and so on. By the end of the sampling period, all the days of the week were represented, and had an equal chance of being selected because the process began with a random selection.

A total of 53 days were selected using this method. On the second step, the sample was narrowed down to 12 days representing 2 weeks of Monday to Saturday, with a day selected from the previous sample described above.

Day	Month	Year
Thursday	1 st May	2014
Friday	20 th June	2014
Saturday	12 th July	2014
Monday	11 th August	2014
Tuesday	30 th September	2014
Wednesday	8 th October	2014
Thursday	27 th November	2014
Friday	5 th December	2014
Saturday	24 th January	2015
Monday	9 th February	2015
Tuesday	17 th March	2015
Wednesday	1 st April	2015

Table 2: Coding Schedule for the study

CHAPTER FOUR

FINDINGS

4.1 Overview

The aim of this study was to examine the frames and depth of reportage used to portray the Ebola outbreak in West Africa and how the countries affected and sub-region were portrayed in the Daily Graphic and New York Times over a 12 month period (May 2014 – April 2015). The study looked at a number of framing techniques, which included the depth of coverage of the news articles, the context of the reportage, the sources of news, the visual elements included. In all, 189 stories were coded, being 21 stories from the Daily Graphic and 168 from the New York Times.

The frequency of stories followed a particular pattern, with the highest number of stories coming between August and December 2014 as can be seen in Figure 1.

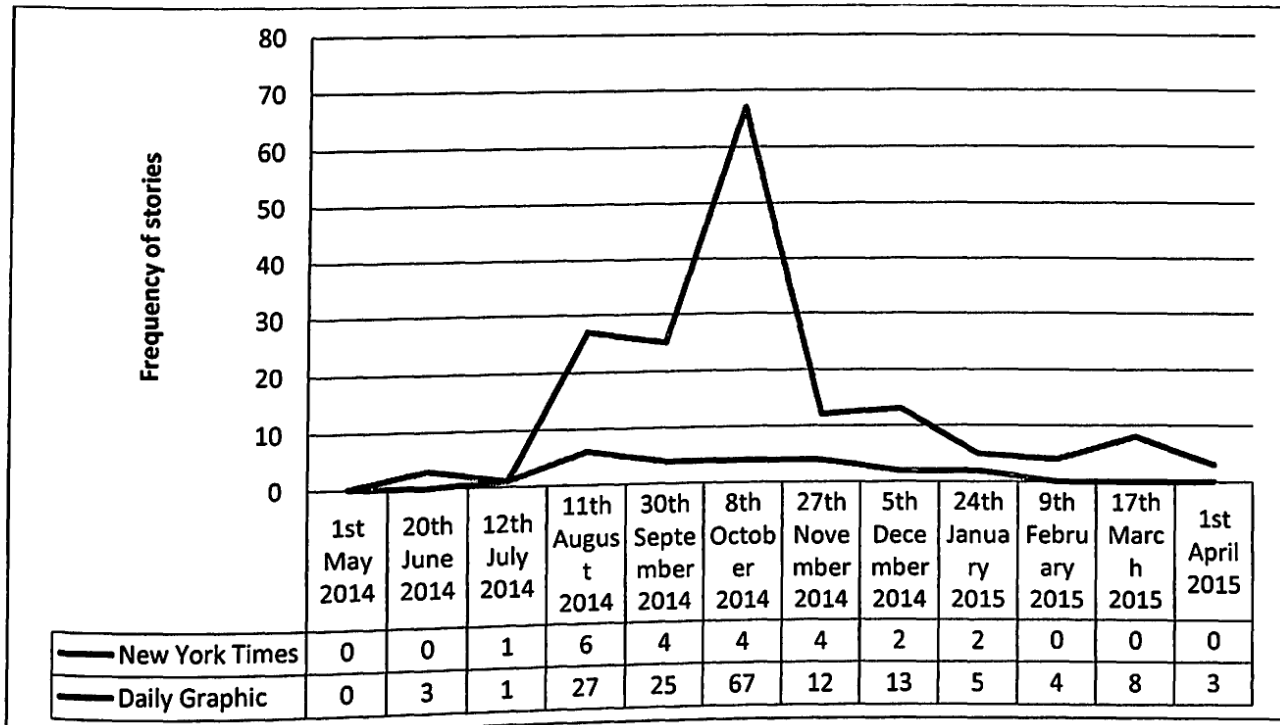


Figure 1: Frequency of stories sampled

4.2 Findings

From the stories studied, the frames found could be clustered into frames of: location, adjectives and descriptive, characters and people related, historic and reference type frames and finally facts and figures. Under each of these dominant frames were keywords and phrases, which were used frequently and adequately represented the frames.

4.2.1 Location

There were very specific and generic location based keywords used under this frame. The most frequent of these location based keywords were:

Daily Graphic	New York Times
Ghana	United States of America
West Africa	West Africa
Guinea	Guinea
Sierra Leone	Sierra Leone
Liberia	Liberia
Nigeria	Nigeria
Mali	Texas
Sudan	Mali
DRC (Zaire)	Congo
Texas	Africa
Buduoram, Nsawam	Central and Eastern Africa

It is important to note that these are the top 10 keywords used in the locations based frames. Other locations are mentioned, in relation to the history of the outbreak, support and donor effort from those countries, and other countries whose nationals returned home as possible (confirmed or otherwise at the time of reporting). For example, the Daily Graphic stated that:

The US vaccine is bivalent - aimed at giving protection against the Sudan and Zaire strains of Ebola. It is the latter which is responsible for the current outbreak. Trials of a monovalent vaccine - against the Zaire strain - are also underway in Oxford, Mali and Switzerland. If these also yield positive results then the monovalent vaccine will be offered to thousands of health workers in West Africa (27 November 2014).

These three paragraphs of the same story mention a number of locations related to vaccine trials and location of possible deployment.

The purpose of this frame is clearly defined by where the outbreak has occurred, where it has been carried to, where efforts are being made to develop vaccines, and tracing the history of the virus as background information. The significant thing about this frame is the frequent use of West Africa and Africa as the outbreak areas. This was found mostly when the stories referred to all the outbreak areas generally, but yet had the potential to depict the entire sub-region as being affected by the virus. Looking at the NYT story:

Headline: Chocolate Maker Barry Callebaut Cancels Ivorian Meeting on Ebola Fears

ABIDJAN — Barry Callebaut, the world's biggest chocolate maker, confirmed on Monday it has cancelled an annual meeting of managers that was due to take place in Ivory Coast because of concern over the spread of the Ebola virus (11 August, 2014).

Thus showed a certain thinking towards the West African sub-region that could have been reinforced by such references.

4.2.2 Adjectives and Descriptives

The second frame is probably the most interesting frame since it is what describes the places, the ailment, the people and emotions.

Daily Graphic	New York Times
Ebola affected countries	Ebola outbreak ravaging West Africa
Diagnosed with ebola	Pneumonia
Experimental vaccines	Malaria
Positive	Diarrhoea
Negative	Widespread poverty and political instability.

Watchdog committee which was on the lookout for any returnee from Liberia.	recovering from a decade of civil war in which children were forced into fighting (Sierra Leone)
Fever	Founded by freed American slaves (Liberia)
Diarrhoea	Trying to found a young and fragile democracy (Guinea)
Hemorrhage	Islamic militants in the north who have killed thousands of people and kidnapped more than 200 schoolgirls (Nigeria)
Vomiting	Abandonment and stigma

These phrases and keywords were found in some stories with reference to the countries and regions, people, and the ailments or symptoms that were observed and described by the health workers and families. This is where the tendency to use certain adjectives to describe places and people, which can cause disaffection, can arise. In some cases, particular references were made that had no bearing whatsoever on the phenomenon, for example, the New York Times described Sierra Leone as:

The total number of cases reported in Sierra Leone since the outbreak began will soon eclipse the number reported from Liberia," it [WHO] said. *The former British colony* has reported 6,599 cases as against 7,168 in Liberia. (27th November, 2014)

Another critical example is from the Daily Graphic when they reported on some suspected cases seen at the Buduburam Camp:

The cause of the death of *the refugees* has not been established but the situation has created apprehension among the staff, who continue to work in

what they describe as '*an Ebola-vulnerable environment*' without protective gear. The worst fear of the staff, Ms. Manu said, was the lack of measures in the country to contain the situation. Every week, Madam Manu said, *people returned to the settlement from Liberia*, raising serious concerns regarding a possible case of Ebola in Ghana.

The aggregation of the highlighted text quoted above, shows a certain orientation of the medical personnel at the medical centre. The description of the community as *refugees, Ebola vulnerable environment*, because people *returned to the settlement from Liberia* leaves so much to be desired.

This frame is where people are given a certain mental picture of the situation from which they can relate or react in one way or the other towards whoever or whatever has been so described.

4.2.3 Characters and Institutions

This frame represents the characters and institutions that were reported on themselves, and also used as sources and to legitimize the information provided in the story. These are both official sources and non-official, political and non-political, human and non-human in nature.

Daily Graphic	New York Times
United Nations	Center for Disease Control and Prevention
World Health Organisation	World Health Organisation
United Nations Mission for Ebola Emergency Response	Nigerian Health Minister/Ministry

Noguchi Memorial Institute for Medical Research	Doctors Without Borders
Ministry Of Health	Director Tom Frieden
Ghana Health Service	Texas Health Presbyterian Hospital
New England Journal of Medicine (NEJM)	National Institutes of Health
Centers for Disease Control and Prevention	Mapp Biopharmaceutical Inc
ECOWAS + West African Health Organisation	UNICEF

This frame was found to be employed mostly for legitimizing and supporting the facts and figures reported in the stories. They were mostly the originators of the stories or interviewed to provide expert analysis and more information on the subject. Director Tom Frieden of the U.S. Center for Disease Control and Prevention was featured in his capacity besides communication from his outfit.

Tom Frieden, director of the U.S. Center for Disease Control and Prevention, predicts that within a few weeks, Ebola will sicken more people than all previous occurrences combined. Already more than 1,700 cases have been reported (New York Times, 11th August 2014).

These institutions spanned both local and international influences, but were all very deeply involved in the issues wherever they were reported from.

4.2.4 Historic and Reference Type Frames

This presents another interesting frame. The general references to events and situations in reporting the outbreak are captured under this frame.

Daily Graphic	New York Times
Sudan strain	Congo
Zaire strain	1976
Monkeys	AIDS
Fruit bats	Civil war
Bush meat	Child soldiers
Chimpanzees	Malaria
Gorillas	Poverty
Forest antelope	Traditional practices
Porcupines	Fruit bats
Handling of dead bodies and corpses	SARS

These keywords had the effect of both providing points of reference and images already existing that went to buttress whatever was being portrayed. For example the Daily Graphic reported that:

Scientists don't know exactly how the toddler contracted the virus. Ebola is spread from animals to humans through infected fluids or tissue, according to the World Health Organization. In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines, WHO says, though researchers think fruit bats are what they call the virus's "natural host" (11th August 2014).

There is that subtle reference or link between the humans and animals where the transmission of the Ebola virus is concerned, bearing in mind that this is a story taken from the wire services. Whereas the New York Times reported with linkages to AIDS, malaria, diarrhoea and pneumonia that:

AIDS alone takes more than a million lives per year in Africa — a thousand times the toll of this Ebola outbreak so far. Lung infections such as pneumonia are close behind as the number two killer disease. Malaria and diarrhoea claim hundreds of thousands of African children each year. In the United States, where heart attacks and cancer are the biggest killers, the risk of contracting the Ebola virus is close to zero (11th August 2014).

4.2.5 Facts and Figures

This frame makes reference to events, while using numeric data to present the picture that the story seeks to portray. This can have the effect of creating panic in some circumstances on one hand, and showing the true picture on the other.

The facts and figures in this case are either the quantum of deaths and reported cases brought to the hospitals or the support pledged and disbursed (both in case and human resource) to fight the outbreak. They are also from all kinds of sources and used for different purposes.

Daily Graphic	New York Times
The African Development Bank (AfDB) is providing technical support to the tune of \$7.5 million.	The Ebola virus, which causes internal bleeding and organ failure, spreads through direct contact with infected people. There is no cure or vaccine, so containing an outbreak focuses on supportive care for the ill and isolating them to limit the spread of the virus.
Ministry of Health (MoH) said so far 120 suspected Ebola cases had been investigated by	"This is the highest outbreak on record and has the highest number of deaths, so this is

<p>the Noguchi Memorial Institute for Medical Research (NMIMR) in Accra but all proved negative.</p>	<p>unprecedented so far," said Armand Sprecher, a public health specialist with Doctors Without Borders.</p>
<p>The US has pledged as many as 4,000 troops to the region, while the UK is sending 750 military personnel to Sierra Leone.</p>	<p>The United States government has committed more than \$350 million toward fighting the Ebola outbreak in West Africa and is ready to deploy up to 4,000 military personnel by late October.</p>
<p>Three out of her four patients survived. That's a 25% death rate — considerably better than the estimated Ebola death rate of 70%.</p>	<p>Ebola symptoms generally appear between two and 21 days after infection, meaning there is a significant window during which an infected person can escape detection, allowing them to travel. However, they are not considered contagious until they start showing symptoms.</p>
<p>10 Liberian refugees at the Budumburam Camp dying of unknown causes in the past three months, with the latest one occurring on Friday, August 8, 2014</p>	<p>The U.S. Centers for Disease Control and Prevention (CDC) has estimated that the number of infections could rise to up to 1.4 million people by early next year without a massive global intervention to contain the virus.</p>
<p>Nigeria made a donation of \$1 million to the fund and an additional \$2 million to the three</p>	<p>Ebola's suspected origin is forest bats. The virus was first identified in 1976 in what is</p>

countries and the West African Health Organisation (WAHO).	now known as Democratic Republic of the Congo.
The worst outbreak of Ebola, which has killed 961 people and triggered an international public health emergency, may have started with a 2-year-old patient in a village in Guinea (11 th August, 2014).	"Most experts are convinced that this will not be Africa's last Ebola outbreak," WHO Director-General Dr. Margaret Chan said. "At least 22 African countries ... have the ecological conditions, the wildlife species, and the hunting practices that favor a return of Ebola at some time in the future."

Albeit scary in some cases, the facts and figures so presented in most cases helped put things and the situation into perspective. One could appreciate the true state of affairs, and quantify the numeric data in imaginable terms.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This study examined the frames under which narratives on the Ebola outbreak in 2015 was carried out in local media and international media, in this case, the Daily Graphic and New York Times.

5.2 Discussion

The study showed a number of interesting revelations with regards to the frames, sources and the depth of coverage thereof. Generally, there was the attitude of reporting an event that was in a way, occurring far away from us, which shifted to an eminent fear of “what if it comes to our country” which was accompanied by very detailed attempt at reader education.

5.2.1 Under what Frames do the New York Times Report the Outbreak of the Ebola

The frames carried by the New York Times were interesting. Under the locations frame, the New York Times was found to interchangeably use West Africa to represent the three countries where the outbreak occurred. The West African Region has sixteen countries, so with a total of five countries affected by the outbreak, the whole region could not have been classified as an outbreak zone. This was sometimes extended to the whole continent. This could have had an impact on a number of significant events occurring over the period. First, the United States and so many other countries in Europe and Asia began to critically screen passengers arriving from the West African region. Second, a meeting scheduled for Cote D’Ivoire was moved to a

different location due to fear of the Ebola, thirdly, so many qualifying matches of the then upcoming African Cup of Nations were moved to different locations when the matches were scheduled to be played at the home of the affected countries. All of these events were reported by the New York Times, and though this could not be said to be a direct impact of the New York Times reporting, similar frames presented in the media across the globe would definitely have contributed to these events.

5.2.2 How much of Local Media Reportage comes from Western Sources

The Daily Graphic had an interesting mix for its sources. It had stories from its reporters locally and from the Ghanaian news wire service, Ghana News Agency, when the story originated locally. However, for stories outside Ghana, it relied on foreign news services both wire and otherwise. In answering this research question, it was found that a little over 30 percent of the stories studied from the Daily Graphic were from foreign sources. This, however, is further reduced to 26 percent when the story originating from the Tribune of Nigeria (tribune.com.ng) is taken out. This means that all the stories concerning the outbreaks had the potential of carrying whatever bias they had into the Daily Graphic, thus, perceptions could be altered and reoriented to western perspectives.

5.2.3 Does Local Media Select Stories from Western Sources with Particular Frames

This question is closely related to the previous one. It does not appear that the Daily Graphic selected its stories watching out for particular frames. Though the stories presented seem to have a certain inclination towards issues of support and aid, cure, and some personal experience

stories of victims or families. These were found in stories by themselves or as related information in those stories. In some cases, one would have expected the Daily Graphic to correct the use of West Africa to represent the outbreak areas before publication, but this was not done.

5.2.4 Which Frames Feature in Local Reportage in the Daily Graphic

The reportage of the Daily Graphic concentrated on local issues related to the outbreak. Primary amongst them is the preparedness of Ghana in the event of the virus being reported locally. Several government and health officials were used as sources to this effect to explain and deal with the matters thereof. Another issues featuring was the very strenuous attempt to debunk and declare reports of suspected cases all of which turned out to be false. Here, the official sources and expert opinions were no different from that of Ghana's preparedness. In most cases, these two issues came together. Also strongly highlighted was the involvement of Ghana in dealing with the outbreak beyond the borders of Ghana. This included the citing of the UNMEER Centre in Ghana. The frames here were that Ghana was engaged in collaborative efforts, and encouraged preventive measures locally.

5.2.5 Does the Stages of the Outbreak have an Impact on the Dominant Frames Used

This was generally the case found in the study. The stages the outbreak went through were identified as the onset and initial reports of cases, sharp rise in cases coupled with infections of health workers, calls for international aid, export of the virus to other countries, international collaborative efforts, and decline of new cases.

These stages are heavily responded to in the stories, which in turn, affected the frames used at each stage. It was found that in both media reports, the narrative was mostly couched in a “them” fashion until it got closer to home. In the case of the US, they had seen a number of doctors and missionaries return home with the virus for treatment, but not until the Duncan case that their reality changed. Similarly, in Ghana, it is suspected that the index case of Nigeria was on a flight that transited in Ghana.

The effect of this can be seen in the New York Times stories, which featured a *factbox* article that chronicled the efforts so far as well as other facts, stories about the screening efforts at the airports, the inclination towards and calls for more support and aid for the affected areas, as well as a near panic report in the 5th December 2014 story titled *Sierra Leone Seeing 80-100 New Ebola Cases Daily*, a copy of which is produced in the appendix of this study.

5.3 Other Findings

The study discovered an interesting situation where the New York Times had stories tagged “Ebola” when the stories were related to the continent but totally unrelated to the outbreak. This was the case when the then ongoing African Cup of Nations faced a few problems with officiating as well as crowd control. This story came up when the search was run for “Ebola” with a singular mention of how Morocco refused to host the tournament because of the outbreak. A copy of that story is also attached as an appendix.

In the case of the Daily Graphic, the study found most of the local stories to be lacking in details that could have served as public education to the readers. Case in point is the story headlined *B/A bats test positive to Ebola antigen* on 30 September 2014. There was no detail whatsoever regarding how this was found out and what the implications were on the country. A copy of the story is attached to the appendix.

5.4 Directions for Further Research

Studies that expand upon this research could examine additional publications to determine if that would produce unexpected results. Also, future studies could compare local publications with the reporting of foreign media to note any differences between the types of publications and even amongst themselves as local media.

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Appendix I

B/A bats test positive to Ebola antigen

By: GNA Date: Tuesday, 30 September 2014 16:19

Published in General News

The Brong Ahafo Region has been identified as one of the high risk regions in the country of the Ebola Viral Disease (EVD) due to the presence of the bats at Buoyam Caves which have tested positive with Ebola antigens.

Mr. Eric Opoku, Brong Ahafo Regional Minister who announced this said “It is necessary to re-orient ourselves and take the needed precautions to safeguard our Region.”

He was addressing the third quarterly meeting of the Brong Ahafo Regional Coordinating Council in Sunyani on Monday.

The meeting attended by Municipal and District Chief Executives, Heads of decentralized departments and traditional rulers was to review activities for the year on government programmes, policies and decisions on emerging issues and the way forward.

Mr. Opoku who is also the Member of Parliament for Asunafo South urged the people to observe personal hygiene such as washing of hands regularly, the use of hand sanitizers and reporting suspected cases immediately to any health facility.

He said no case of the disease has been recorded in the country yet, even though there have been some suspected cases which laboratory examinations have proven negative in all the instances.

Mr. Opoku called on health professional and the EVD Response Team in the region to intensify its education campaign to alert the citizenry to enable them protect themselves from the deadly disease.

He asked the Municipal and District Chief Executives to activate and strengthen the Municipal and District Response Teams to be alert and prepared to deal with any outbreak of the disease.

Mr. Opoku urged the general public to avoid close contact with people suspected to have symptoms of the disease and report them to health facilities.

He said the doctor- population ratio in the region is 1:14,000 which is alarming and has to be addressed without delay.

Mr. Opoku said to address the situation a fund has been established to be launched in December this year, to support the training of medical doctors and other medical personnel.

He denied that the National Health Insurance Scheme (NHIS) was collapsing and said the scheme in the Region has achieved remarkable results with increase in membership from 1,094,214 in 2012 which was 45 per cent of the regional population to 1,458,216 in 2013, representing 64 per cent of the population of 2,310,983.

Mr. Opoku expressed appreciation to the NHIS team in the Region for their hard work to be adjudged the best in the national performance report on the scheme for 2013.

Appendix II

Sierra Leone Seeing 80-100 New Ebola Cases Daily

By THE ASSOCIATED PRESS DEC. 5, 2014, 1:24 P.M. E.S.T.

UNITED NATIONS — Sierra Leone said Friday that between 80 and 100 new cases of Ebola are being reported every day and the country now hardest-hit by the deadly virus desperately needs over 1,000 beds to treat victims.

Sierra Leone's Finance Minister Kaifalah Marah painted a grim picture to the U.N. Economic and Social Council Friday of the challenges facing his West African nation which failed to meet a World Health Organization interim goal of isolating 70 percent of Ebola patients and safely burying 70 percent of victims by Dec. 1.

The two other hard-hit countries, Liberia and Guinea, did meet the deadline, and the U.N.'s Ebola chief Dr. David Nabarro said the number of new cases in Liberia has dropped from 60 per day in September to 10 per day now.

But Nabarro and WHO Director-General Dr. Margaret Chan stressed that Ebola that a much greater effort is needed to reach the elusive goal of zero new cases.

"The Ebola outbreak is the largest, longest, most severe and most complex Ebola epidemic in the nearly 40-year history of this disease," Chan said. "What began as a health crisis has become a crisis with humanitarian, social, economic and security implications."

She said by videoconference from Geneva that "the fear for Ebola is moving faster than the virus."

Marah said as of Thursday there were 6,201 confirmed Ebola cases in Sierra Leone and 1,900 deaths, and the virus is now concentrated in some northern districts and the western area including the capital, Freetown.

Sierra Leone has four functioning treatment centers but it needs 12, and while the number of beds for Ebola sufferers has increased from 212 to 406 it needs 1,500 — which means 1,094 additional beds, he said.

Marah said Sierra Leone also needs 6,000 people to scale-up the tracing of contacts of Ebola victims.

Chan said clinical trials for an Ebola vaccine "look promising," and experimental therapies including some potential cures are also undergoing clinical trials.

"Most experts are convinced that this will not be Africa's last Ebola outbreak," Chan said. "At least 22 African countries ... have the ecological conditions, the wildlife species, and the hunting practices that favor a return of Ebola at some time in the future."

Appendix III

Analysis-African Football's Image Takes Another Battering

By REUTERS FEB. 9, 2015, 7:34 A.M. E.S.T.

BATA, Equatorial Guinea — African football's image took another battering after a tumultuous last week in the Nations Cup overshadowed Ivory Coast's emotional triumph and the remarkable tale of coach Herve Renard and his lucky white shirt.

After Ghana, Nigeria and Cameroon ruined their chances at the last year's World Cup with internal bickering over bonuses, some unsavoury incidents at the tournament in Equatorial Guinea again put the African football's leaders under the spotlight.

The sight of the Tunisian team chasing the referee off the pitch after their exit and a helicopter flying dangerously low over the crowd as violence interrupted Thursday's semi-final are likely to remain longer in the memory than Ivorian title celebrations.

The Confederation of African Football (CAF), which has promised to back incumbent Sepp Blatter at this year's FIFA presidential election, responded with controversial sanctions which gave the impression they were looking for scapegoats.

Ivory Coast's 9-8 penalty shootout win over Ghana after a goalless final, where second-choice goalkeeper Boubacar Barry converted the title-winning kick, showed the tournament's knack for throwing up unlikely heroes.

Barry, only playing because of injury to Sylvain Gbohouo, saved from Ghana goalkeeper Razak Brimah and then, after requiring treatment for an apparent injury, got up to slot home the decisive spot-kick.

In doing so, he ended an agonising run of near-misses for the Elephants, who had waited since 1992 for a second title.

Renard's tale was even more remarkable.

The flamboyant Frenchman, who led unfancied Zambia to the title in 2012, became the first coach to win the tournament with two different teams, on both occasions wearing his famous shirt.

In between, he endured relegation with Ligue 1 side Sochaux and, before his success, spent 10 years running a cleaning business, which involved removing rubbish from buildings in the small hours of the morning.

But the feel-good stories were overshadowed by all-too-familiar problems.

CONTENTIOUS PENALTY

On the same evening as the final, African football suffered another stadium disaster when 22 people were killed outside an Egyptian ground after security forces barred fans from entering.

The first Nations Cup row erupted when Tunisia were dumped out by Equatorial Guinea in the quarter-finals after the hosts were awarded a contentious stoppage-time penalty to equalise before winning 2-1 in extra-time.

Riot police stepped in to protect the referee from the losing side, yet it was the match official who got a six-month ban while not a single Tunisian player was sanctioned for the attack.

Then, Equatorial Guinea's semi-final with Ghana was interrupted for 40 minutes as home fans hurled a variety of objects at the Ghana supporters, who fled on to the pitch to escape the trouble.

Equatorial Guinea, who stepped in as hosts at two months' notice, were fined \$100,000 but it was Morocco, not even present at the tournament, who really incurred CAF's wrath.

Originally scheduled to stage the Nations Cup, Morocco had been stripped of the hosting rights after requesting a postponement due to the fears surrounding the Ebola virus.

Morocco were banned from the next two tournaments, fined \$1 million and ordered to pay 8 million euros (\$9.1 million) in damages to the CAF and their partners.

At that point, CAF batted down the hatches as President Issa Hayatou accused the media of dramatising.

"The western media are simply here to perpetuate colonisation," he said.

Ghana's FA, which had initially described the stadium on Thursday as a "war zone" and the treatment of their fans as "barbaric", quickly changed tune and their president Kwesi Nyantakyi put his name to a defiant statement issued by CAF's executive committee.

"The 30th edition of the Africa Cup of Nations could only be held in Equatorial Guinea through interpersonal skills of the CAF President Issa Hayatou, who unfortunately has been subject of a biased derogatory press campaign," it said.

"(The committee) expresses its sincere gratitude to the CAF president for his ongoing involvement in the development of football in Africa."

(Writing by Brian Homewood in Zurich, editing by Ed Osmond)