In the Backstage of the 2014 Ebola Crisis News Coverage: A Focus on the Lived Experience of Involved African Journalists

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A Thesis
in
The Department
of
Journalism

Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts (Journalism Studies) at
Concordia University
Montreal, Quebec, Canada

May 2016

CONCORDIA UNIVERSITY

School of Graduate Studies

This is to certify that the thesis prepared

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Entitled: In the Backstage of the 2014 Ebola Crisis News Coverage: A Focus on the Lived Experience of Involved African Journalists

and submitted in partial fulfillment of the requirements for the degree of

Masters of Arts (Journalism Studies)

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ABSTRACT

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This thesis examines the lived experiences of African journalists involved in the recent Ebola Virus Disease (EVD) outbreak. It contends that African journalists did not cover the crisis efficiently because of several barriers. The EVD epidemic is believed to have begun in December 2013 and has affected West African countries such as Guinea, Sierra Leone and Liberia, causing an estimated 11,279 deaths since March 2015. The outbreak, however, was not just a health crisis. It was a crisis of information that highlighted the ineffectiveness of top down messaging to reach communities directly affected by the outbreak. The academic literature related to the journalistic coverage of epidemics largely focuses on the overall representation of outbreaks, media coverage of failures and successes, and journalists' perceptions of their roles (Logan, 2004; Vasterman & Ruigrok, 2013; Oh, et al., 2012; Shih, et al., 2008; Lowicki-Zucca, et al., 2005; Odlum & Summoo, 2015; Rübsamen, et al., 2015; Carter, 2014). It pays little attention to the lived experiences and narratives of journalists despite their key role in disseminating accurate information to the public; mediating between the public, decision makers and health experts; acting as a watchdog for institutions involved in public health response; and creating boundaries of public discourse about health (Lubens, 2015, p. 59; Briggs & Hallin, 2010, p. 157). Using in-depth semi-structured interviews (as per Kvale, 1996) with 20 African journalists, this thesis examined key professional, technological and social elements that impacted journalism on EVD. The interviews were analyzed thematically using a modified grounded theory approach to facilitate the assessment of similarities and/or differences between interviews and literature themes. The African journalists who covered the 2014 Ebola outbreak faced many technological, economic, social, cultural, financial and emotional challenges, which impacted the quality of their coverage. These results show the need for more training and capacity building programs to foster health reporting and add to a limited body of literature on the lived experiences of journalists covering epidemics.

ACKNOWLEDGEMENTS

I would first like to thank my thesis advisor Dr. David Secko of the Department of Journalism at University of Concordia. The door to Dr. Secko's office was always open whenever I had serious concerns or was second-guessing myself about my research or writing. He consistently allowed this thesis to be my own work, but steered me in the right direction whenever he thought I needed it.

I would also like to thank the World Federation of Science Journalists (WFSJ) for giving me the opportunity to conduct my interviews during their series of workshops. I would particularly like to thank Anouk Beauvais, the project manager, who has helped me with scheduling the interviews and getting in contact with journalists. Moreover, I would like to express my deepest gratitude to the International Development Research Centre (IDRC) who subsidized the WFSJ's project, and precisely to Mr. Thierry Baldet who physically and virtually assisted us throughout the workshops. Without their passionate participation and input, the interviews could not have been successfully conducted.

I would also like to acknowledge Dr. Mike Gasher of the Department of Journalism at University of Concordia and Pr. Greg Nielsen, Chair of the Sociology and Anthropology Department at Concordia University as the second readers of this thesis.I am gratefully indebted to them for their very valuable comments on this thesis.

This thesis was funded by grants from IDRC and Concordia University.

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CHAPTER I: INTRODUCTION

"I saw the US coverage, for instance, because I was writing for a US magazine and the US coverage was very hysteric. I think it was very sad to see how people were writing mostly about the two or three cases in the US, while the real story was going on in Africa. That was very annoying… I saw it as a failure in journalism that people weren't able to perceive, even though it is so far away, the real story that was happening there [in West Africa]."

-Western journalist interviewed during this thesis

The above quote is essentially a Western journalist's perspective on the coverage of the 2014 Ebola outbreak which mostly affected three West African countries, namely Guinea Conakry, Liberia and Sierra Leone. It summarizes one debate that was circulating across the journalistic field during the outbreak about the quality of journalism on Ebola. The 2014 Ebola outbreak, which was believed to have started in Guinea Conakry in Guéckédou in December 2013, was officially declared by the World Health Organization (WHO) in March 2014. The outbreak has "rapidly become the deadliest occurrence of the disease" since its discovery in 1976 in the Democratic Republic of Congo ('Ebola: Mapping the outbreak,' 2015; Hewlett & Hewlett, 2008). What is peculiar about this outbreak is that it killed five times more people than all the others that previously occurred in Gabon, the Democratic Republic of Congo, Uganda and Sudan. As of 25 October 2015, approximately 11,313 deaths have occurred according to the WHO's figures ('Ebola: Mapping the outbreak,' 2015). The fact that the disease spread to Nigeria (where only 8 people died), Mali, Senegal and internationally to Spain and the United States increased media attention of the outbreak, and resulted in irrational behavior, fear, anxiety, and even paranoia throughout the world (Bah, 2014; AFP, 2014; Glez, 2014). The Ebola virus created so much panic that in Liberia, armed forces were given an order to shoot people trying to illegally cross borders (skynews.com, 2014). Similarly, in Sierra Leone, it was made a criminal offense to provide shelter to Ebola patients with a sentence of up to two years in jail (Ebola crisis: Sierra Leone law, 2014).

This Ebola outbreak is unique in the sense that it spread to neighboring countries as well as internationally, generating larger implications for economies, immigration, politics, public health, public policy, and foreign aid (Ebola would wreck W Africa economies, 2014). Economically the disease had a negative impact on investments as foreign investors felt

threatened by the idea of traveling to Africa (precisely to the affected areas). As a result, the economy of the affected countries struggled throughout the outbreak. In September 2014, as the outbreak was killing massively, the World Bank predicted that the virus could drain billions of dollars from affected countries if its spread was not curtailed (Ebola would wreck W Africa economies, 2014). The spread of the virus also led to the shutting down of borders with neighboring countries such as Senegal and Ivory Coast (A. Ch, 2014). Since the disease broke in regions that were already economically fragile (Ebola could wreck W Africa economies, 2014), with poor health systems and complex political environments, it exposed many of the economic and sanitary challenges facing the involved countries (Epstein, 2014).

The outbreak, however, was not only a health crisis that has exposed the failures of public health system. It was also **an information crisis** that shed light on the ineffectiveness of top down messages to reach communities directly affected by Ebola. This information crisis raises important concerns about journalists' coverage of infectious disease outbreaks and the clarity of their proper roles in doing so. The 2014 Ebola outbreak is therefore an important case study of academic and professional debates over the journalistic coverage of infectious disease epidemics in particular and the practice of health journalism in general.

Several scholars have elaborated on the coverage of epidemics of great magnitude. Most of them tend to shift the focus away from the journalists covering the events to clinical care matters, perceptions of risks, moral panics and fear generated by the crisis (for example, see Shih et at., 2009; Dudo et al., 2007; Washer, 2004). These works have provided insight into the links between coverage and risk perception, as well as the overarching failures of the media in the coverage of health crises through content analysis, textual analysis, or qualitative interviews. Past work has also articulated the roles served by journalists in times of health crisis (Burnett, et al., 2014; Hilton & Hunt, 2011; Holland, et al, 2014; Jansen, 2012; Joffe & Haarhoff, 2002; Joye, 2010) and several potential challenges faced by journalists, including the lack of collaboration with public health information officers (e.g. medical practitioners and journalists), the lack of technical knowledge on the diseases, and the absence of a shared vision amongst journalists and public health information officers, among other issues (Avery, et al., 2009; Cullen, 2003; Hooker et. al, 2011; Leask, et al. 2010; Matua et al., 2015a; Matua et al., 2015b; Blackley et al., 2015; Towers et al., 2015; Carter, 2014; Odlum & Summoo, 2015; The Associated Press, 2015).

Limited attention has been devoted to the lived experiences and personal narratives of journalists who cover epidemics such as the 2014 Ebola outbreak (Emke, 2000; Hooker et al., 2011; Wilson et al., 2014; Towers et al., 2015; Mwesiga, 2011; Basch et al., 2014). This is a significant gap in the literature that resonates with current debates concerning health journalism. It has been argued that health journalism has often been overlooked by journalism studies because many scholars subscribe to the linear-reflectionist idea that the news media are only a means of transmitting information (Hallin & Briggs, 2015). This is problematic because it boxes journalism into a role of disseminator of scientific information and fails to account for the mediation and creative roles of health journalism, which respectively consist of engaging audiences by connecting them to the worlds of medicine, science and public health, and contributing to an understanding of health knowledge by establishing frames and narratives (Hallin & Briggs, 2015, pp. 95-96). Furthermore, in the specific context of the 2014 Ebola outbreak, it has been argued that journalists failed to focus on, and conceptualize, the crisis itself and instead fed into stigmatization and uncertainty about the virus due to the lack of competent sources (Belluz, 2015).

Detailed first-person narratives that provide a subjective "insider" perspective (Amend & Secko, 2012) of journalists can provide an opportunity to "(a) demarcate what counts as science and health journalism in the mind of practitioners, (b) uncover the logic behind decisions by reporters and editors, (c) document complex journalist- scientist relationships, (d) compare and contrast theories of science communication with practice, (e) reveal the values at play in the profession, and (f) identify currently unarticulated challenges as well as best practices, among other purposes" (Amend & Secko, 2012, p. 245). For all these reasons, it is important to approach journalists themselves to get a firsthand account of their experiences in the field, as well as the sourcing and framing strategies they are implicated in and utilizing, as a result of their active coverage of the 2014 Ebola outbreak.

This thesis project asked: *How did African journalists covering the 2014 Ebola outbreak make meaning of the information they accessed in the field? How did they experience the outbreak, and negotiate their sourcing and framing strategies with respect to the crisis?* These questions were investigated via in-depth semi-structured interviews (as per Kvale, 1996) with 20 African journalists to identify key professional, technological and social elements that impacted their journalism. Participants were recruited through the World Federation of Science Journalists

(WFSJ), who organized a series of workshops in Ivory Coast, Liberia, Sierra Leone and Guinea Conakry to implement new strategies to cover epidemics. The WFSJ offered access to these workshops, which were a unique, unprecedented opportunity to gain first hand narratives of lived experiences from journalists who covered the EVD epidemic in West Africa. The gathered data was analyzed thematically using a modified grounded theory approach inspired by Strauss & Corbin's (1998), in order to assess potential similarities between themes reported in the literature and those identified in the interviews. A modified grounded theory approach was seen as appropriate due to its strength in providing an emergent understanding and deep meaning of a particular context, rather than creating testable theoretical structures (O'Connor, Netting, & Thomas, 2008, p. 30).

What follows include a literature review (Chapter 2), methodology on how the lived experiences of the African journalists were investigated (Chapter 3) and the results of this investigation (Chapter 4). The results are discussed in Chapter 5 and highlight an argument for the resonance between the nature of the coverage and the difficulties that the sampled journalists faced when they were covering the 2014 Ebola outbreak. Together, this thesis adds to a limited body of literature on the experiences of journalists covering epidemics and contributes to improving practice by allowing reflection on the strategies and obstacles during epidemics and emerging health crises.

CHAPTER II - Literature Review

I. Representation and framing of health crises in the news

The coverage of health crises is a topic that resonates with the larger field of health reporting. In the context of health reporting, there are numerous assumptions on the ways in which health information should be or is circulated. Briggs and Hallin (2010) introduce the concept of biocommunicability which refers to 'sets of normative assumptions on the production and circulation of knowledge and information about health' (p. 149). In this conceptualization, Briggs and Hallin (2010) offer three different models for thinking about the production and circulation of health knowledge: the medical authority, the patient-consumer and the public sphere models. The medical authority model gives limited roles to non-specialists in the circulation of knowledge about health and contends that the public can only accept medical information from medical professionals. On the contrary, the patient-consumer model proposes that due to the increasing centrality of market relations in the sphere of health, there is an increasing emphasis on the responsibility of each individual to improve his own health (Briggs & Hallin, 2010, pp. 151-152). Finally, the public sphere model suggests health issues should be open to debate and positions information delivered by the mass media as useful as it assists policy makers and citizens in making decisions about the public interest. Since the field of health care has become increasingly politicized, health issues are now very present in the public sphere thanks to media and social movements (Briggs & Hallin, 2010). Several scholars also point to the shift towards new biocommunicability regimes that try new ways to regulate knowledge about infectious diseases (e.g. through the internet) (Briggs & Nichter, 2009), stressing the creative role of journalists in building communication cartographies that empower audiences and as a result influence their behavior towards good health. In these regimes of health communication, audiences, journalists and health professionals all collaborate (Briggs & Hallin, 2007). The concept of biocommunicability matters because it evinces that journalists are not just disseminators of health and scientific knowledge, but rather active producers and creators of frames which represent health matters in different ways.

Journalists have different ways of framing or anchoring news stories on health epidemics and/or pandemics. Research suggests journalists tend to report on epidemics based on events and news attention cycles (Blomlitz & Brezis, 2008; Dudo, et al., 2007; Oh, et al., 2012; Shih, et al., 2008). News coverage of epidemics is often episodic, meaning it evolves as events related to the

epidemic occur. In their article on misrepresentation of health risks by mass media, Blomlitz and Brezis (2008) examine the relationship between the intensity of the newspaper, television and radio media coverage devoted to health hazards such as SARS, West Nile Fever and AIDS in the USA in 2003, and their risk to public health in order to assess framing. They find that the media in their sample tended to over-report the selected hazards, precisely the causes and epidemiology, rather than their overall risks to public health due to the episodic character of reporting. According to Blomlitz and Brezis (2008), that episodic character is often problematic as it tends to jeopardize the quality of coverage. For example, through an assessment of the quality of coverage related to risks posed by the avian flu in the U.S. press between 2000 and 2006, Dudo, et al. (2007) found that the episodic character of framing (coverage connected to events) exhibited high sensationalism of stories triggering fear in audiences, and limited informed judgment about the risks of the disease. In a similar vein, Allan Mwesiga (2011) in an analysis of a set of news stories on the 2011 Ebola outbreak in Uganda—precisely in the District of Luweero— from two Ugandan newspapers, contended that the use of confusing words as well as the lack of clarity of journalists in reporting the number of suspected and confirmed cases of Ebola in Uganda contributed to creating fear and panic in the public (p. 43). According to Mwesiga (2011), that uncertainty and lack of clarity might have an effect on public health outcomes.

News coverage of health crises tends to be driven by the occurrence of related events and influenced by cultural beliefs, political regimes, and local cultural systems in different countries (Oh, et al., 2012). For instance, building on a comparative analysis of coverage of the 2009 H1N1 pandemic in the US and South Korea, Oh, et al. (2012) suggest that H1N1 tended to follow different framing patterns in the two countries. In the U.S., journalists focused the coverage on attribution of responsibility and action undertaken by important actors, such as the government, whereas South Korean journalists had the tendency of focusing on statistics and consequences engendered by the disease. What is more, the coverage in the United States tended to be more dramatic, utilized highly anchored stories of H1N1 occurrences related to governmental actions, and included a variety of sources, such as people directly affected by the disease. On the contrary, South Korea's news coverage was driven by statistics as most of the stories reported on death toll and infected people and heavily relied on government sources. Oh,

et al., (2012) suggest such coverage is related to American optimism and liberal regime and Korean fatalism and authoritarian regime.

Health news frames also reflect geographic location (Shih, et al., 2008; Heffernan, et al., 2011), and the domestic and international relevance of related events such as reports of new cases or policy announcements. Through a textual analysis of 160 articles from four Chinese newspapers across a period from 2001 to 2008, Claire Heffernan, Frederica Misturelli and Kim Thomson (2011) explored the media representation of the highly pathogenic avian influenza outbreak (H5N1) in the early 2000s. They found that the tone of news reports tended to vary according to the geographical focus of the story: if the story related to outbreaks outside of China, the tone would be more alarming than a story that related to the outbreak in the confines of China (p. 607). Although the coverage of epidemics also tends to be geographically framed around the appearance of new cases, precautions to avoid the disease and transmission, some literature has argued that it fails to educate populations on the scientific features of the epidemics as well as other relevant aspects (Basch, et al., 2014). Holland and Blood (2013) have documented this in the context of a Swine flu pandemic in Australia. They found that their media sample did not always report accurately what people were experiencing in their everyday lives and failed to contextualize swine flu risks by comparing the pandemic to a seasonal flu. As a result, journalists produced alarming reports because of the "unwillingness of sources to offer more reassuring frames" (p. 533). Journalists' ability to frame and anchor stories in ways that influence individuals' behavior and decisions denotes that they fulfill several functions and play an important role in the coverage of health crises.

II. The functions journalists assume in the representation and framing of health crises

A. The roles and functions of mass communication and mass media in general

Before digging into the roles of journalists themselves, it is important to elaborate the roles of the mass media, as most of the literature on the coverage of health epidemics critiques the media themselves rather than the journalists. Mass communication is a complex process and can be considered "one kind of standardized social phenomenon whose consequences need to be examined" (Wright, 1960). In that respect, several scholars have attempted to assess the functions of the act of communication, and more precisely, the functions and role of the mass

media. In general, the mass media often serve manifest and latent functions (Merton, 1957). The manifest functions refer to the intended consequences of communication, whereas latent functions concern the unintended consequences of communication. Most of the functions of mass media "can be interpreted as social mechanisms for minimizing or counteracting dysfunctions produced by another activity in order to keep the system from breaking down" (Wright, 1960, p. 620). In this context, Wright (1960) refers to other activities such as politics. Given that mass media serve an integral role in society, their functions are geared toward the maintenance of social cohesion. In that respect, the mass media fulfill surveillance, correlation and transmission functions (Lasswell, 1960, pp. 118 & 130). Indeed, for Lasswell (1960), the process of communication results in surveillance insofar as the mass media collect and distribute information about particular events, organizations or people in a given environment. The mass media also interpret information about the environment, anticipate consequences, and communicate social norms and values from one generation to the other. However, these functions are not exhaustive. For C.R. Wright (1960), mass media are also entertaining, for they enable individuals to escape from their routine problems and release emotions. In political terms, mass media are (a) agenda-setters for the reason that they tell people what to think about, but not how to think, (b) provide platforms for public debate, (c) facilitate dialogue across a diverse range of views, (d) act as a watchdog, (e) provide incentives for citizens to learn and get involved in society, (f) resist outside forces, and (g) respect audience members (McCombs and Shaw, 1972; Habermas, 1996, p. 378). Mass media do not only play a political role, but also a social role.

Mass media are also crucial for social control. Similar to Wright (1960) and Lasswell (1960), Paul Lazarsfeld and Robert Merton (1960) emphasize the socializing function of mass media. For them, mass media play an important role in enforcing social norms through exposure of private violations to the public, rather than merely communicating social norms and values (Lazarsfeld & Merton, 1960, p. 499). Mass media impart the ethics of a society, encouraging people to comply with the established norms. The media also confer status on individuals and groups (Lazarsfeld and Merton 1960, p. 497). They confer to organizations, events, or people what Wright (1960) calls "prestige". The social control encouraged by the mass media can also take the form of "feedback-control" and "distribution control" processes (Donohue, et al., 2012). The "feedback-control" function has to do with the activities related to readership such as letters to the

editor that are usually controlled by editors. Whereas the "distribution-control" process refers to "selective dissemination of information and a wide variety of distributional techniques as well as [a] ... selective withholding of information" (Donohue, et al., 2012, p. 653). In this respect, mass media function as system regulators like watchdogs that keep power in check and inform the public about wrongdoings (Donohue, et al. 2012). Another way the mass media provide social control is through knowledge dissemination to individuals. On an individual basis, the media allow people to identify and build personal relationships or contacts, and can reassure individuals (Blumler & Brown 1970; Salwen & Driscoll 1995).

In her work on American politics, Doris Graber (1989) built on and restructured Lasswell's typologies of surveillance, correlation and transmission functions. Graber broke the surveillance function into public surveillance and private surveillance. According to Graber, the public surveillance function refers to the processes of prioritizing and publicizing a particular event, organization or person, while the private surveillance relates to the process through which the mass media inform citizens on matters that directly interests them. Graber contended that the public surveillance function is synonymous to a gate-keeping role since mass media choose what political events get covered or not. Whereas the private surveillance function can be understood as a reassurance function insofar as it implies that the media reassure people that the political system works. She underscores the political significance of those functions that other scholars fail to mention. Furthermore, she adds manipulation to Lasswell's list of functions, to emphasize the investigative and watchdog role the mass media have in exposing wrongdoings such as political corruption. In a similar vein, George A. Donohue, Philip J. Tichenor and Clarice N. Olien (1995) propose that the most prominent function of mass media is the "guard dog function," and that mass media only serve powerful interests. Recent studies in (Donsbach, 2008; Barnhusrst & Owens, 2008; Patterson &Donsbach, Matheson, 2009) has elaborated on the roles that the media play in general and mostly journalists, such as watchdog, gatekeeper, to mention a few. All of these functions resonate with the roles and functions journalists assume when covering health crises.

Past research on the functions expressed by journalists in covering health crises has largely come from the studies of newspapers. Although newspapers seem to have been out thrown by the rise of the internet and news wires, they have been argued as worthy of examination as "the most important media followed by radio and television, books and films" (Katz, Haas & Gurevitch, 1973). Newspapers not only entertain, but also provide news, editorial, background, entertainment,

advertising, and encyclopedic functions, even though it has also been argued that they dysfunction by downplaying social cohesion precisely by overwhelming readers with too much complex information (Willey, 1942; Lazarsfeld and Merton, 1960, p. 502; Wright, 1960).[1] Those functions and dysfunctions are significant, for they provide a theoretical view of the role the press in general and journalists in particular, play when a social crisis arises, in this instance a health crisis.

B. Journalists' roles and functions in times of a health crisis

For the case of a health crisis like an epidemic, researchers from anthropology, sociology and social sciences have studied press content, precisely journalists' roles and responsibilities in times of a health crisis. Journalists have been positioned as crucial actors to the dissemination of health information to the public, for they guide public perceptions and policy makers' decisions. According to Pauline Lubens (2015), journalists have been argued to fulfill three major functions during a health crisis: "(1) disseminating accurate information to the public, medical professionals, and policy makers; (2) acting as the go-between for the public and decision-makers and health and science experts; and (3) monitoring the performance of institutions responsible for public health response" (p. 59). This resonates with some of the roles that scholars have argued journalists (be them health journalists or from other fields) should play. Journalists tend to play several roles: (a) an information role, in order to educate and inform citizens on events deemed newsworthy and relevant to society, and provide comments; (b) a representation role, since ideally they represent competing opinions, interest groups, provide a forum for diverse views to facilitate the citizenry's decision-making process; and (c) a watchdog role by stinging "guard against abuses of power by the state", and holding the government accountable (Scammel & Semetko, 2000, p. xli; Christians, et al., 2009, p. 31). Besides serving those roles, journalists also tend to fulfill facilitative, monitorial, radical, collaborative, public educator, neutral, interpretive, adversarial, dissemination, traditional, populist mobilizer, and activist functions (Christians, et al., 2009; Forsyth, et al., 2012; Johnstone, et al., 1972; Weaver & Wilhoit, 1986; Culbertson, 1983).

In a health crisis, journalists provide information about prevention and precautions, or investigate, but also decry questionable state actions undertaken during the course of an outbreak (Jansen, 2012). In the context of the coverage of the Chikungunya epidemic in Réunion from

[1] Also see Berelson (1954); Burgoon & Burgoon (1981); and Wright (1960)

2005 to 2007, Karine Aasgaard Jansen (2012) takes a cultural approach to study the post-colonial discourse contained within the coverage of the epidemic, as well as the functions served by the press during that crisis. Jansen's work is worthy of mention as it revealed that journalists included the underlying discourse of "tropicalism" in order to disseminate information about the government's wrongdoings (Jansen, 2012). Hence, in the face of Chikungunya, the French Government, which Réunion is dependent upon, did not take action until it discovered that the cause of the disease, the Aedes mosquito, also existed in the South of France. Journalists can therefore act as watchdogs by fulfilling an investigative role in order to hold the government accountable for their actions with respect to epidemic crises (Wilson, et al., 2014). This role can facilitate public trust through the application of journalistic norms, namely responsibility, accuracy and fairness (Wilson et al., 2014).

However, journalists are not always critics of the government. They can act as agents for the government when reporting on actions undertaken to curtail the spread of an epidemic (Hooker, et al., 2011). For example, in times of a health crisis, journalists often advise the public on sanitary measures by providing tips and detailed explanations on how to behave to avoid contracting the disease. In her analysis of press coverage of the Cholera Morbus, the Bubonic Plague, the Spanish flu and Exanthematic Typhus, Maria Antonia Pires de Almeida (2013) contended that newspapers educated the public about general hygiene routines that they should keep even in the absence of a health crisis. In providing such information, journalists function as system regulators that have the capacity to drive change amongst citizens, and even allows for personal identification since citizens identify with and feel close to the stories and issues at stake (Burnett, Johnston, Corlett, & Kearney, 2013). In his analysis of how journalists or media actors perceived their roles in transmitting public health information during food incidents in Australia, New Zealand and the UK, Wilson, et al. (2014) outlined that journalists defined themselves as conduits of information acting in the public interest to facilitate public debate amongst citizens. Journalists can thereby take a public health interest into account when producing health news.

Despite the above somewhat positive roles, Peter Washer's (2004) analysis of the representations of the 2003 SARS in British newspapers and the work of Vasterman & Ruigork (2013) point to the alarming and reassuring character of the 2009 SARS television and newspaper coverage. The reports issued by journalists tended to trigger fear and anxiety because of the assertion that SARS would be 'a big crisis,' but then later reassured the public after initial

assertions were proven inaccurate. Similarly, in his analysis of the coverage of the Ebola outbreak in Zaire by Canadian, American and British newspapers, Sheldon Ungar (1988) contended that although newspapers tended to alert the public in initial coverage, in the end, they provided information that was considered reassuring. Misinformation has also been illustrated in British newspapers' coverage of the 1995 Ebola outbreak, with the evidence of high sensationalism and the development of fear themes in the coverage (Joffe and Haaroff, 2002).

In her study of the coverage of the 2003 SARS outbreak in Belgium, Stjin Joye (2010) noted that journalists provided general information on the disease, but also triggered fear as the outbreak of the disease spread in areas other than China. In periods of a health crisis, the news can also increase fear by dramatizing diseases and exaggerating risks and consequences (Raupp, 2014). In the coverage of the Escherichia Coli outbreak that spread in Germany in 2011, journalists appeared to amplify risks of infection (Raupp, 2014). Furthermore, by disseminating general information about epidemic outbreaks, news coverage may stimulate worry over infection by alarming and alerting people (Mesch, Schwirian, & Kolobov, 2013). Research on other epidemics such as Ebola and H1N1 also suggest that journalists' reports can be more alarming than reassuring (Ungar, 1998; Hilton & Hunt, 2010). In all, past research shows how journalists disseminate information and play an important role in shaping public understanding of health issues (Hilton & Hunt, 2010). The aforementioned functions influence the way journalists perceive health journalism.

III. Journalists' Perception of Health Journalism

The literature on journalists' perceptions of health journalism reveals that journalists tend to position their relationship to audiences as a key factor to the effective circulation of medical knowledge. For example, using in-depth phone and Skype interviews, Molyheux and Holton (2015) explore the perceptions, practices and drivers of personal branding among journalists in the field of health. Acknowledging the increasing use of social media amongst journalists, the authors conclude that both the rise of social media and the desire to build a strong relationship with audiences lead health journalists to brand themselves. Despite the apparent success of branding, Molyheux and Holton (2015) do mention that journalists face conflict as they have to negotiate between the branding of the organization and personal branding, and mostly because branding raises their value to the organization. Similarly, Friedman, et al. (2014) propose that engaging

communities into health reporting is the key to the effective production of health knowledge, because health journalism is a vehicle that guides audiences' behavior especially in the context of disease prevention. What is more, targeting communities might improve the relevance of information and as a result facilitate public understanding of health knowledge (Friedman, et al., 2014). According to Friedman, et al. (2014), there is room for improvement in the domain of health journalism because of the lack of resources to appropriately cover stories, staff cutbacks, lack of trained staff, and the poor collaboration between journalists and health practitioners.

Besides engaging communities, health reporters require specialized training to enable better health-related stories, because lack of specialized training lead them to anchor stories according to personal health habits and health care systems of the countries in which people live (Gasher, et al., 2007). Such specialized training can also facilitate health literacy as health journalists are important actors of public understanding of health information fulfilling interpretive, adversarial and facilitative roles when covering health matters (Hinnant & Rios, 2009; Hinnant, et al., 2015). However in covering health news, health journalists are wary and skeptical of commercial influences such as press releases issued by pharmaceutical or health-related companies (Morrell, et al., 2015). That skepticism plays a role in how health journalists' perceive their audiences. Despite the limited scope of work on the proper role of health journalists and the failures to elaborate on external factors and journalist identity, scholars have elaborated on sourcing practices and the roles of sources in health news coverage, precisely epidemics coverage (Amend & Secko, 2012).

IV. Role of Sources or Social Agents

Picking sources is crucial to news reporting, especially in times of a health crisis because it often guides the framing of the coverage. News sources often influence the tone of news coverage in the sense that journalists tend to rely heavily on the information that sources relay. In her analysis of the extent to which social agents (e.g. government officials, health professionals, etc.) and news media amplified risk during the 2011 E.coli outbreak in Germany, Raupp (2014) emphasizes that "public debate was shaped by the interplay between social agents such as public authorities and stakeholders affected by the Ecoli outbreak and the news media" (p. 575). In fact, if social agents amplify risks, journalists will tend to do the same since they mostly rely on those news sources to disseminate information. The way the authoritative sources deliver information

has a direct impact on journalists' reports on epidemics (Holland, et al., 2014). Whenever news sources disseminate alarming messages, coverage tends to follow the same pattern (Vasterman & Ruigrok, 2013).

In times of a health crisis, journalists tend to rely heavily on elite sources such as government officials, health care providers and health information officers often because of short time pressures, a quest for accuracy and credibility in source knowledge, the notoriety of the source which legitimizes the representations of events (Amend & Secko, 2012; Hallin & Briggs, 2015). As a result, they fail provide a complete coverage of an epidemic by excluding the accounts of laypeople (citizens and mostly people directly affected by the disease) (Logan, et al., 2004). In the context of the coverage of a public health crisis in South Korea, Logan, et al. (2004) suggest that newspapers heavily relied on government officials and physicians as first and second news sources and did not consider civic groups as important sources mostly because of the search for accuracy (Shih, et al., 2009). That over-emphasis on government officials and physicians does not promote in-depth coverage of the analyzed health crisis (Logan, et al., 2004). This is why it is important to focus on the experiences of journalists to reflect on the factors that might impact sourcing and framing practices.

V. The Experiences of Journalists Covering Health Crises

The limited literature on the experiences of journalists covering health epidemics reveals that journalists face several constraints of a different nature. In their analysis of the quality of health information during a health crisis, Avery, Lariscy, and Sohn (2009) suggest that there are differences and similarities in perception of barriers to quality coverage of health information. Building on three previous pilot studies, they assessed the way journalists and public health information officers perceive barriers to the effective production and delivery of health information as well as the provision of health care. For that purpose, they conducted a mix of 90 phone and e-mail interviews with local and state public health information officers and health journalists in 12 U.S. states as well as the District of Columbia. According to Avery, Lariscy and Sohn (2009) there were wide disparities in how the two groups perceived barriers to getting health information and an absence of a shared vision that undermined media relationships and in turn negatively influenced the quality of health information. Besides that, journalists also find it hard

'to synthesize scientific publications from other parts of the world' to produce news pieces (Heffernan, et al., 2011, p. 617).

Besides the lack of collaboration between public health officers and health journalists, Trevor Cullen (2003) contends that journalists often lack sufficient scientific knowledge about the nature of the epidemics to provide in-depth coverage. In his analysis of editors' attitudes vis-à-vis AIDS from 1999 to 2002 in seven Pacific countries, Cullen proposes that public information officers facilitate the accuracy of health crisis coverage and should be collaborating with health journalists. Health journalists do not only face collaboration constraints, but they also struggle with barriers such as determining newsworthiness, trying to negotiate the complexity of science research around epidemics such as AIDS, and the lack of knowledge about diseases (Emke, 2000).

Structural constraints also prevent journalists from doing a good job at health crisis coverage. According to Hooker, King, and Leask (2011), a health crisis is often influenced by the following news values: "catastrophic potential, cultural and geographical proximity, unfamiliarity and uncertainty", as well as "lack of novelty and the absence of compelling images" (p. 224). What is more, the short time frames in daily news reporting does not always allow journalists to provide the best possible health coverage (Hooker, et al., 2011, p. 226). In their analysis of the factors that influenced journalists' coverage of avian influenza in Australia, Hooker, King and Leask (2011) also imply that other barriers such as lack of familiarity with scientific terms, dangers of field reporting and the desire to respect news values while relying heavily on government officials as sources tend to lead to inaccurate coverage. Similarly, drawing upon a study about journalists' perceptions and reporting practices on the avian influenza epidemic, Leask, et al. (2010) explored how journalists in Australia select and shape news on health issues and sought to examine the challenges that journalists face in that respect. Reported challenges included short deadlines, access to resources and issues of technical expertise (Leask, et al., 2010). They also face workplace factors such as immediacy, newsworthiness, and cross media ownership in some cases which tends to erode journalistic autonomy (Wilson, et al., 2014).

VI. Contextualization of the 2014 Ebola Outbreak

The recent Ebola outbreak mostly affected and is still affecting some countries in West Africa, namely Liberia, Sierra Leone, and Guinea Conakry. This Ebola epidemic is not to be mistaken with the unrelated Ebola outbreak which began in Boende, Equateur, an isolated part of the Democratic Republic of Congo, for it is caused by a different genus ("Ebola virus disease," 2014). The "Ebola hemorrhagic fever is a virulent viral disease causing death in 50-90 percent of clinically diagnosed cases," and was first documented in the Democratic Republic of Congo in a village next to the Ebola River and in Sudan in 1976 (Hewlett and Hewlett, 2008, p. 3). The disease was named after the Ebola River. According to the World Health Organization (WHO), the current West-African outbreak "is the largest and most complex Ebola outbreak" as it had the potential to become a pandemic ("Ebola virus disease," 2014).

The first case of Ebola in the outbreak under study in this thesis was officially notified in Guinea Conakry on 21 March 2014 by the WHO, and ever since, the epidemic has captured the attention of the media across the globe (Barry, M., et al., 2014). Given the virulence of the virus, the disease spread across the border to Sierra Leone, Liberia, Mali and Senegal. It also appeared in Nigeria after a sick passenger traveled there by plane. With a population exceeding 174 million, Nigeria only confirmed 20 cases of Ebola and 8 deaths. Within a short period of time, Nigeria was able to contain Ebola and declared the end of the epidemic on 17 October 2014 (Carter, 2014). Ebola virus disease (EVD) also travelled to Spain and the United States (Mosquera, et al., 2015). The first international case of Ebola was diagnosed at the Alcoron University hospital foundation near Madrid, Spain, in a 44-year-old female assistant who contracted the disease after caring for an infected patient from Sierra Leone, on 22 September 2014 (Mosquera, M., et al., 2015). Ebola captured future international, and particular Western, media attention since the case in Spain appeared. Similarly, a patient coming from one of the Ebola-affected countries into the United States, precisely Dallas, Texas, tested positive for Ebola on 3 October 2014. Subsequently, the World Health Organization declared Ebola as a Public Health Emergency of International Concern (Mira, J., et al., 2015). The WHO has been criticized for responding to the epidemic slowly.

1. The WHO failures

In an article on *CBCNews*, The Associated Press noted that the WHO neglected the significance of Ebola outbreak, and failed to respond in a timely fashion since it only appointed an official to regulate actions regarding Ebola on 12 January 2015, approximately 6 months after the disease had been declared a global emergency (The Associated Press, 2015). A *BBC* report

highlighted that the WHO failed to listen and respond to the outbreak in a timely fashion noting that "only in June did the WHO call a meeting of its Global Outbreak Alert committee, and only then, it seems, did WHO Director General Margaret Chan take a long hard look at the situation" (Foulkes, 2014). The delay in these responses has been argued to have highly jeopardized trust in the organization mostly amongst the population involved with the outbreak (The Associated Press, 2015). Besides slowness of the WHO response, the WHO did not accurately estimate Case Fatality Risk (which refers to the probability that an infection resulting in death) by disregarding the delay between the report of cases and deaths (Atkins, et al., 2015). Consequently, the WHO figures on the Ebola death toll were not always accurate. On the contrary, Doctors without Borders was believed to have played an important role in containing the disease as they were at the frontline, managed to send health workers on site and even anthropologists to better understand the affected populations' traditions and cultures to facilitate action amongst other actions (Barroux, 2014).

2. An epidemic of rumors

Besides arguments that the WHO did not respond appropriately to the Ebola virus in West Africa, the fight against Ebola faced other barriers such as distrust of the government and mostly rumors that impeded messages about Ebola and disrupted populations from listening to the advice of governments or health workers. For instance, by the time the epidemic took off in Liberia, a lot of ordinary Liberians were already estranged with the government and therefore disbelieved the government's warnings to contain the spread of Ebola (Epstein, 2014; Feuer, 2014). According to Feuer (2014), that distrust in the government might have led to a disbelief in the existence of Ebola, as well as an increase in the number of deaths since people were ignoring Ebola prevention messages and still behaving as they usually do: caring for the sick, washing corpses, to mention a few (Epstein, 2014; Hogan, 2014). Most of the population in remote areas of Liberia (county regions) were so reluctant to the measures in place that they would refuse to call the 'Ebola hotlines' put in place to notify suspected cases. A woman in a village even explained that most villagers thought that the Liberian President had created the disease and sent nurses to inject them with poison in order to kill them (Epstein, 2014). In a similar vein, in Sierra Leone, Nigeria and other neighboring countries (such as Ivory Coast, Benin, to mention only these), there was a belief that Ebola could be cured and prevented by drinking Nescafé mixed with cocoa and sugar, by eating two large onions, eating cola nuts, coco oil, drinking salty water, rubbing the body with salt, using Nano silver, and drinking condensed milk or magnesium chloride amongst other imaginary

cures (Hogan, 2014; Rasplus, 2014; Michel, 2014). In Nigeria (where the virus was easily contained within a few weeks), a famous pastor called TB Joshua alleged that he created a holy water that cures Ebola and sent 4000 bottles to Sierra Leone (Bah, 2014). Similarly, in Sierra Leone people tended to turn to traditional healers instead of going to the clinics (Mazumdar, 2014).

The populations affected by Ebola did not only propagate rumors about potential cures but also about the origins of the disease itself. For instance, Sierra Leoneans believed that Doctors without Borders were the vectors of the disease as they were believed to have been sent to infect the whole population and inject them with lethal substances (Hogan, 2014; Foulkes, 2014). The Ebola virus has also been thought of as a "form of population control," a disease patented by the CDC, a bioweapon by the United States to depopulate the planet and satisfy the US political agenda (e.g. sending troops to Nigeria because of Boko Haram, and to Sierra Leone to get miners working in Diamond mines to stop striking and give the diamonds away), and an asset used by the CDC and pharmaceutical companies to make money (Bryne, 2014; Feuer, 2014; Ebo-LIE : L'immense arnaque de la pandémie, 2014; Bancarz, 2014; Ajakaye, 2014; Broderick, 2014). In Liberia precisely, some works report that populations believed that Ebola was invented by white people and that health workers were sent to steal kidneys and blood from Ebola patients. As a result, several prevention team agents were assaulted or killed because the population thought they had been sent to kill them with the Ebola virus (Rasplus, 2014; LeMonde.fr, 2014). Although the WHO and Doctors without Borders had been trying to fight against those rumors by reminding people about important measures, those rumors have made it difficult to deal with the affected population (Camara, 2014). Those rumors did not only stay in Africa. They spread internationally. There was a rumor that people could contract the Ebola virus by using an iPhone 6 or that Ebola is airborne, for example (Glez, 2014; Dupuis, 2014). Those rumors undermined the transmission of messages and somewhat slowed the fight to contain Ebola. While the views and cultures of those affected by Ebola deserve our respect and understanding, such rumors, when combined with the literature reviewed above, suggest that journalists might have had more impact on prevention, but seemingly were perhaps blocked from doing this or unable to impact various communities with their reporting. This is however currently speculation and in need of study, something this thesis aims to accomplish.

3. Definition of Ebola and the 2014 Ebola crisis

"Ebola is a single-stranded ribonucleic acid (RNA) virus that has become one of the most feared pathogens," and consists of specific clinical features (Matua, G., et al.,2015a, p. e171). In terms of transmission, EVD spreads from person to person through an exchange of fluids with infected persons, rather than being airborne. What is more, practices such as funeral rituals including bathing and shaving the deceased also facilitate transmission (Matua, G, et al., 2015a). Early symptoms of Ebola begin appearing after 21 days following the infection. The symptoms consist of several headache, lower back pain, acute fever, incapacitation, cervical pain, vomiting blood, diarrhea, weight loss, to mention only these. Fatal though Ebola virus disease is, recovery is possible, but can be very slow and patients can experience lots of complications such as joint pains, fatigue and loss of vision (Matua, G., et al., 2015a; Mazumdar, 2015). Despite the fact that scientists have not yet managed to find an effective cure for Ebola, several treatments have been experimented such as the Zmapp drug, antibody treatment and supportive strategy involving balancing electrolytes, optimal oxygenation and blood pressures (Lorente, J., et al., 2014, p. 60; Matua G., et al., 2015a, p. e175). Scientific knowledge about Ebola continues to advance and will likely be different than presented here in the future.

In spite of the local, national and international efforts to fight the spread of Ebola, scholars have identified numerous challenges to its effective containment (Matua, G., et al., 2015b; Comes, T., et al., 2015; Gesser-Edelsburg, A., et al., 2015). These challenges include a lack of communication infrastructure and preparedness, "lack of understandable, reliable and actionable information from network newspapers and social media," the weak and dysfunctional health care systems of severely affected countries, poor community-based social mobilization, poor communication of risks, community mistrust, disorganized health systems and scarcity of health workers (Gesser-Edelsburg, et al., 2015, p. 669; Kieny & Dovlo, 2015; Fu, et al., 2015; Antes, 2014; Piot, et al., 2014; Parisot, et al., 2015; Busch, et al., 2015; O'Hare, et al., 2015;Ghazanfar, et al., 2015; Blackley, et al., 2015). Poor transportation and communication infrastructure especially in remote villages, the areas most affected by Ebola virus disease, as well as the resistance to outside intervention also constitute barriers to the effective containment of Ebola (Blackley, et al., 2015).

Even though Ebola fighters (actors involved in the fight against Ebola) have failed on some level, they have managed to succeed on other grounds. In the face of the Ebola threat, authorities have implemented several response systems. The World Health Organization (WHO) in

collaboration with Medecins Sans Frontières (MSF) and Ministries of Health in each country affected installed Ebola treatment centers, and provided reactive actions with response teams in charge of suspect monitoring and active surveillance (Parisot, et al., 2015; Matua, et al., 2015b). Local authorities have also coupled Ebola education workshops and messages with social mobilization to contain Ebola (Fast, et al., 2015). Local authorities and international partners implemented measures such as 21 days-quarantine, as well as several restrictions on entering and exiting villages, regulation of local river crossings and closure of local markets in some areas (Nyenswah, et al., 2015). Despite the fact that these measures lead to insufficient access to food and medical care to some extent, they are instrumental to the effective fight against Ebola. The actions undertaken by international organizations and NGOs were supplemented by that of the media.

4. The role of the media in the fight against the 2014 Ebola outbreak

Besides being supported by international organizations as well as local and national institutions, the fight against Ebola was also facilitated by media communications and precisely social media. The media in general tended to be the main source of information for populations across the world (Rübsamen, et al., 2015; Alqahtani, et al., 2015). According to Majumder (2015), there was a correlation between media reported events and changes in epidemic behavior in Sierra Leone and Liberia precisely, since media reports of control measures such as aid distribution tended to lead to a reduction in transmission. Social media including Twitter, Facebook and even WhatsApp (the most used chat application in West Africa) contributed to the management, prevention, tracking, and investigation of the Ebola epidemic development, especially in Nigeria (Carter, 2014; Rodriguez-Morales, et al., 2014). As "one of the most popular micro-blogging application that allows for communication through 140 characters," Twitter supplemented health surveillance (which correlates with temporal evolution of Ebola in some cases) in the context of Ebola by acting as a real-time method for surveillance, by supporting early warning systems, and providing education messages (Odlum & Summoo, 2015, p. 566; Towers, et al., 2015; Rodriguez-Morales, et al., 2014) (see below for how it also caused confusion at times). Social media also succeeded in bringing experts together "in a transparent and democratic forum with global participation to generate a mass of new and potentially helpful ideas," and may have helped Nigeria to contain the disease in that respect (The Lancet, 2014; Carter, 2014).

In the context of health epidemics, Twitter has often been used as a public health surveillance tool, precisely as a tool to surveil syndromes and estimate health population, (Paul & Dredze, 2011; Culotta 2010). For instance, in their work on Twitter and infectious diseases, Krieck, Dreesman, Otrusina, and Denecke, (2011) try to identify hints to early detection of infectious diseases as well as reduce the spread of diseases with a focus on Germany by investigating the relevance of Twitter messages to early detection of disease outbreaks and the extent to which outbreaks are discussed on Twitter. They find that Twitter messages can be to a certain extent highly relevant for early detection of epidemics outbreaks and public health threats in general. For the authors, Twitter can supplement traditional disease surveillance which relies on data from mandatory reporting of cases by physicians and laboratories. Investigating the relevance of Twitter messages to the early detection of disease outbreak, the extent to which outbreaks are discussed on Twitter, the time delay between identification of information about disease outbreaks on Twitter, and the notification at health departments, Krieck, et al. (2011) argue that Twitter messages can be useful indicator of early detection of public health threats. Twitter has also been active in the early detection of influenza (Aramaki, Maskawa, Morita, 2011) and tracking infection rates in the context of the outbreak of an infectious disease (Lamb, Paul, & Dredze, 2013).

In spite of social media success, the media, namely newspapers and radio overall have not always done a good job at calming, reassuring populations, installing public trust, or even increasing knowledge about Ebola (Rübsamen, et al., 2015; Yoder-Wise, 2014; Mira, et al., 2015; Issah, et al., 2015; Mosquera, et al., 2015). The coverage of 2014 Ebola epidemic has not only been prolific but also unbalanced. Some media outlets have devoted inappropriate airtime to the 9 confirmed Ebola cases in the U.S. at the expense of the human crisis going on in Sierra Leone, Guinea, and Liberia (The Lancet, 2014). The media have also been critiqued for failing to promote public trust through the dissemination of false pictures of reality (i.e. images of isolation zones), and contributing to a 50% reduction of emergency department patients, a decrease in visits to inpatients and a decrease in confidence of internal hospital communications in some cases (Mosquera, M., et al., 2015). Not only did some media promoted a false picture of reality, they also overhyped the disease with titles such as ‘Ebola devastating Africa’ or ‘no control over the Ebola virus disease,’ treating it as if there was necessary a threat of Ebola with every African who lands in Europe to create paranoia (Dupuis, 2014). That even resulted in some extreme measures and unacceptable attitudes in some countries. For example, in South Korea, a pub stuck a note to

the window to notify their customers that Africans were not accepted in the pub at the moment because of Ebola (Bah, 2014). In Spain, the dissemination of alarming and inaccurate information contributed to decreasing public trust, increasing skepticism regarding CDC recommendations, and stigmatization, and prevented the smooth implementation of protocols of protection forms risks related to health care work for professionals for example (Mira, et al., 2015, p. 188). Similarly, in countries like Ghana (not affected by Ebola), sensational news reporting and a lack of diverse news items did not facilitate the rise of public awareness about EVD (Mira, et al., 2015).

That disproportionate character of media's dissemination of messages on Ebola has been exacerbated on social media. Twitter was not always helpful as it often induced confusion, fear and anxiety in people, through the proliferation of rumors about airborne transmission, potential vaccines or technologies being infected by the disease, as well as misleading information about Ebola Virus Disease (The Lancet, 2014; Carter, 2014; Chun-Hai Fung, et al., 2014; Jin, et al., 2014). Not only has media communication being critiqued as failing (Mira, et al., 2015), but institutional communication has also been critiqued as not always disseminating accurate and factual information to populations (Atkins, et al., 2014). Taken together, this review of literature on the role of mass media and journalists, health epidemics coverage and Ebola points to the important need of studying the subjective perspectives of journalists who covered health epidemics, precisely the 2014 Ebola outbreak. In the next chapter, I outline the methods used to investigate the personal accounts of the journalists who covered the 2014 Ebola outbreak.

CHAPTER III: METHODOLOGY

To examine the lived experiences of African journalists during the 2014 Ebola outbreak this thesis made use of semi-structured in-depth interviews. This approach was particularly interested in analyzing how journalists made meaning of the information they accessed in the field when covering the Ebola crisis, as well as how they negotiated between the different types of sources available to them.

I. THE INSPIRATORY WORLDVIEW

Considering the aim of this thesis, an interpretive worldview, namely the constructivist worldview was used. A constructivist worldview is typically seen as an approach to qualitative research which tends to rely on participants' views of the world as much as possible and resonates with social constructivism (Creswell, 2014, p. 8). Social constructivism is a theory that contends that human beings are looking to understand the world in which they live. As a result, human beings create subjective meanings based on their experiences of the world which are varied and multiple. One aspect of social constructivist research is investigating the polysemic character of individuals' experiences, which can help to generate theoretical concepts based in the "emic view"—a point of view that a cultural insider would accept as appropriate and meaningful (Treise & Weigold, 2002)—or, at least, provide naturalistic observations that can give sensitized concepts for further study (Christians and Carey, 1989).

Social constructivism thereby implies that individuals' experiences of the world are complex and worthy of study, something that this thesis looked to examine by analyzing the experiences of African journalists who covered the Ebola crisis. As Creswell (2014) suggests, this approach is additionally suited to research that aims to study the experiences of human participants who work in a particular social context and have specific views and assumptions about the world, given that human beings make meaning of the world around them based on their own historical and social perspectives (pp. 8-9).

Crotty (1998) argues that an approach to research based in social constructivism assumes that (a) individuals make meaning of the world as they engage with it, (b) they do so based on their own social, historical and cultural perspectives, and (c) meaning is social as it arises from interaction between individuals within a community. These three assumptions about social constructivism (Crotty, 1998) are in contrast to, for example, post-positivism, a worldview which

tends to ignore "human consciousness and decide to stick with cold data" (Latour, 2005) and therefore seeks "to identify and assess the causes that influence outcomes" (Creswell, 2014, p. 7). Post-positivism often supports quantitative research methodologies that seek to verify hypotheses. What is more, post-positivism ignores arguments for multiple subjective realities (Creswell, 2014), as it often seeks the measurement of an objective reality that exists 'out there' in the world. Instead, this thesis focuses on exploring the "emic view" of African journalists, which is based in the social construction of their lived experiences covering Ebola (which could be described as the subjective realities discussed by Creswell, 2014). It is, of course, possible to explore this topic in other ways, such as through the lens of Actor Network Theory (ANT). The forefather of the theory, Bruno Latour, contends that beside the complexity of social explanations, the words 'social' and 'construction' are far too complex since they can mean different things in different occurrences (Latour, 2005). ANT, instead, tries "to render the social world as flat as possible in order to ensure that the establishment of any new link is clearly visible" (Latour, 2005, p. 17 & p. 103). While still constructivist, ANT focuses on the connections between human and non-human entities and thereby can forego the collection and analysis of the deep narratives that can help to better understand how journalists make meaning as related to their role during an emerging infectious disease outbreak.

II. THE RESEARCH METHOD EMPLOYED: IN-DEPTH SEMI-STRUCTURED INTERVIEWS

To reflect this worldview, I used in-depth semi-structured interviews (Kvale, 1996). My sample consisted of 20 journalists that I accessed through a program held by the World Federation for Science Journalists (WSFJ). In collaboration with Foundation Hirondelle, African Associations of Science Journalists and Associations of Community Radio in West, Central and Eastern Africa, the WFSJ held four workshops in the Ivory Coast, Liberia, Sierra Leone and Guinea to explore new strategies to cover infectious diseases and epidemics such as Ebola. An objective of these workshops was to improve the practice of health journalism. The WFSJ kindly offered me access to these meetings, which included journalists who covered the EVD crisis, to conduct in-depth interviews. Due to limited financial support, I took part in three of four workshops in the Ivory Coast, Liberia, and Guinea Conakry, but only used the data collected in Ivory Coast and Liberia. The journalists who took part in these workshops were chosen specifically by the WFSJ without my input, but nevertheless presented a unique sample able to

provide information about their experiences and challenges from the field, which in turn allowed me to assess the meanings they assigned to the Ebola crisis. Before moving on to describe this sample, the analysis method, and the codebook developed from the data, I first define and elaborate on the method of interviewing employed.

1. In-depth semi-structured interviews: A definition

Scholars have approached research interviews in many ways, including from positions of positivism and interactionism. Approaches based in positivism propose that "interview data give us access to facts about the world" and claim that the best way to achieve data generation is through the administration of "standardized questions with multiple-choice answers" (Silverman, 1993, p. 91). In this context, the interviewer and the interviewee are both objects: the interviewer is perceived as the object following the research protocol, and the interviewee is the object who simply provides answers relevant to the research protocol (Silverman, 1993, p. 94). By contrast, the interactionist approach to interviewing often supports that "interviews are essentially about symbolic interaction" whereby the interviewer and the interviewee are peers or/and companions in an "observational encounter" (Denzin, 1970, p. 133; Reason & Rowan, 1981, p. 205). From this standpoint, interviewees are not addressed as objects, but rather as active subjects capable of constructing the social worlds around them and resisting and/or complying with the situation, whereas interviewers are viewed as the subjects who set the context of the interview (Silverman, 1993, p. 94). Many interactionists believe that the main ways to achieve data collection is through the use of unstructured, open-ended interviews (Silverman, 1993, p. 91). Despite the fact that interactionism seems to account for role of the interviewer in an interview, it has been criticized for being (a) too flexible and open-ended, thereby preventing the comparability of one interview with another, (b) too humanistic since it often ignores that self-evident truth often derives from a widespread cultural assumption, (c) for ignoring that "accounts are not simply representations of the world (but rather)…part of the world they describe", and (d) for putting too much emphasis on the conversational skills required for interviewing (Hammersley & Atkinson, 1983, p. 107; Silverman, 1993, pp. 95-96).

Building on interactionism, Steinar Kvale (1996) uses the metaphor of a traveler to explain his view of interviews. Here, a researcher "using interviews is traveling into the lives of others and (assessing) how they make sense of meaning in their social worlds" (Manning &

Kunkel, 2014, p. 49). For Kvale (1996), "the research interview is a specific form of conversation" which is appropriate for "[obtaining] descriptions of the lived world of the interviewees with respect to interpretations of the meaning of the described phenomena" (pp. 3 & 30). Kvale's (1998) work resonates with the use of semi-structured interviews as it reflects the positivist idea that the interviewer builds on a structured method with predefined questions, and interactionism since the setting of semi-structured interviews is conversational and interpretive.

Flexible though interviewing is, it does present some ethical challenges in need of mention. Kvale (1996, p. 109) links these ethical challenges to personal interactions that can affect the interviewee, and the effect of outputs on our understanding of human situations. Creswell (2014, p.191) also notes that an interview provides "indirect information filtered through the views of interviewees" but often in a non-natural setting. What is more, the researcher's presence can bias responses and the participants might not be "equally articulate and perceptive" (Creswell, 2014, p. 191). The methods of Kvale (1996) seek to address these ethical challenges by being reflexive about the theoretical issues raised by the "constructive nature of the knowledge created through the interaction of the partners in the interview conversation" (p. 11). Another way Kvale (1996) intends to cope with those issues is being critical about the role of the researcher (p. 118), by giving ethical guidelines that stress the importance of informed consent and confidentiality (pp. 153-154). Kvale (1996) also insists the process of ascertaining the reliability should follow "clear instructions about the procedures and purposes of the transcriptions, preferably accompanied by a reliability check," even though it may be a complex task (p. 163).

In spite of the fact that interviews have limits, they are very useful when participants cannot be directly observed[2], to provide historical background and personal narratives, and to give some control over the line of questioning while remaining open to the discovery of unforeseen data (Creswell, 2014, p. 191). Inspired by Brinkmann and Kvale (2015), this thesis undertook in-depth semi-structured interviews. According to Wiebke Möhring and Daniela Schueltz (2008), in-depth interviews seek "to discover what may account for certain kinds of behavior." The methods of Brinkmann and Kvale (2015) encompass seven steps: thematizing, designing, interviewing, transcribing, analyzing, verifying and reporting. Each of these stages

[2] Direct observation was not possible for this thesis due to the 2014 Ebola outbreak being curtailed before the beginning of scheduled data collection. The time and cost of direct observation also made this method not feasible.

have specific guidelines. Thematizing refers to formulating the purpose of the investigation (by answering the questions 'why,' 'what,' and 'how') and conceptualizing the theme to be investigated, in this case, as related to the2014 Ebola outbreak and African journalists' experiences. Designing has to do with planning the study by taking into consideration its moral implications, as well as the intended knowledge to be created (Brinkmann & Kvale, 2015, p. 128). Regarding the interviewing step itself, the interviewer conducts the interviews based on a pre-constructed interview guide, with "a reflective approach to the knowledge sought and the interview as context," as well as the setting the interview situation (Kvale, 1996, p. 88). In this respect, an interview guide was developed to reflect of the literature on epidemics' reporting and journalists' experiences, as well as the research questions guiding this thesis (see Appendix 1 for interview guide). Following the interviewing step, transcribing comes in to prepare the recorded material for analysis (Kvale, 1996, p. 88), specifically the reproduction of oral speech into written text which does not provide a "representation of some original reality, (but rather) interpretative constructions" (Kvale, 1996, p. 165). The interviews were audio-taped in an unobtrusive way, to facilitate the transcribing step (Möhring & Schueltz, 2008). The analyzing step deals with decisions over the appropriate analysis style to assess the meaning of the transcribed interview (see below). Verifying regards the validity (consistency with findings and object of investigation), reliability (consistency with the results) and generalizability of the interview findings. Finally, reporting consists in communicating the findings of the study and the methods applied in the form of a thesis report (Brinkmann & Kvale, 2015, p. 129).

2. Description of the sample

I devoted approximately four months to the data collection process. I began collecting the data in September in Ivory Coast (first phase of the data collection) and then started transcribing the recordings until early December when I went to Liberia (second phase of the data collection) for the next interviews (see Appendix 1 for interview guide and Table 3.1 for a description of the respondents). In terms of sampling, a mix of theoretical, convenience, and volunteer sampling was used. Theoretical sampling is a sampling method whereby the researcher samples a population depending on the theoretical grounds and their knowledge of the object of study (Corbin & Strauss, 1990, p. 9). Hence, the journalists were selected on the basis of my pre-conceived notions about the experiences of journalists with the coverage of health epidemics

acquired through a review of the literature on the topic. Convenience sampling by contrast is a non-probabilistic form of sampling whereby the researcher includes members of a population because they are conveniently available to him or her and "thus easy to find or recruit" (Hayes, 2008). In the context of my research, I used this method of sampling insofar as the WFSJ had a ready-made sample of science journalists at the workshops that I attended. The journalists who attended the workshops were conveniently available to me in that respect. I used volunteer sampling—which is also a non-probabilistic sampling method which is based upon a public call for participants either through an advertisement or an email to a listserv—since after I received a list of journalists and resumes in August (for the first workshop) and November (for the second workshop), I sent out emails to describe my project and request for participation to the research (Hayes, 2008).

Table 3.1- Description of journalists sample for phases 1 and 2

PHASE 1	COUNTRY	TYPE OF MEDIUM	REFERENCE IN THESIS	CATEGORY OF THE MEDIA
1	South Africa	Print, Online, Television, Radio	Respondent 1 (R1)	Mix of private and public
2	South Africa	Print	Respondent 2 (R2)	Mix of private and public
3	Cameroon	Print	Respondent 3 (R3)	Private
4	Kenya	Print	Respondent 4 (R4)	Private
5	Uganda	Radio	Respondent 5 (R5)	Religious
6	Guinea Conakry	Radio, Television, Print, Online	Respondent 6 (R6)	Private
7	Guinea Conakry	Radio	Respondent 7 (R7)	Community-based
8	Ivory Coast	Print	Respondent 8 (R8)	Public
9	Ivory Coast	Radio, Print, Online	Respondent 9 (R9)	Mix of public and private

Table 3.1- Description of journalists sample for phases 1 and 2

10	Sierra Leone	Radio	Respondent 10 (R10)	Community-based
PHASE 2	**COUNTRY (and REGIONS)**	**TYPE OF MEDIUM**	**REFERENCE IN THESIS**	**CATEGORY OF THE MEDIA**
11	Liberia (Montserrado County)	Radio, Pront, Online	Respondent 11 (R11)	Mix of private and community-based
12	Liberia (Montserrado County)	Broadcast: Radio and Television	Respondent 12 (R12)	Public
13	Liberia (Nimba County)	Radio	Respondent 13 (R13)	Community-based
14	Liberia (Grand Gedeh County)	Radio	Respondent 14 (R14)	Community-based
15	Liberia (Montserrado County)	Radio	Respondent 15 (R15)	Religious
16	Liberia (Lofa County)	Radio	Respondent 16 (R16)	Community-based
17	Liberia (Montserrado County)	Print	Respondent 17 (R17)	Private
18	Liberia (Montserrado County)	Print	Respondent 18 (R18)	Private
19	Liberia (North Central Liberia)	Radio	Respondent 19 (R19)	Community-based
20	Liberia (Montserrado County)	Radio	Respondent 20 (R20)	Private

Table 3.2- Total of journalists per type of medium

TYPE OF MEDIUM	NUMBER OF JOURNALISTS
Radio (only)	9
Print (only)	6
Television (only)	0
Online (only)	0
Mix of media types	5
Total	20

My project was designed in two phases (see Table 3.1). The first phase was deployed in Abidjan (Ivory Coast) during the WFSJ's workshops where I had an initial sample of eleven journalists, two of which were Western journalists (French and German). Given the frame of this project (i.e. African journalists' experiences of the 2014 Ebola outbreak), I only requested participation from the nine journalists who volunteered to answer my questions (See table 3.1). Through convenience sampling, I added one additional participant to this phase one sample.[3] This additional participant's experience was relevant to the sample as they originated from the region where the first case of Ebola broke (Guéckédou) and were one of the first journalists to bring back images of Ebola patients and the whole situation to Conakry in the early phase of the outbreak, before the WHO's declaration of the outbreak in early March 2014. The participants who emerged from the first phase were all African science journalists originating from West Africa, East Africa, South Africa and Central Africa: two from Ivory Coast, one from Guinea Conakry, one from Cameroon, two from South Africa, one from Sierra Leone and one from Uganda (See Table 3.1). Not only were the participants from different countries, but they also worked for different media platforms ranging from radio to online based platforms. During the second phase, I travelled to Liberia (Monrovia) in early December with the Federation. Initially, I had a sample of 15 journalists which I condensed to 9 participants based on how often they covered the 2014 Ebola outbreak. I also used convenience sampling to add one additional

[3] One of the participants I did not interview, gave me the number of a Guinean journalist who was participating in another workshop offered by a different institution at the same venue.

participant to my sample in Liberia.[4] Only the participants who covered the crisis daily and weekly were selected, because they were believed to be more knowledgeable about the 2014 Ebola crisis (see Appendix 5 for a detailed description of the selection process). Similar to Ivory Coast, all of these participants were science journalists who were directly involved with the crisis although they were not as trained as the ones in Ivory Coast.

Both phase 1 and phase 2 journalists worked within different media contexts, such as private, public, religious, or community-based media outlets (See table 3.1 above for details). This is significant because the countries affected by the 2014 Ebola outbreak (Guinea Conakry, Sierra Leone, and Liberia) are similar in terms of literacy rates, poverty, health systems and media landscape (Epstein, 2014; Best, et al., 2007; Cavagnaro, et al., 2011; Coker, 2003; Quaqua, 2013; UNESCO, 2004; Infoasaid, 2011; Wittels & Maybanks, 2016). In those countries, press freedom is repressed, even though legal efforts have been made to protect journalists and create a more liberalized media environment (Best, et al., 2007; Cavagnaro, et al., 2011; Coker, 2003; Quaqua, 2013; UNESCO, 2004; Infoasaid, 2011; Wittels & Maybanks, 2016). Precisely, in Guinea Conakry journalists suffer from government interference, restrictive media laws, intimidation and physical violence (Infoasaid, 2011). Similarly, in Sierra Leone, journalists suffer from corruption, self-censorship, and politicization even though there has been a decrease in the number of journalists' attacks and efforts towards liberalization of the broadcast market (Oatley & Thapa, 2012; Wittels & Maybanks, 2016). In Liberia, the media struggle for free press and are ethically challenged and threatened "by ownership interests, poor economy and condition of service of journalists and repressive legal environment" (Quaqua, 2013, p. 1). Even though it is beyond the scope of this thesis to analyze the influence of external factors such as media environment on the coverage of the 2014 Ebola outbreak, these media contexts are important to bear in mind as related to results in later sections.

Ethics approval for the study was obtained from Concordia University's Human Research Ethics Committee before the study began (Certificate number 30004822 to Dr. D. Secko). Upon initial contact, all the journalists signed consent forms (translated in French for the French-speaking respondents) outlining the purpose of the interview, outlining the relevance of the study and the modalities of identity disclosure (see Appendix 3 and 4 for copy of the consent

[4]One of the members of the Press Union of Liberia who I did not interview gave me the number of another journalist who had actively covered the 2014 Ebola crisis and offered logistical support to the WFSJ during the workshop.

forms). Those consent forms are stored in the Department of Journalism at Concordia University in a locked cabinet. Interviews were done in French and English, as appropriate to the first language of the participant (See appendix 1 and appendix 2). Anonymity of all the participants was maintain throughout the project and participants had the opportunity to withdraw at any point before the analysis began (up to two weeks after the interviews). The interviews were audio-taped and transcribed verbatim into Word documents. The French interviews were transcribed in French and were not translated for analysis purposes. The data was stored on a password-protected computer and on two secured external hard drives.

3. **Data Analysis**

To analyze the collected data, a modified version of grounded theory approach (Capurro, et al., 2015) that includes a form of thematic analysis was used (LeCompte, 2000). The modification included the use of a codebook with some predefined codes in combination with allowing codes to emerge from the data to allow for new avenues of questioning that might arise as the analysis proceeded (Scheufele, 2008). This analysis was further inspired by Creswell's (2014) work on qualitative research, which suggests arranging data by type, making use of supplementary notes taken during the interviews, and seeking a rich description of emerging themes. Before describing the concepts, themes and categories that emerged from the data, I will define the classical version of grounded theory, give its characteristics and further explain my approach. The final step of analysis involved seeking to connect the themes that emerged from the interviews to the theoretical models identified in the literature (see Chapter 2).

For Barney Glaser and Anselm Strauss (1967), grounded theory is "the discovery of theory from data systematically obtained from social research" (p. 2). According to this classical version of grounded theory, "generating grounded theory is a way of arriving at theory suited to its supposed uses" (Glaser & Strauss, 1967, p. 3). This view sees the purpose of grounded theory as generating a data-driven theory and hypotheses, from the bottom up, which can then be tested and verified. This is opposition to logico-deductive theorizing, which Glaser and Strauss (1967, p.15) argue is usually based on ungrounded assumptions, allows for exampling, and is driven toward the verification of pre-existing conceptualization. This method was original as it provided "a defense against doctrinaire approaches to verification" (Glaser & Strauss, 1967, p. 7). What is more, this type of analysis method is well-suited to explore complex sets of qualitative data such

as interview data. For Juliet Corbin and Anselm Strauss (1990), grounded theory is made up of 12 guidelines which the researcher follows in order for the analysis to be effective. These guidelines include, for example, the interrelation amongst the data collection and the data analysis, suggesting data analysis should begin as soon as the first bit of data is collected (Corbin & Strauss, 1990, p. 6). The importance of concepts to the analysis, the development of categories, and sampling on theoretical grounds, are further example of these guidelines. These procedures are then followed by open coding, axial coding or selective coding, which are different methods of coding with grounded theory. Open coding refers to the "interpretive process by which data are broken down analytically," whereas axial coding referred to the method whereby "categories are related to their sub-categories and their relationships tested against data" (Corbin & Strauss, 1990, pp. 12-13). Meanwhile selective coding is "the process by which all categories are unified around a 'core' category, and categories that need further explication are filled with descriptive detail" (Corbin & Strauss, 1990, p. 14). Although this classical and positivist grounded theory design might be relevant to the generation of theory, its end product often seeks 'truth' (See Table 3.3 below). For that reason, some argue it might not allow for interpretive understanding since the data collection depends on a formulaic positivistic strategy (O'Connor, Netting, & Thomas, 2008, p. 30).

Table 3.3 Theoretical differences between approaches to grounded theory

	POSITIVIST GROUNDED THEORY APPROACH	**INTERPRETIVE GROUNDED THEORY APPROACH**
RELATIONS BETWEEN DATA COLLECTION AND DATA ANALYSIS	Data is collected and analyzed in the early stages of the research. First bits of data should be analyzed following the first round of data collection as analysis directs new lines of questioning (O'Connor, Netting & Thomas, 2008, p. 40)	First, all of the data is collected. Then, the analysis follows since the collection is based on 'foreshadowed questions and what is discovered in the hermeneutic process not the analysis' (O'Connor, Netting & Thomas, 2008, p. 40)

AIM OF ANALYSIS	Truth	Perspectival knowledge based on lived experiences of participants (O'Connor, Netting, & Thomas, 2008, p. 30)
END PRODUCT OF ANALYSIS	Theory and hypotheses to be tested for generalizability	A detailed and robust description of the context and a structure to understand the experiences of the sampled participants

This thesis did not follow Corbin and Strauss's (1990) approach to ground theory, as the generation of theory to be tested for generalizability was not a primary goal and was considered outside the scope of the project. Instead, "a more open heuristic strategy…of the original conceptualization", which allows for emerging understanding, rather than the creation of testable theoretical structures, was sought (O'Connor, Netting, & Thomas, 2008, p. 30). In this respect, the data is not grounded with great expectation of generalizability, but rather with expectation of deep meaning within a particular context. Keeping the data analysis to after the data collection thereby allowed for a more "perspectival knowledge based" understanding of the lived experiences of the African journalists involved in the 2014 Ebola crisis (O'Connor, Netting, & Thomas, 2008, pp. 30-31). This approach to grounded theory (Capurro, et al., 2015) fits my overall research questions and the constructivist framework of this project.

4. <u>Description of Code Book</u>

Table 3.4- Description of overarching codes and sub-codes

OVERARCHING THEMES (CODES)	DESCRIPTION OF OVERARCHING CODES	SUB-CODES	DESCRIPTION OF SUB-CODES
(1) Journalism Practice (JOUR-PRAC)	It describes the professional background of the interviewed journalists; gives an overview of the news organization they work for, precisely, the overall objective or editorial line as well as the type of medium; and also depicts the organization's interest towards health topics and mainly the 2014 Ebola outbreak.	Journalism Identity (JOUR-IDENT) (a)News Organization's Overall Objective (NEWS ORG-OBJ) (b) Health Interest (HEALTH-INT) (d) Ebola Interest (EBOLA-INT)	(a)describes how journalists define themselves. (b)defines the news organization's by giving the type of medium as well as the editorial line of the medium in question. (c)evaluates the interest devoted to health topics within the news organization (d)evaluates the amount of attention devoted to the 2014 Ebola crisis within the news organization

(2) Practice of Health Journalism (HEALTH JOUR-PRAC)	It describes one aspect of the interviewed journalists' experience with the coverage of the 2014, mainly their knowledge and perception about the 2014 Ebola outbreak and its coverage	(e) Experience with Ebola Coverage (EBOLA COV-EXP) (f) Experience with the Coverage of Health Epidemics (HEALTH EP-EXP) (g) Perception of Ebola (EBOLA-PERC) (h) Perception of Ebola Coverage (EBOLA COV-PERC) (i)Specificity of Ebola coverage (EBOLACOV-SPEC) (j) Journalists' perceptions of roles (JOUR-ROL)	(e) describes the journalists' level of involvement with the Ebola coverage in terms of the time spent covering and the area where they did the coverage. (f) describes an evaluation of journalists' level of experience with the coverage of other health epidemics prior to the 2014 Ebola outbreak. (g) gives an overview of how the journalists perceived the Ebola virus itself in retrospect (h) assesses the coverage of Ebola from a broad perspective. (i) describes the specific characteristics of Ebola that cannot be found in other topics journalists have had to cover before.(j) provides a definition or a perception of the roles journalists played when covering the 2014 Ebola crisis

OVERARCHING THEMES (CODES)	DESCRIPTION OF OVERARCHING CODES	SUB-CODES	DESCRIPTION OF SUB-CODES
(3) Sourcing Practices (SOURC-PRAC)	It focuses on the sources of information that the journalists used when covering the Ebola crisis, as well as the criteria for electing those courses and a description of the source. It also includes a rating aspect whereby the respondents describe the order of priority for the chosen sources.	(k) Source Definition (SOURC-DEF) (l) Prioritization of Sources (SOURC-PRIOR) (m) Journalists/Health Information Officers' relationship (JOUR/HEALTH-REL)	(k) depicts the sources the journalists relied on for reporting on the 2014 Ebola outbreak giving their type, as well as the criteria for choosing the sources. (l) provides some insight into the order of priority of sources as well as the rationale for prioritizing them in a way rather than another. (m) evaluates the relationship between health information officers from international organizations, hospitals, Ebola Treatment Units, to mention only these, and journalists

OVERARCHING THEMES (CODES)	DESCRIPTION OF OVERARCHING CODES	SUB-CODES	DESCRIPTION OF SUB-CODES
(4) Challenges to Ebola Coverage (EBOLA COV-CHALL)	It encompasses a more elaborated critique of the coverage of the 2014 Ebola outbreak; a description of the factors that influenced the coverage of the 2014 Ebola outbreak; the obstacles journalists usually face when covering a health crisis and the obstacles they faced when covering the 2014 Ebola outbreak in particular. In the end, it outlines some recommendations to improve the practice of health journalism in times of a health crisis.	(n) Critique of Ebola news coverage (EBOLA COV-CRIT) (o) Ebola Coverage Factors (EBOLA COV-FACT) (p) Obstacles to health epidemics and Ebola (EBOLA COV-OBS) (q) Health Journalism Recommendations (HEALTH JOUR-REC)	(n) outlines the journalists' overall critique of the coverage of Ebola and also gives their perspective of 'good journalism' in some instances. (o) evaluates the negative and positive factors that might have impacted the coverage of Ebola. (p) outlines the barriers that prevented journalists from covering the crisis efficiently or appropriately (q) elaborates on pieces of advice that could help health journalism improve the coverage of health crises in the future and often a definition of health journalism.

These predefined codes were used to initially analyze the data, while sub-codes were allowed to freely emerge from the transcript analysis. The codes were both descriptive and interpretive as they would sometimes align with the interview guide questions. While the codebook guided the analysis, all coding was open to revision and rejection based on the analysis and comparisons of codes (open coding; Corbin & Strauss, 1990). To verify the reliability of the codes, my procedure was twofold: (1) I went back to the codes to re-code material (after 14 days) to ensure my emergent codes held, and (2) the project supervisor challenged the coding to produce the reported representation and discrepancies were resolved through discussion.

The predefined code of **Journalism Practice or JOUR-PRAC** encompassed the professional background of the interviewed journalists. It gives an overview of the news organization participants worked for, its overall objective or editorial line, and the type of medium. This code also covered the organization's interest towards health topics and mainly the 2014 Ebola outbreak.

The predefined code **Practice of Health Journalism or HEALTH JOUR-PRAC** encompassed several codes ranging from the respondents' personal experience with science journalism, mainly the coverage of the 2014 Ebola crisis, to their perceptions of journalism roles. This code essentially describes one aspect of the journalists' experience with the coverage of the 2014 Ebola outbreak as well as their perception of Ebola and its coverage.

The predefined code **Sourcing Practices or SOURC-PRAC** encompassed the sources of information that the journalists used when covering the Ebola crisis, as well as the criteria for electing those courses and a definition of the source. This code includes a rating aspect whereby the respondents describe the order of priority for the chosen sources.

Finally, the last predefined code, **Challenges to Ebola Coverage or EBOLA COV-CHALL**, encompassed a definition of journalism, precisely good journalism, a description of the factors that influenced the coverage of the 2014 Ebola outbreak, the obstacles journalists usually face when covering a health crisis in general and faced when covering 2014 the Ebola virus disease outbreak in particular. The last component of this theme is essentially evaluative, since the journalists give recommendations for improving the coverage of health crisis of the magnitude of Ebola in the future.

The modified ground theory analysis gave rise to a total of 17 sub-codes. Under the umbrella of Journalism practice, falls (a) the Journalism identity (JOUR-IDENT), (b) news

organization's overall objective (NEWS ORG-OBJ), (c) health interest (HEALTH INT) and (d) Ebola interest (EBOLA INT). Sub-code (a) describes how the journalists define themselves, whereas sub-code (b) describes the news organization by giving the type of medium as well as the editorial line of the medium in question. Meanwhile, sub-code (c) describes the interest devoted to health topics within the news organization and sub-code (d) describes the amount of attention devoted to the 2014 Ebola crisis within the news organization.

The second primary code yielded six sub-codes: (e) Experience with Ebola Coverage (EBOLA COV-EXP); (f) Experience with Health Epidemics Coverage (HEALTH EP COV-EXP); (g) Perception of Ebola (EBOLA-PERC); (h) Perception of Ebola Coverage (EBOLA COV-PERC); (i) Specificity of Ebola Coverage (EBOLA COV-SPEC); and finally (j) Journalists' roles Perception (JOUR-ROLES). Sub-code (e) describes the journalists talk about their involvement with the Ebola crisis in terms of the time duration and spots of the coverage. Whereas sub-code (f) describes the journalists level of experience with the coverage of other health epidemics prior to the 2014 Ebola outbreak. Sub-code (g) describes an overview of how the journalists perceived the Ebola virus itself in retrospect, and in sub-code (h), the coverage of Ebola from a broad perspective is described. In sub-code (i), the journalists talk about the specific characteristics of Ebola that cannot be found in other topics they have had to cover before. This last sub-code (j) essentially provides a definition of the roles journalists played when covering the 2014 Ebola crisis.

From the primary code of sourcing practices (SOURC-PRAC), three sub-codes emerged: (k) Source Definition (SOURC-DEF), (l) Prioritization of Sources (SOURC-PRIOR), and (m) Journalists-Health Information Officers' relationship (JOUR/HEALTH OFF-REL). The Source Definition (SOURC-DEF) sub-code describes the source giving its type, as well as the criteria for choosing the sources; in some instances, this sub-code shifts to a critique of sources. The prioritization of sources (l) (SOURC-PRIOR) provides some insight into the order of priority of sources as well as the rationale for prioritizing them in a way rather than another. And, the journalists' relationship to health information officers (m) (JOUR/HEALTH-REL) describes the relationship between health information officers from international organizations, hospitals, Ebola Treatment Units (ETUs), to mention only these, and journalists.

Regarding the Challenges to Ebola Coverage, the following sub-codes emerged: (n) Critique of Ebola Outbreak Coverage (EBOLA COV-CRIT); (o) Ebola Coverage Factors

(EBOLA COV-FACT); (p) Obstacles to coverage of health epidemics and Ebola (EBOLA COV-OBS); and (q) Health Journalism Recommendations (HEALTH JOUR-REC). In sub-code (n), critique of the coverage of the 2014 Ebola Outbreak, the journalists talk about the good and bad aspects of the coverage of Ebola and also give a definition of 'good journalism' in many instances. The Ebola coverage factors (o) outlines how journalists evaluate the negative and positive factors that might have impacted the coverage of Ebola. Closely related though slightly different, the obstacles to the coverage of health epidemics in general and Ebola precisely (p) provides a lots of barriers that prevented journalists from covering the crisis efficiently. Finally, in health journalism recommendations (q), journalists give pieces of advice that could lead health journalism to improve the coverage of health crises in the future.

CHAPTER IV. RESULTS

Given that the interviews were confidential, the journalists are referred to as respondents. Each respondent was given a number for organization purposes. For example, the first interviewed journalist is referred to as respondent 1 or R1 (See Table 3.1 in chapter 3).

I. JOURNALISM PRACTICE

Under the first major theme (JOUR-PRAC), journalists spoke about their news organizations and the overall objective of those organizations. Interest in the 2014 Ebola outbreak was focused on evaluating the amount of attention (as high, medium or low) devoted to health topics and to Ebola.

From this attention journalists made clear that their practices were embedded with their identity. While this embedding was expressed differently for the respondents, it nevertheless, serves to give the reader initial insights to these journalists. In this context, identity refers to the position that journalists fulfill within the news organizations for which they work. The results show that very few respondents identified as simply a journalist, but rather as "freelancer," "independent journalist," "media consultant," "trainer" or "expert journalist" (R1; R2; R8). Although most of the respondents stated that they have experience reporting on health topics, including the Ebola outbreak, only two respondents defined themselves as a "science journalist" or "health reporter" (R8; R17). Besides using titles other than 'journalist', some used their job titles or university backgrounds to discuss their identity. For example, respondent 4 said "I am a medical student" and respondent 12 said that they were a "deputy editor"/"senior producer". Respondent 16 mentioned being "assistant director general" at a community radio station in Liberia with "[long] media experience as well as community radio journalism experience". Similarly, respondent 19 identified as a 'radio' journalist "in charge of programming and production". By defining themselves according to their job titles, these respondents positioned themselves as having the necessary skills to work in those positions. In other instances, journalists instead linked their identity to past experience:

(a) "I've won Human Rights Awards, I've won Development Awards, Sport Awards" (R12);

(b) "I've been in the media for quite some time now" (R16); and

(c) "I have a master's degree…I have been to countless countries in Africa, I have been to a lot of war zones" (R1).

In (a), (b) and (c), the journalists mention the credentials they have in terms of awards, degrees or media experience to imply that they have a robust background and are knowledgeable when it comes to journalism.

Not only did the interviewed journalists, who all covered the 2014 Ebola outbreak, have different capacities (as medical students, freelancers, trainers, or media consultants, to mention only these), they also came from various journalistic backgrounds. Nine journalists work for radio outlets (9), whereas four (4) work for newspapers and the remaining (7) work for a plethora of media platforms (see Table 3.2 in chapter 3). For instance, respondent 1 who is a freelancer stated that she works for "video, digital and print" mainly for *CNN*, *ABC*, *CBS*, *Al Jazeera*, *Honors Magazine*, and *Popular Science*. Similarly, respondent 2 suggested that she contributes to several newspaper publications in South Africa as well as *The Lancet*, which is a medical journal; respondent 6 contributes to all platforms of an African press group which has video, digital and print, as well as broadcasting for a French radio station; and respondent 11 work for a radio station, website, and newspaper. This diversity is relevant as it shows that these journalists are implicated in many different media publications that span across broadcast, digital and print media. This implies that they may have been able to share their content across platforms during the Ebola outbreak, a time of crisis.

In describing the platforms they work for, all journalists went on to explain the journalistic objectives of their organization in covering the 2014 Ebola outbreak. These overall objectives were similar in most cases, covering well-discussed notions in the literature, such as independence, neutrality, accuracy, and public or community interests. A close analysis of a few excerpts from the transcripts illuminate these expressed objectives:

(a) "*Dire sans toutefois déformer…dire sans cacher c'est-à-dire que [notre organisation] dit ce que les autres ne disent pas, mais il le dit de manière professionnel*" (Say without distorting…say without hiding meaning [our organization] professionally says what others do not) (R3) ;

(b) "*Traiter les informations sans aucun parti pris quelque soit notre appartenance, intérieurement, politique, ethnique, régionale ou communautaire*" (Process information without taking sides regardless of our internal, political, ethnic, regional or community belongings) (R6) ;

(c) "We write stories that we are 100% sure of. We give information to people…on a daily basis with no interference" (R15);

(d) "[We work] around programs to address the needs of the community people, that involves participation" (R11);

(e) "We serve the best interest of the public…inform people in Liberia about activities, health issues, development issues, other issues that big media institutions in Monrovia or in Liberia are not [focused on]" (R11);

(f) "We focus on issues that are affecting the country; we try to highlight some key issues and try to do more work that impact on the lives of citizens" (R18).

In expressing these objectives, each respondent could be seen as attempting to express their dedication to the practice of journalism and loyalty to some journalistic values such as accuracy and independence. For example, R3 (quote (a) above) explains that the institution for which she works believes in reporting the truth or factual information. They do not distort the truth, since that the word 'distort' (*déformer*) can be assimilated to the following terms 'alter', 'misconstrue', 'bias', 'change', or 'modify'. In this respect, R3 implies they do not publish fabricated information, or perhaps more importantly, do not hide information from the public. In order to highlight that the organization is not afraid of repercussions, R3 compared her organization with others. Such comparisons seem to denote that they dare to publish information that others do not have the courage to disseminate. The dichotomy of them versus us stands out because R3 distinguishes between two groups: (1) the ones who have the courage to cover some issues accurately, and (2) the ones who do not have this same bravery. Whether this is an expression of professional ethics by R3 or a moment of bravado, this example resonates with the other interviews on some of the values of journalism.

Although respondent 6 (quote (b) above) does not single out other organizations for their lack of professionalism, he points to the importance of politics, ethnicity, and other parameters when it comes to reporting. By saying that the organization processes information regardless of those factors, he implies a neutrality to his overall objectives in covering Ebola, one where you do not take sides. This denotes a common theme in the interviews that one respondent colorfully referred to as the ABC or the "rudiments of journalism [which are being] ***A***ccurate, ***B***alanced and ***C***redible" (R12, emphasis added).

In quote (c) above, respondent 15 used the expression "100 percent sure of" to stress that the newspaper for which she works only publishes information that has been checked and rechecked. This expression seems designed to remove doubt and further reinforce the importance

of factual information. The phrase "no interference" is a further example of a commonality in the transcripts that shows how independence was an important theme during the Ebola outbreak, due to the political environment of the countries involved and mostly in Liberia where the information was often filtered by the government. Referring to a story about misuse of thermometers during the peak period of the crisis, R18 made reference to the threats she received from some government officials:

> When the story was published, we received so many calls to the office, people threatening me, [asking me] why should I expose the health sectors, why should I be the one to come out with articles…I had to go along and do my own thing. So I think…as a journalist to experience such a thing it was very, you know, frightening for me… We received calls: "you really think you are the best journalist in the country for you to expose things that we are already managing, you want the international community to come and feel bad about us".

In (d), R19 suggests that radio works to "address the needs of the community people", and thus at the service of the public to maximize its best interest. In a similar vein, R11 explicates in example (e) that the institutions for which he works have the best interest of the public at heart. What is more, he pointed to how other institutions might not value the interests of the public as much because radio serves the public through providing information on different topics that "other big media institutions in Monrovia are not concerned about". The dichotomy between *them and us* is again reflected in this instance through groups who provide alternatives and those that do not.

Besides that dichotomy, the use of the pronoun "we" in instances (c) to (f) (mentioned above) stand out. "We" implies that the journalists acknowledge that they do not only belong to a news organization, but also to a community that is one: the journalistic community. For the experiences of journalists covering Ebola, narrating the objectives of their journalistic organization in a *them and us* format results in a representation of a strong sense of belonging to a professional organization and a community which subscribes to values such as independence, credibility, and the need to fulfill public interest, especially in a period of crisis where government officials did not always collaborate with the journalists and often kept information secret (R15). More evidence of these objectives is given below in the discussion of the roles of journalists in the context of the outbreak coverage. In all, these examples show that reported

objectives were common journalistic practices (community or public interests, independence, accuracy, balance and neutrality) and not necessarily driven by health issues or the health crisis itself.

Despite the fact that most of the editorial policies addressed by journalists did not reflect a health agenda, all the journalists reported that they all had some level of interest towards health. This interest can be described as low, medium or high. In this context, 'low' describes the news outlets without a beat devoted to health who only talk about health when there is an occasional issue. 'Medium' refers to outlets that produced health coverage weekly or monthly. And finally, 'high' concerns the outlets that have more than two health programs or beats that run a daily health show.

Overall, a little less than half of the journalists (8 in total) spoke of their organizations as having a 'high' interest in health with daily shows, programs, stories, pieces on various health issues such as porous health systems, Malaria, Polio, Cholera, to mention a few. Seven journalists (7) related experiences categorized as of 'medium' interest towards health issues, and five journalists (5) spoke of a low interest in health coverage. This is important to note because it dispels a presupposition that the vast majority of the interviewed journalists had some experience with health issues before covering the Ebola outbreak. Regardless of past interest toward health issues, 19 of the 20 journalists said that their news organization increased their coverage of health during the Ebola outbreak. This finding is significant as it denotes that Ebola was a crisis that could not be ignored and would have necessarily resulted in a prolific coverage by the journalist community overall and African journalists in particular, even though all of them did not have a particular interest towards health. In fact, R11 implied that Ebola was an inevitable topic as "**every activity in Liberia was one way or the other connected to Ebola**". Only one journalist (R8) said they did not really devote a high interest to Ebola, as it was not in big headlines, even though he implied that the organization he works for has a medium level of interest towards health.

The journalists reported that at the institutions whose health interest was high and medium, Ebola was covered "aggressively" and "extensively" (R11; R15; R18; R20; R6). This was so aggressive that most reported on Ebola every day, often on the front cover so that messages could get spread at the newsstand even when people did not buy the paper (R9). In some instances, journalists spoke of copying everything that was said about Ebola. For example,

R3 stated "*je copiais tout ce qui se disait sur Ebola je collais [dans le journal]*" (I would copy everything that was said on Ebola and would paste it [in the newspaper]). These publications came as specialized spots, skits, and slogans such as "*Ebola est une réalité*" (Ebola is real) (R6), and were produced as tailored messages in the main vernaculars of the country in some cases (R3, R11). Journalists saw editorial policies shift as institutions created "Ebola response program[s]" (R10). In other instances, the journalists suggested that other ailments such as Cholera, Lasser fever, Polio, AIDS, and Malaria, which were often talked about, were thrown out to focus on preventing and fighting Ebola (R12; R15; R17; R16). To outline this shift of focus, R14 argued "when Ebola came, we diverted all of those other sicknesses, malaria, the headache, the diarrhea, [and] we focused on Ebola, the prevention of Ebola".

In all, Ebola triggered the attention of every journalist in the sample, as well as the energy of the news organizations for which they worked. Although 15 of the 20 journalists interviewed reported working for an organization with an average or higher interest in health-related issues, the journalists themselves did not have the same level of experience when it comes to reporting on Ebola. This placed them in a situation described by R12 as "very challenging", or as R15 noted "kind of scary", since they were not certain about what they were doing.

II. HEALTH JOURNALISM PRACTICE

The second major theme to be analyzed was the Practice of Health Journalism (HEALTH JOUR-PRAC), which essentially focused on the respondents time covering Ebola, and their perception of this coverage. Most of the journalists who were interviewed gained a high level of journalism experience about Ebola during the outbreak. High in this context refers to the time journalists spent covering the outbreak (precisely seven months and above), and the diversity of areas visited for the coverage. Experience with covering Ebola was also defined as high when the journalists used evaluative terms such as "aggressively", "extensively", or *"matraquage*" (clubbing) when discussing their work. 13 of the respondents started covering Ebola when the outbreak started in their respective countries. For the Liberian and the Sierra Leonean journalists who showed a high level of experience gained, the coverage started in March 2014, whereas for the Guinean journalists, it started in February 2014. The remaining 7 respondents, from nationalities other than Liberian, Sierra Leonean and Guinean (see table 3.1 for details), started reporting on the outbreak in March 2014.

All of the 'highly experienced' journalists covered the crisis from the start to the present day when interviewed. What is more, these journalists went to several areas and even to the most affected ones (e.g. Guéckédou in Guinea Conakry, Lofa County in Liberia) despite the lack of knowledge about the disease at the time. For example R6, stated:

> *Je suis allé jusqu'à Méliandou le village de Guéckédou où le premier cas, l'enfant de 2 ans qui a été le premier malade, je suis allé jusque là-bas, parce que là également puisque je parle Kissié, j'ai eu la facilité quand même…d'accéder à beaucoup de témoignages, à beaucoup d'informations, comment les choses sont intervenues.* (I went as far as Méliandou, the Village of Guiéckédou where the first case of Ebola was identified, the case of the 2 year-old kid who caught the virus first. I went there because I speak Kissié, and as a result it was easy for me to gather a lot of testimonies, information about how things unfolded.)

In the above instance, the respondent felt the need to be on the ground because it would be more appropriate to get firsthand accounts of the unfolding of events. Similarly, respondent 15 explained that being on the ground was necessary as the organization she worked for needed proof that Ebola had really hit the country:

> When it was announced on the Catholic radio, government officials had a problem that our correspondent from Lofa, to be precise, was somewhere in Foya where the first outbreak took place and filled in the report that the officials said we were trying to scare investors out of this country. So we needed the proof! So it was like, for that week alone, they were on my manager's back and my editor's back. So before the end, I mastered all the courage and left Lofa and went to Foya and did all the interviews and visited some hot spots and came back with reports.

In Liberia, 8 of the 10 interviewed journalists visited at least four counties in Liberia. R18 stated "I visited almost half of our 15 counties". Throughout the whole sample of respondents, only five of the twenty interviewed journalists did not cover the crisis physically on the ground in the affected countries, either because of lack of financial support or the order of priority in their organizations, though they still managed to cover the crisis for seven months or more. For example, R2, who is a South African journalist, was not on the ground and did not produce "huge coverage" of Ebola, but did a lot of interviews with epidemiologists working in Sierra Leone. Similarly, R3 who was based in Cameroon made sure she cut and pasted anything on

Ebola to insert the information in the Health and Environment section she manages at her newspaper. On the contrary, the ones who were on the ground covered the crisis intensely, even reaching to places that were not always accessible. For example, R11 recounted that:

> For me, I covered in the South East, yes, in the South East, basically in Grand Bassa, Rivercess, Sinoe, Montserrado, these are counties that I covered actively. And, so we have been reporting, I have been covering it, I went too far, to reach communities very far rural communities, I had to walk for three hours to get to places where a vehicle couldn't reach.

Although many interviewed journalists covered the Ebola crisis for a long time, all of them did not necessarily have robust experiences with respect to the coverage of outbreaks of such magnitude or an epidemic outbreak in general. In fact, out of twenty journalists, only eight had already experienced covering health epidemics and various outbreaks prior to Ebola, namely Cholera, HIV/AIDS, Tuberculosis, Meningococcal Meningitis, Typhoid, and Avian Flu outbreaks. Out of those 8 journalists, only one, R5, had already dealt with a past Ebola outbreak in Uganda in 2008, although it was not as deadly as the 2014 one. This shows the unique nature of the 2014 Ebola outbreak, where even the eight experienced health journalists did not have much experience covering an outbreak of this magnitude or type. As R20 puts it, "**[journalists] were less knowledgeable…about what was up when it comes to Ebola**".

Despite the above, amongst the experienced respondents are those who nevertheless stake a claim as experts in the domain. To emphasize her level of expertise, R1 stated: "I understand health issues, and I don't really have an issue with going into areas that have health issues, because I am informed, so I know what my risks are". R1 implies that she is knowledgeable and not scared to report in areas affected by Ebola as a result of this knowledge. In contrast, R13 said that during his coverage of the 2014 Ebola outbreak, "there was fear… [about] myself [getting] in contact with the disease". This is important because it highlights that not only was there a difference within the sample of journalists in terms of level of experience with covering health epidemics, but that these differences seemed tied to levels of fear (a theme returned to several times).[5]

[5] In addition, though the purpose of this thesis is not to examine differences in African journalists' level of experience with health epidemics, it is of relevance in later sections.

Fear of Ebola was only part of a wider sub-theme. The vast majority (approximately 17 of 20) of the interviewed journalists—be them experienced or not in health reporting—described the virus as "deadly", "scary", "explosive" or "an invisible enemy". For most, the striking feature of the Ebola virus was its unfamiliarity and newness. In fact, journalists explain that the Ebola virus was unfamiliar for three main reasons: (1) journalists lacked primary information about the disease; (2) it was the first time it was coming to Guinea Conakry, Sierra Leone and Liberia; and (3) there was little literature available on the basics of Ebola (i.e., on its transmission, risks, prevention, and potential treatments). To explicate this notion of unfamiliarity, respondent 16 said:

> You know there was a national declaration, like a war had hit a region, because in fact you're going to cover a story that you don't even know the side effect. Or they say it kills. But you don't know what the symptoms are, it was a hard situation.

The use of the expression "you don't know" twice by R16 emphasizes that there were a lot of unknowns about Ebola, and stress that it was a new outbreak. This might also shed light on the difficulty with covering the outbreak and the lack of detailed journalism produced in that respect, as reported by a few journalists (R1; R2; R3; R7).

Most journalists also described Ebola as a virus that brought "panic" because it killed at a very fast pace. To emphasize the pace at which the virus was killing people, R12 said:

> I visited one of the Ebola treatment unit and I was speaking to the head of the burial team and he told me that this morning, I was speaking to him at about 1 pm, one in the afternoon, and he was telling me that by 7:45 to 8 in the morning, he had just carried 14 dead bodies; and standing before the dead body truck with those body bags he was telling me he had 27 more.

Ebola was also described as "strange" or "confusing" due to widespread misconceptions and rumors. Journalists elaborated on the idea of rumor in a subtle way:

(a) "*on a entendu dire que c'est un virus qui a été fabriqué par la France, c'est l'occident qui fait ci, c'est ça, c'est ci…pour réduire la démographie, la poussée démographique en Afrique*" (R3);

(b) " *[les gens disaient que] Ebola c'est une politique du président de la république [de Guinée Conarky] avec son ami Bernard Kouchner qui est le patron de MSF*" (R6);

(c) "[People] believed that Ebola was intended to raise funds for enrichment" (R13); and

(d) “In fact they took it to be a myth, they said it wasn’t true” (R16).

In instances (a) and (b), R3 and R6 uses the phrases “*on a entendu dire que*” (we heard that) and “*les gens disaient que*” (people said that) where the “*on*” (we) and “*les gens*” (people) are impersonal and do not necessarily refer to a particular group of people the journalists identify with. By creating that distance with the use of “on” (we) and “les gens” (people), the journalists imply that the information might not be verified and instead speculative. In (c), the respondent’s use of “people believed that” reflects that the respondent indirectly implies that the belief might be a rumor. More explicitly, in (d) respondent 16 uses the expression “they said it wasn’t true” to put an emphasis on the idea that it is a rumor that is being reproduced in the streets.

For the interviewed journalists, those misconceptions are one reason people got confused with Ebola. R20 highlighted that:

> [On one hand] there were people amongst us, professionals, who said that was another scam by public administrators of the Sirleaf administration to attract international funding to support government. And [on the other hand] there were other people who said you have to listen, this is purely scientific, international experts from Médecins Sans Frontières, and Samaritan Pours and other people are saying this is Ebola, so you have to calm your nerves…There was serious confusion!

Journalists spoke about health and government officials of the affected countries as not having enough information about the disease and thereby not relaying adequate messages. R11 went so far as to say there was a long standing tradition of corruption with the Liberian government which leads the public to mistrust the government. Furthermore, with the dissemination of messages, such as “Ebola has no cure, Ebola kills”, the government did not allow journalists to communicate efficiently to the population (R14). To illustrate the inadequacy of government messages, R14 explained that:

> The health authority themselves did not really digest the information before passing it on to the media…. The first information brought great fear. They even served as some of the factors that led to the increase of death. Because, the first thing they say was EBOLA CAN KILL and we all started carrying that information both in our vernacular and other languages. EBOLA CAN KILL. If you touch anybody showing Ebola symptoms, you touch that person you’ll be infected and you will die.

Even though most journalists believed that Ebola was "the scariest disease" one could get, two journalists reported that it was not as bad as people wanted to depict (R14). R3 spoke about Ebola as just a normal disease like any other that can be treated. Similarly, R8 contended that Ebola was not as deadly as people described, since they are other diseases such as Rabies that kill more people than Ebola every year.

Even though a few journalists (5) identified the coverage as "responsible", *"intéressant*" (interesting), *"une couverture pour atténuer la situation*" (coverage to contain the situation), "well researched" and "investigative", as can be see above,15 respondents had a bad perception of it. Here, journalists spoke of the coverage as misleading and confusing because the government failed on many levels: (1) because the crisis was politicized to a high extent since politicians were using Ebola to fulfill their own agendas (in some instances the coverage reflected the issues that exist between the party in power and the opposition (R6)); (2) there were discrepancies between the figures they provided and the ones the WHO provided; and (3) because governments did not respond promptly and adequately to the crisis with the right message. In an effort to express their disappointment with the coverage, R2 uttered:

> I was extremely angry about the coverage, okay. I just found that it felt to me that people were covering it for their own agenda, not just journalistic to a certain extent…I think that some of the coverage was done with serious lack of information, lack of understanding, lack of background knowledge about the countries in which these events happened, lack of understanding about how health systems work.

This quote reflects the level of disappointment R2 felt when reviewing the coverage of fellow journalists, and especially because the coverage was believed to be misrepresentative and sensational as it was not necessarily reflecting what was really happening on the ground, especially foreign coverage. R2 noted the messages were not synchronized.

For others, the quality of coverage shows the immense challenges they faced:

(a) "I perceived the coverage of it as challenging, seriously, it was very challenging because we were doing coverage that we did not know anything about" (R12);

(b) "It was a threat to us" (R13);

(c) "The coverage was not too bad, but we took on a great challenge" (R14);

(d) "You want to go [to] some place to report but you're not allowed, so that was a big challenge for us" (R16);

(e) “How can we report wherein there were several rules given to us saying you could not come in contact with them [the infected people]” (R17).

R12, R13 and R14 underscored the serious difficulties to covering the crisis, to the point of seeing Ebola as a “threat” that jeopardized the work of journalists and starkly revealed the limits of their knowledge. R16 and R17, however, make clear that external difficulties were also present. All of these instances depict a dark image of the coverage of the Ebola crisis as the journalists reported on the deadly, strange, scary, panicking, unfamiliar and confusing nature of the disease as well as the challenging and misleading character of the coverage, which triggered fear in the population and fed into rumors about Ebola. Overall, the quality of coverage of Ebola in 2014 was not well perceived by the interviewed journalists, and even implied a certain disappointment.

Though journalists reported various difficulties and challenges, 17 of 20 respondents did agree that the underlying cause was the particular aspects of Ebola that were different from the topics that they had covered before. The data revealed that the specificity of Ebola often echoed the perception that journalists had about Ebola. Even the ones who had covered Cholera, Avian Flu, Polio, and Tuberculosis, to mention only these, reported that Ebola was very unique. They linked this uniqueness to a number of reasons: (1) compared to other health crises such as Cholera or Malaria whose symptoms and transmission modes are known, Ebola was unfamiliar to them; (2) Ebola came with so many rumors that it led to public/audience mistrust in both the government and journalists; (3) Ebola killed people very quickly and intensely scared journalists, even more than other outbreaks, mostly because of the lack of knowledge about the disease; (4) even health professionals who are expected to be knowledgeable, have some expertise, and perhaps be calming, were not sure what to do and as a result confused people; (5) government officials were reluctant to talk to journalists and some reported they kept information secret (R2; R19; R20); (6) Ebola raised safety issues within newsrooms because of its contagious nature (i.e. colleagues not wanting to interact with others because they went on the field to cover Ebola and interacted with sick people) and the need to be training in infectious disease protocols to cover the disease. R2 said this:

> I think…possibly one of the things is that the deaths were happening very fast and there were a lot of them. That is really scary, and…it is very hard I think for journalists to work with what’s going on, because I mean health people didn’t know

what's going on…I think that it's very, very challenging for journalists to understand, and keep pace with it.

Besides the aforementioned elements, other journalists for whom Ebola was their first health reporting experience, suggested that Ebola was unique, because it caught the attention of all the layers of society and was discussed daily for more than six months. As R14 said, "Ebola was an everybody thing". By that, R14 meant that it did not only concern health officials and journalists, but seemed important to society as a whole. Furthermore, journalists reported that Ebola was the only topic, to their memory and experience, which led all media institutions in affected countries to collaborate with institutions such as the World Health Organization (WHO), UNICEF, Red Cross and other authorities. This resulted in the mobilization of authorities to establish ad-hoc entities to fight against Ebola (R7). R7 said this about all the attention: *"tous les médias se sont impliqués… on a eu la mobilisation de toutes les institutions"* (All the media were fully committed…We witnessed the mobilization of every institution**)**. Journalists spoke about Ebola as bringing so much fear and trauma that some journalists were having nightmares about dying in Ebola Treatment Units (ETUs), either because they had visited many ETUs or they had witnessed people dying in front of them as they were conducting interviews (R18; R17). R18 said "When I visited ETUs, when I got home the whole night was like a nightmare for me. I dream of seeing myself in the ETU, like I die".

Journalists said that under this intense and unique pressure authorities kept reminding them that they played a very key role. Amongst the sample, only one journalist claimed that Ebola was nothing different from the topics covered before (R5). The majority of other journalists (16 out of 20) primarily perceived their main role as a reporter or informer. This role consisted of relaying information about the virus, getting information from the people who have knowledge of the disease (e.g., medical staff), updating people on a daily basis about the situation, and finally reporting on rumors such as Ebola being a man-made disease, brought by the Western World to depopulate the world, or as a political maneuver used by the government to make more money in Liberia. For few of them, this was the only role they played. For R12, the informer role consisted of "[telling] the story in a real Liberian context, and explaining the struggle of the population".

Although the reporter/informer role is predominant in the data, other roles also stand out (Table 4.1).

Table 4.1- Summary of the roles African journalists played during the coverage of the 2014 Ebola outbreak

ROLES	DESCRIPTION
Reporter/Informer	This role is about "[telling] the story in a real...context, and explaining the struggle of the population" (R12)
Humanitarian	This role is based in sensitization, mobilization and advising
Expert	This role is about trying to fact-check information re-establish accurate information to eliminate misconceptions and rumors. This also involved clarifying issues by giving context and explaining "why things went so horribly wrong" (R1; R2), assisting medical doctors, learning medical jargon and then inculcating that knowledge into the populations' minds
Reassurance	This was described as allaying fear
Liaison	This role focused on putting information together and sharing it, demystify the medical terms, being a reference that people could call to verify information, and acting as a bridge between health experts and sick people to make sure they got all the information that they needed
Agenda-setter	This role was about establishing an agenda for people to change their behavior around ordinary practices that were prohibited such as shaking hands
Watchdog	This role was focused on monitoring, and observing what was going on, and how the situation was handled, by "making people… aware of whatsoever is wrong or right about what's happening"(R11; R13

Supportive and Collaborative	This last role was about working in collaboration with the government and health practitioners to reduce the spread of Ebola and convey messages to sensitize (R19)

Journalists suggested that besides being reporters, they also played a humanitarian role. This role was based in sensitization, mobilization and advising. For instance, R14 described himself as an "Ebola ambassador" whose task was to "create awareness, talk with the people [about] what to do, and use the town leader [to] go in a community". R14 perceived himself as someone aiming to mobilize and sensitize the population through the practice of journalism. This is journalism as a weapon to create awareness about Ebola and its devastating consequences. Similarly, the journalists spoke of another aspect of the humanitarian role regarding behavior change. A few journalists believed that they played a role in triggering change in behavior by convincing people to comply with measures put in place by the government—such as avoiding public transportation, shaking hands, crowded places, and washing hands regularly throughout the day—to contain the spread of the Ebola virus in the country. To emphasize this role, R15 stated:

> Our duty, as journalists, was, we were bound to go out there and to actually explain it to them, especially going to public transport areas…you have people traveling long distances in and around the country and tell them.

R15 uses the phrase 'bound to' in order to express that it was an obligation for journalists to go out and tell people not to take public transportation. Another journalist spoke of doing "publicity everywhere" (R16). In another instance, one journalist expressed his perception of his humanitarian role by flagging sensitization:

> I remember one time, I had to open my radio show in the morning and…[encourage people] to call on the radio and speak your vernacular, speak your own language…and just sensitize your people in that language of yours (R20).

As for R15, R20 presupposes that it was an obligation, a duty to call people out as if he had no other choice. R20 is almost speaking about giving orders to the population to get involved with the fight against Ebola and let go of the misconceptions and rumors. These journalists imply that they were at the forefront of sensitization and mobilization in the fight against Ebola. What is

more, some journalists pointed to the advising layer of the humanitarian role which consisted of assisting traumatized people and acting as a frontier in ending the crisis.

Besides the dominant informer and humanitarian roles, journalists also revealed their view on expert, reassurance, liaison, agenda-setter, watchdog, supportive and collaborative roles (See Table 4.1 above). The *expert* role was about trying to fact-check information and re-establish accurate information to eliminate misconceptions and rumors, because as R3 proposes *"quand vous donnez la mauvaise information vous allez créer la psychose"* (when you give the wrong information, you trigger fear). The expert role also involved clarifying issues by giving context and explaining "why things went so horribly wrong" (R1; R2), assisting medical doctors, learning medical jargon and then inculcating that knowledge into the populations' minds (R16). The *reassurance* role was described as allaying fear. R1 suggested that she was trying to reassure the American audience by allaying fear and attempting to change perceptions of Africa as not being a place of disease. The *liaison* role focused on putting information together and sharing it, demystify the medical terms, being a reference that people could call to verify information, and acting as a bridge between health experts and sick people to make sure they got all the information that they needed (R4; R16; R3). As for the *agenda-setter* role, interviewed journalists argued that they also set the agenda for people to change their behavior around ordinary practices that were prohibited such as shaking hands. Some journalists spoke of a *watchdog* role in the fight against Ebola. They watched over, monitored, and observed what was going on, and how the situation was handled, by "making people… aware of whatsoever is wrong or right about what's happening"(R11; R13). "As a journalist, you are supposed to try and check, balance and police the government, make them accountable" (R5). Lastly, for the *supportive and collaborative* role, some journalists said they were working in collaboration with the government and health practitioners to reduce the spread of Ebola and convey messages to sensitize (R19). Overall, the media played "a great role" when it comes to the coverage of the Ebola crisis (R19) and was working "to protect the [affected nations]" (R20,). To summarize that pivotal role, R19 said: "our role has been to help support [and] reduce new infection by conveying messages that will keep reminding people about the best practices" (p. 9).

Overall, despite the inexperience of 12 of 20 journalists with health epidemics coverage, the journalists played an important role. Even though a few of them were extremely disappointed

with the coverage that resulted as it was believed to trigger fear, confusion and feed into rumors and misconceptions in the affected countries.

III. SOURCING PRACTICES

The third major theme revealed that journalists spoke about seeking a diverse set of sources from all layers of the society, but prioritized some over others. As an illustration of that diversity, R12 said: "my sources came from the ETUs, we had ETU workers, MSF, ELWA (Eternal Loved Winning Africa), it is actually a religious institution, Christian mission". Also, R3 said *"quand on cherche l'information, le journaliste ne doit pas avoir une seule source"* (when looking for information, a journalist should not have only one source). In a similar vein, R5 explained:

> I went to the victims, because like I told you, Ebola is highly technical and it is the same thing with many other science stories, so it is not enough for a journalist to go to attend the press briefing then come and present that as a concrete story. With Ebola, you have to work very hard, you have to get very many sources, so I…was trying to get information from victims, from the side of the government and then also from the experts…

Journalists reported using a variety of sources such as international organizations (WHO, CDC, UNICEF); non-governmental organizations (NGOs); governments (officials and entities); health officials and health workers; ordinary people, "for example market sellers, traders, car loaders, women who are braiding hair, and even boys who are working in the saloon to cut the hair"(R15); information online (mainly the internet, mobile phones and satellites); media institutions; and academic sources (see Table 4.2 for detailed examples).

Table 4.2- Major and minor sources used by African journalists involved with the coverage of 2014 Ebola outbreak

SOURCES	TYPE OF SOURCES	EXAMPLES
MAJOR SOURCES **The sources most of the journalists relied on**	Government	Ministry of Health County authorities (precisely in Liberia)

SOURCES	TYPE OF SOURCES	EXAMPLES
MINOR SOURCES **the secondary sources that were not recurrent in the sample**	Experts	Health workers Medical experts Ebola Treatment Unit workers, Nurses
	Media actors	Internews Other journalists
	International organizations and Non-governmental organizations	Centre for Disease Control (CDC) World Health Organization (WHO) MSF (Médécins Sans Frontières)
	The affected public	Victims Orphans Community dwellers
	Government agencies	National Coordination for the Fight Against Ebola National Ebola Response Centre; Ministry of Information; EbolaTask Force; Community services Information Managing System District Health Officials
	Academic sources	*The Lancet* Institute of Infectious Diseases and Molecular Medicine at the University of Capetown
	Experts	Epidemiologists
	International organizations and Non-governmental organizations	UNICEF Red Cross Pasteur Institutes

SOURCES	TYPE OF SOURCES	EXAMPLES
	Armed Forces	French Army
	Information online	Internet: Google, Wikipedia
	Society	Civil society

Besides agreeing that the sources described above were key to their Ebola coverage, all the journalists reported that their selection of sources was based on a set of criteria (see Table 4.3).

Table 4.3- List of criteria used by African journalists to elect their sources of information

MAJOR CRITERIA OF SOURCES SELECTION	DEFINITION
Credibility and reliability	This criteria refers to the ability to find a source that is heavily trusted and reliable to provide information that is verifiable
Accuracy of the information	It has to do with whether or not the information provided by the source is true, and if it fits with the numbers
Relevance and significance of the information	Defined by the journalists as the level of importance of the information
Accessibility	The journalists defined it as the ability to communicate easily and in a timely fashion with the source.
proximity to the crisis	For the journalists, it has to do with the idea that the source has a real feel of the crisis because they care for the sick, contracted or exposed to the disease

Expertise and knowledge	Journalists describe this criteria as the specialization and ability to explain medical terms without jargon
Influence of the source on the population	The influence of the source refers to the amount of power or authority that the source has on a community or society.

Almost all the journalists agreed that credibility is one of the most important criterion when it comes to electing a source to cover any issue. For instance, R9 argued that *"les sources: c'est la crédibilité!...Le premier critère, c'est la crédibilité"* (Sources : it's credibility!…the first criterion is credibility). For R9, if a journalist decides to pick a source, that means the source is credible. In a similar vein, R11 said:

> We were looking at credible sources, credibility, if you want to depend on your source as a journalist, you have to make sure that your source is credible; you don't want to report something that will distort a certain message that you have going across.

In the above instance, R11 implies that one of the values of journalism is to rely on credible sources to be able to support your arguments. By saying "you don't want something that will distort a certain message", R11 connotes that journalists have to be a 100 percent sure about the information they disseminate to avoid misconceptions that will lead to confusion. Besides credibility, the other criteria journalists mentioned a lot were expertise and knowledge. For R6, *"pour éviter que la panique ne soit encore plus présente dans la cité, il fallait expliciter et pour expliciter il fallait aller vers les spécialistes"* (In order to avoid increasing panic in the city, we had to explain and go to specialists). These criteria were indispensable to journalists to avoid misleading the population with information that was incorrect.

Depending on the criteria, journalists prioritized their sources in different ways, even though a few said there is no one criteria "that fits all the situations" (R5). The interviews made it clear that they prioritized sources on the basis of the timely character of the information, the ability to do quick verifications, and the closeness of the source to the ground. This was mixed with the importance of accessibility and credibility, which emerged in the interviews through the theme of social responsibility, meaning the sources could be held accountable. For some, like R8 and R6, when covering a health epidemic of such magnitude and high technicality, it is important

to start with experts or specialists to be sure of the information. As R6 said, *"Ebola est une épidémie, ma priorité sur mes sources c'est celui qui connait Ebola"* (Ebola is an epidemic, my priority, for my sources, is the one who knows about Ebola). Going to the experts at the CDC and WHO first, according to some journalists (R11, R12, R9), would help alleviate confusion around Ebola. Contacting CDC and WHO experts was followed by using the local government, and/or communities as sources to a minor extent.

Only a few (R17, R5, R15, and R16) prioritized the victims. For R15, victims of Ebola and communities affected were very key to the coverage of the 2014 Ebola outbreak. To stress their key role, she said "they are the ones that I particularly run to first to get the firsthand information". R5 explained that victims' accounts are important and revealed:

> First of all I needed somebody that has a real feel, a real firsthand experience of what it feels like to suffer from Ebola, or to take care of somebody that has suffered from Ebola…then number 2, I needed an expert who has got information about Ebola.

Similarly, for R16:

> …the story is being told from the side of the survivors first, because one, they feel the pain, they know what they go through and then if there is a clue, I'm going to contact the World Health and ministry of health and then to know why this happened or why this failed to happen.

This highlights a key outcome of the interviews: few journalists started with patients or those directly experiencing the Ebola outbreak, even though those that did spoke emphatically about the importance of this point.

Instead of advancing relationships with people who were directly affected by Ebola, the majority of the journalists spoke about a "great", "good", "very good", "very courteous," or "strong" relationship with health information officers, because they were consistent. Some journalists even went as far as arguing that it was a complementary relationship wherein the health information officers would collaborate and cooperate with them so that they could reinforce messages to contain the spread of Ebola (R6, R19, R18, R7; R20). What is more, other journalists reported that there was no distance between health information officers and journalists (R7; R19; R14). To highlight the latter, R7 argued that they were very accessible as he would just call them and they would agree to an interview. He said:

> *On avait une relation étroite pendant la crise… C'était bon parce qu'à chaque fois qu'on avait besoin d'une information par exemple, il suffit seulement, parce qu'on avait le numéro des représentants, il suffit seulement d'appeler, il te donne rendez-vous pour venir faire l'interview* (We had a close relationship during the crisis…It was good because any time we needed an information for example, all we needed to do, since we had the numbers of the representatives, was call them so that we could schedule an appointment for an interview.

Furthermore, some journalists implied that they felt like belonging to the same community-a community whose common desire is to fight Ebola-as health information officers. For instance, R9 experienced the relationship as one of co-fraternity and cooperation, since health information officers would even call to facilitate interviews. They knew newsrooms did not have enough resources to support phone costs for hour-long interviews. Although the journalists who defined the relationship with health information officers as good, they did acknowledge that it was not always perfect. Health information officers would break promises. R10 explained that "there are times when they actually give you their word if you need them in person, in studio, they promise you, but they won't come sometimes". What is more, access to ETUs was often restricted, and some compromising information repressed. To illustrate the repression of information, R17 mentioned the coverage she did of the death of a government official's driver, who had died of Ebola: "when I went to the minister to get her side of the story, she [did] not respond". For a handful others, the relationship with health information officers was "bad", "difficult", and "frustrating" (R4; R2; R17). R4 said "it was very frustrating" as government officials would give information that is contradictory to the WHO figures and would not always talk to journalists. A few journalists also reported that they did not trust the government, because the information they provided did not always match the figures delivered by the WHO, and because they were withholding information as health information officers. In that respect, R4 admitted:

> I would go to government officials, just to clarify about points, but it's not truly something that I really trust…[because] you find that there is always an agenda with the government. It's always about politics, there's an agenda, there's motive behind things.

In the same line of thoughts, R11 said "the government…was a little bit providing information that was may be arguable (as compared to the reports of the CDC and WHO)".

Overall, journalists elected a variety of sources to cover the 2014 Ebola outbreak, mostly on the basis of credibility, expertise and knowledge of the disease, and proximity to the crisis. The majority of journalists (16 of 20) prioritized elite sources (government officials, international organizations, medical staff, to mention a few) over the voices of the people directly affected by the outbreak (communities, orphans, survivors). Even though 17 of 20 rated their relationship to health information officers and the government as good, there was evidence of mistrust in the data which might have hindered the coverage of the 2014 Ebola outbreak.

IV. CHALLENGES TO EBOLA COVERAGE

The fourth, and final, major theme were the barriers faced by journalists, outlining a more elaborated critique of the coverage, a description of the factors and obstacles, and some recommendations offered by journalists to improve the practice of health journalism in times of a health crisis. With respect to this more elaborated critique, unlike the perceptions of it, the vast majority (18 of 20) of journalists provided a balanced critique, whereas the remaining (2) provided radically positive or radically negative ones (discussed below).

Balanced critiques included some positive and negative aspects regarding the coverage of Ebola. On the one hand, the coverage of Ebola was good because of the reaction it sparked in the international community and fellow African journalists of affected and even unaffected countries (R10; R6; R7; R15). This resulted a massive involvement from the international community, which did their best to help the countries in need (R20). R7 reported that, with Ebola, *"on a eu la mobilisation de toutes les institutions internationales: l'OMS, l'UNICEF, les organisations, la Croix rouge, [etcetera]"* (Many international organizations were mobilized: WHO, UNICEF, organizations like Red Cross, [etcetera]). There was an international sharing of information, which interviewed journalist hoped led to an increase in the level of understanding of Ebola.

The balanced view of the success of coverage also attributed it to the synchronization of messages across different media platforms and amongst journalists in affected and foreign countries. In some instances, journalists reported that they participated in programs run by the BBC, such as the 'Kick Ebola program', and shared information with foreign journalists. As R15 suggested, "they took advantage of it, from the various print and radio broadcast, because everybody wanted to carry the information out loud and clear, they did not leave it to just a

particular group". This collaboration played a strategic role in the sensitization and reassurance of population.

Besides the reaction that the coverage of Ebola sparked, journalists suggested that the coverage was a success because African journalists, precisely those in the affected countries, showed bravery and committed themselves to fight Ebola. R14 said "I was able to take the bold step amongst many talented committed radio journalists, I took the challenge, and I went in. At the end of the day people used to call me Ebola reporter, Ebola reporter". With patriotism, journalists did their best and put their lives on the lines "to save their respective nation" from the enemy, Ebola (R19; R13). R19 described the Ebola situation as follows:

> The Ebola outbreak…was not really that alarming, but up to July the outbreak became very explosive so you saw that everyone was just confused, and didn't know where to start from. It was from July that we really got scared because the invisible enemy came from all directions.

For a couple of journalists, the indicator of the Ebola coverage's success was the declaration of their country as Ebola-Free. R18 said "[journalists] succeeded wherein our country has been declared Ebola free that is because the media actually played a role". Ebola-Free was one expression of the trust that the population ended up putting into the media, especially the radio in Sierra Leone and Liberia. For R10, R11, and R16, the radio is the first medium that Liberians turn to because of high illiteracy and poor communities with low television and new technologies' penetration. Radio was singled out as one of the strongest medium of the coverage of Ebola. In the end, journalists were doing a good job at reporting on the crisis, and not just reporting the stories on the surface, but rather delving into the issues and acting promptly (R19; R17).

As for the negative views, some journalists pointed to the sensationalist character of the Ebola coverage, which enhanced panic and fear in the population, and also reinforced misconceptions and rumors. R3 said *"beaucoup [de journalistes] ont contribué à 'mettre de l'huile sur le feu'"* (Many journalists contributed to pouring oil on the fire). By stating that, R3 implies that many journalists fed into the rumors and disseminated alarming and confusing information that strengthened panic. For the journalists who described the coverage as sensationalist, some organizations were in competition with sister organizations for ratings and statistics. They were doing business instead of reporting on a very important issue. If, for some

journalists, foreign media contributed to effective communication, for others, they triggered fear by publishing stories that did not really fit the realities on the ground (R7). R7 went as far as stating that foreign journalists were lying on the media. He reported that

> *il y a eu des barrières devant les [journalistes] Guinéens partout, parce que ce que les médias étrangers là relatait c'était du mensonge, ce n'était pas la réalité de la Guinée"* (There were barriers for Guinean [journalists] everywhere, because whatever foreign media were saying was a lie, it was not the reality lived in Guinea).

In this instance, there is an underlying assumption that foreign journalists did poorly because they did not have a real feel of the crisis as opposed to Guinean journalists who were on the ground in Guinea Conakry. This sheds light to the 'them versus us' dichotomy whereby African journalists tell the 'truth' because they have the accurate firsthand information that foreign journalists do not have.

Still building on a comparison between foreign and African journalists, some journalists also suggested that one of the negative aspects of the coverage stemmed from the fact that foreign journalists were privileged at the expense of local, African journalists who were closer to the Ebola epidemic. R15 recounted:

> I had some friends that came from South Africa, and by the time they told our security they were foreign journalists, they [let them in] and they asked my friend…So I got concerned that why is it that because they are foreign journalists, they get in…

In this instance, R15 implies that foreign journalists had more power than local journalists when it comes to covering the crisis in the ETUs. This also highlights the underlying idea that foreigners are believed to have more capacity in terms of knowledge and material equipment to better report on the crisis. Besides being underestimated by ETU workers, the fact that there was very little interest to health in the newsrooms of some African countries that were not affected (such as Ivory Coast) hindered the coverage of the crisis. R8 argued :

> *Dans nos rédactions (Ebola) n' [était] pas notre priorité puisqu'on se dit…c'est de l'autre côté; donc on n'a pas mis les moyens à disposition. Il m'est arrivé d'aller faire des reportages à l'Ouest de la Côte d'Ivoire avec mon propre argent, c'est-à-dire j'ai payé moi-même mon transport pour partir, j'ai payé mon séjour pour aller couvrir* (Within our newsrooms, Ebola was not a priority since we told ourselves it

was on the other side; so we did not have a budget for it. At times, I would go cover Ebola in the West side of Ivory Coast with my own money, meaning I would pay for my transportation and accommodation to go cover Ebola.)

This is significant for it highlights that Ebola did not seem important to newsrooms because it was not happening in their country. Furthermore, journalists (precisely editors) within newsrooms got tired of hearing about Ebola and as a result became reluctant for any information related to Ebola. R3 explained that sometimes, when Ebola kept coming back in the newsroom, journalists (precisely the editor-in-chief) were not thrilled:

> *Quelques fois quand vous revenez avec le même sujet [au sein de la rédaction], quand [le rédacteur en chef demande] par exemple "[rubrique] Ailleurs " [et tu réponds] cette semaine, Ebola; on accepte, [puis une autre semaine] "Ailleurs cette semaine Ebola, on va revenir sur Ebola"; le rédacteur en chef demande "mais pourquoi Ebola?…Qu'est-ce qu'il y a avec Ebola? tu ne peux pas trouver autre chose? Les gens sont là-bas dans leur Afrique de l'Ouest ils ont leur problème! "*
> (Sometimes, when you keep coming back with the same topic [in the newsroom], when the editor-in-chief asks for example: "[Beat] 'Ailleurs'?" [and you answer] "This week Ebola", they validate it; [then another week], "Ailleurs, this week, still Ebola"; the editor-in-chief asks "But why Ebola? What is it with Ebola? Can't you find something else? People are in their West Africa they have their problems!")

This quote highlights two things: (1) newsrooms want 'new' topics and (2) Africa is not always thought of as homogeneous and united, since the editor-in-chief implied that Ebola is a West African problem. According to some other journalists, the lack of training and understanding, as well as the lack of resources (namely the protective gears to enter ETUs, means of transportation, etcetera) at the early stages of the outbreak did not facilitate the coverage. R17 reported that "at first, [we had no PPEs], we used to touch [the] sick with our bare hands."

The journalists who radically argued that the coverage was bad and disappointing, argued that journalists did not succeed because they mostly fed into rumors. For R3, the intervention of some journalists only contributed to worsen the situation instead of containing it. For her, even if those journalists had not contributed to the coverage, it would not have made a difference. She said: "*ils auraient pu se taire que rein n'aurait même changé*" (even if they had shut up, nothing would have changed). This is important as it highlights that R3 believes that despite the efforts of

journalists, the Ebola coverage was not very effective as rumors still spread. Similarly, for R4, journalists "could have done better" if they had not failed to hold people to account and put them to the test. R3 implies that journalists dead poorly with the Ebola coverage because most of them contributed to disseminating rumors and strengthening misconceptions about the virus. She explained that:

> *Il m'est arrivé de zapper une chaîne de télé et de dire à mes enfants tant que je suis là je ne veux pas voir cette chaîne. Parce que justement, on annonce un débat sur Ebola, mais je me rends compte que tout le panel avait une idée convergente: [Ebola] c'est une invention, c'est les français* (It has happened before that I forbid my kids to watch some TV stations. Because, they would announce a debate on Ebola, but I realize when I watch it that all the panelists subscribe to the idea that: [Ebola] was invented by the French.)

Despite a few negative views, most of the African journalists who covered the 2014 Ebola outbreak reflected proud in their interviews and showed faith in their journalistic work. Some of them even gave a definition of good journalism during an infectious disease outbreak, which included different aspects: credibility and accuracy, investigation, variety of sources, and humanitarian aspects of journalism. For R12, "information should be based on facts, not opinions…should be well researched… they should be well played sources". On that same note, R17 suggests that good journalism is simply one that is "not distorted, not misleading" and does not buy into rumors. It is one that, under an intense and scary diseases, attempts to "save humanity" (R20). For this journalist, journalism on an active Ebola outbreak is compelled to accept activism, to defend the interests of the public and nations and make sure that people survive. These different definitions of good journalism are relevant because they speak to the plurality of factors, which may challenge conventional journalistic notions, which emerge when one faces the pressures of an infectious disease. Journalists ended their interviews with a discussion of these factors (positive and negative; see tables 4.4 and 4.5), and the obstacles that impacted them (see table 4.6).

Table 4.4- Negative factors that influenced African journalists' coverage of the 2014 Ebola outbreak

Negative factors	Description
Political factors	Politicization of the Ebola virus disease: used to push political agendas Failure of the government: >Unreliability of information relayed by government officials, precisely information on figures (discrepancies with the WHO figures) >Reluctance of government officials to communicate with and inform journalists (keeping the information secret) Poor health systems
Geographical factors	-Remote coverage of the crisis
Cultural factors	-Lack of understanding of the cultural habits and practices of the affected population
Logistical factors	Lack of transportation means to travel to affected areas Lack of material resources such as Personal Protective Equipment (PPE)
Economic factors	Lack of financial support: no money for coverage
Technological factors	Lack of access to internet facilities

Table 4.5- Positive factors that influenced African journalists' coverage of the 2014 Ebola outbreak

Positive factors	Description
Technological factors	The access to internet The access to satellite feeds
Cultural factors	Clear understanding of the culture of the affected people by the Ebola outbreak

Positive factors	Description
Economic factors	Provision of financial resources by some newsrooms Financial support from sponsors
Logistical factors	Easy access to transportation means Easy access to equipments such as computers, recorders, and other ones provided to journalists
Geographical factors	The ability to cover the outbreak on the field, in the affected areas
Other factors	The good flow of information from local organizations to Non-governmental organizations Collaboration of every layers of the society

In terms of positive factors, the vast majority (16 of 20) of journalists listed technological (internet, satellite feeds) and cultural factors (firm grasp of the culture of the affected communities), material and financial resources, location, collaboration and other factors such as the power of the name of the institutions (Table 4. 5). Understanding the culture of the communities affected by Ebola helped some journalists to cope with the reluctance of the populations who strongly believe in cultural practices such as washing dead bodies, drinking the water used to bathe the bodies, to mention only these. Furthermore, the fact that some newsrooms voted a budget to facilitate the coverage and provide transportation means, computers, recorders and other types of equipment gave an incentive to journalists to produce well researched pieces on Ebola. Also, the financial support of sponsors such as the Open Society Initiative for West Africa (OSIWA) in some cases enhanced the coverage of Ebola according to most journalists. For journalists, location was a positive factor, in the sense that it helped getting close to the crisis to provide more human interest stories. As R19 argued, "in fact, the Ebola outbreak unified the country because people put their political and other differences aside". Ebola did unify people but the death toll and emergency responses also exposed the failures of journalists, government and everybody involved in the fight against Ebola.

The politicization of Ebola is one of the key negative factors (Table 4.4) mentioned by interviewed journalists (R6; R17; R3), as something highly influential on the coverage. Besides politicization, the failures of government and the inaccessibility of sources did not motivate the interviewed journalists to do a good job. R9 spoke about too many bureaucratic steps to get to sources, especially governmental ones and that often led journalists to give up on the topic in countries like Cameroon, which were not affected (R3). R9 said *"c'est souvent le contrôle de l'information par le gouvernement…qui a l'effet pervers de pouvoir mettre les journalistes dans une paille administrative interminable…Donc l'administration dans ses lourdeurs a été un frein pour les journalistes"* (it's often control of information by the government who has the unnatural effect of making journalists go through endless administrative procedures…So it is the administration through its heavy procedures that was a challenge for journalists). Besides failing to provide information in a timely fashion, the government was seen as either providing unreliable information that showed discrepancies in figures as compared to the WHO figures, or keeping information secret. All of that led to frustration, according to R4, and the reiteration of misconceptions and misbeliefs. This was amplified by some remote coverage that journalists spoke of as not understanding the cultural practices of the people at the heart of the crisis. R2 argued that:

> I think that the lack of understanding about people's cultural practices caused stories to be written in some ways that are critical about the people themselves, and in some way not understanding [their] cultural practices, I think caused panic and confusion.

All of these issues were wrapped up in the graphic side of the crisis, wherein journalists were seeing dead bodies on the side of the road on their way to work (R20; R18).

Table 4.6- Summary of the reported obstacles that interviewed journalists faced when covering the 2014 Ebola outbreak and when journalists in general face when covering a crisis of the magnitude of Ebola.

Obstacles journalists often face when they cover a crisis of the magnitude of Ebola	Obstacles the interviewed journalists faced when they were covering the 2014 Ebola outbreak
Lack of financial support	Lack of financial support

Obstacles journalists often face when they cover a crisis of the magnitude of Ebola	Obstacles the interviewed journalists faced when they were covering the 2014 Ebola outbreak
Lack of logistical support: lack of material resources such as transportation means, recorders, computers, etcetera	Lack of interest for Ebola in unaffected areas
Low capacity building: lack of training, lack of expertise and lack of knowledge	Lack of logistical support: lack of transportation means and mainly motorbikes in some instances to travel to remote areas
Editorial constraints: priority of topics in line with the interest media institutions devote to health topics	Lack of technological support
Contagious and dangerous nature of the disease	Poor road infrastructures
Lack of technological support: uneasy access to internet facilities	Failure of the government to cooperate and collaborate with journalists
Lack of salary income	Fear of getting infected with the Ebola virus while covering the crisis
Lack of incentive	Unavailability of medical experts
Reluctance of population towards journalists	Restricted access to Ebola Treatment Units (ETUs)
Spread of rumors	—
Reluctance of health officials and government officials to share information with journalists	—

Although these factors are similar to the obstacles that journalists spoke about, it is still important to discuss some of them in further detail (Table 4.5). The interviewed journalists suggested they faced many obstacles covering a crisis of the magnitude of Ebola, but that logistical and financial support were key. They reported that newsrooms did not always provide Personal Protective Equipments (PPEs) to avoid infection, not to mention a lack of audio recorders and access to the Internet. Some journalists had to depend on International Organizations' for transportation. To illustrate the precarious conditions of coverage, R18 said:

> I visited another ETU…I had no protective gear. I was wearing the sandals like the ones you're wearing, jeans and a muscle arm top, but we needed this information about a child whose mother died, father died and the child was also positive with the virus. He was taken to the ETU… So I went to see for myself and not for people to tell me, and…I went, I bought about four plastics, and I put two on my foot, [and the other] ones that I used on my hands as gloves.

Furthermore, some journalists were not paid for their work. R15 recounts that one of her female friends, who works in print, "would have loved to be with [them] everywhere [they] went covering but…almost nine to ten months" she has not been paid. This is significant because it exposes the incapacity of some African newsrooms to reward their journalists and even pay them what they are owed. Even though 18 of 20 journalists reported they faced several obstacles when covering the Ebola crisis, two (R6 and R15) said they faced no obstacle at all when covering the crisis. R15 went as far as saying: "I, to be very frank, I really didn't face anything, because I was like set…I [had] a free passage places that I went, my ID card spoke for myself". To summarize, journalists revealed that the coverage of the 2014 Ebola outbreak was not always easy because of the many technological, cultural, economic and political factors that influenced the coverage as well as the challenges that they faced on the ground when reporting on the crisis.

To respond to these obstacles, journalists gave recommendations that might help health journalism and journalism improve in the future (See table 4.7 below).

Table 4.7- Summary of recommendations proposed by African journalists to improve journalism in general and health journalism in particular

RECOMMENDATIONS	Need for increased capacity building through mentorship and training
	Need for increased sensitization on health matters even without a health crisis
	Strengthening of health related programs on media especially radio
	Re-strengthening of collaboration between health people, civil society and officials

	Strong networking with partnerships amongst institutions like the World Federation of Science Journalist (WFSJ)
	Establishment of regional, sub-regional and national forums
	Demystification of health journalism through unpacking medical or health jargon
	Insertion of health or science journalism within Universities curricula
	Cultivate more sources
	Promote research and self-education
	Empowerment and protection of journalists
	Specialization
	Provision of supplies to journalists such as PPEs, and means of transportation
	Unity of health and journalism through collaboration of journalists and health experts

First of all, the journalists recommended an increase in capacity building with mentorship. Not just one-off workshops that last four or five days, but longer, sustained mentorship that will help journalists be informed in order to inform (R19; R1; R20). What is more, the journalists proposed that an emphasis be put on the sensitization of an audience to infectious diseases. As R19 mentioned, "we shouldn't just wait for an outbreak, but rather continue to remind people about health best practices" through the dissemination of sensitizing messages pre, during and post outbreak. Radio was also emphasized as the primary medium of information dissemination in the region, one where health programs should be given a place and strengthened within newsrooms. Collaboration was mentioned as a usual suspect that, if developed, can promote crisis communication in health crisis situations (R18), perhaps with the effect of demystifying science and health journalism, especially in Africa, where not everybody is literate. It was clear

that the interviewed journalists craved a future that emphasized *investigation, empowerment and protection*, so as to remove obstacles that currently jeopardize their reportage and ability to help during an infectious disease outbreak.

CHAPTER V: DISCUSSION

In this thesis, I presented and analyzed the lived experiences of 20 African journalists who covered the 2014 Ebola outbreak that mostly struck three countries in West Africa, namely Guinea Conakry, Sierra Leone and Liberia. A rationale for studying such accounts was the limited literature available in the context of the experiences of journalists who covered health epidemics. The available literature on health epidemics coverage largely focuses on the framing strategies of news coverage, the roles that journalists assume when they cover such crises, the way journalists perceive health journalism, and the important role of the sources play in the context of such reporting. One important issue at stake is in news coverage of health epidemics has been argued to be the misrepresentation of outbreaks by reporting sensational stories rather than more human ones. These arguments have pointed to a correlation between the choice of, and reliance on, certain sources and its effect on the presentation of news (Dudo, et al., 2007; Blomlitz & Brezis, 2008; Oh, et al., 2012; Raupp, 2014). Scholars point out that misrepresentations are reflected through journalists' heavy reliance on authoritative sources (the government and the medical experts) at the expense of lay sources (victims, the public affected by the crisis), resulting in the replication of authoritative ideologies of sources in their coverage (Raupp, 2014; Logan, et al., 2004; Shih, et al., 2009). Those ideologies are often represented by the need for the governments to withhold some information to their advantage, and making sure the information is aligned with their specific political agendas (Oh, et al., 2012). This misrepresentation has also been argued to be driven by cultural beliefs, politics, culture (Oh, et al., 2012), and domestic and international relevance (Shish, et al., 2008; Heffernan, et al., 2011). Overall, the literature to date suggests these influences are mostly negative, resulting in journalism that often lacks clarity and accuracy, and is characterized by more alarming than reassuring frames (Holland & Blood, 2013; Heffernan, et al., 2011; Mwesiga, 2011).

The results of this thesis argue that journalists faced many challenges while covering the 2014 Ebola outbreak that might have hindered the coverage to some extent and influenced their choices of sources, which is based in the finding that they were not very knowledgeable about the disease but needed to inform the population in a timely fashion, and were incapacitated in terms of transportation and financial support. The thesis ends with the discussion of these results as related to the literature (see Chapter 2), minor themes worthy of future study, the limitations of the study, and my final conclusions.

I. SIMILARITIES AND DIFFERENCES IN LITERATURE AND RESULTS

The data revealed that journalists principally saw themselves as assuming an information role by being "neutral brokers of news" (Donsbach, 2008), and a humanitarian role by sensitizing, mobilizing, advising and driving change in society. Journalists also noted secondary roles, namely (a) an expert role, (b) a reassurance role, (c) a liaison role, (d) an educational role, (e) a watchdog role, and (f) a supportive and collaborative role. Lubens' (2015) idea that journalists during a health crisis should "disseminate accurate information to the public, medical professionals, policy makers" (p. 59), fits with the information, liaison and watchdog roles that journalists outlined. For the journalists who covered the 2014 Ebola outbreak, often their principal concern was relaying accurate and fact-checked information about the Ebola virus disease to the public, by giving daily updates on the spread of the disease. Lubens' argument on the obligation of journalists to provide accurate information echoes the data. The interviewed journalists reported that they were aware that society depended on them for information about Ebola (R11, R20). This implies that they took their duty to report accurate information seriously because they were conscious of their role in society. As a result, all the interviewed journalists insisted on the importance of going to credible and reliable sources before disseminating any kind of information. Some of them (R3, R2) even expressed a huge disappointment towards journalists who do not provide accurate information, but rather contributed to promoting fear and panic in populations through unverified information.

Humanitarian and reassurance roles, which respectively consist in sensitizing the population by creating awareness about the directives to follow and mobilizing the population to curtail the spread of the virus through those directives, and minimizing fear and panic respectively, were equally seen as important. The humanitarian role was also related to a desire to drive changes in behavior of populations. Wilson, et al. (2014) and Pires de Almeida (2013) have written about journalists acting as system regulators during a health crisis. While those interviewed here seldom spoke about regulating the systems at play during the Ebola outbreak, it was clear they wanted to be humanitarians for the following reasons: (1) save the nation and humanity, (2) making the planet survives (R20), (3) assist those who are still traumatized with their experiences (R18; R17), and overall creating awareness on preventive measures and convincing people to comply to those measures (R15; R20; R18). This is significant as the humanitarian role is a newly emerged role that was not reported in the literature on the roles of journalists during a health crisis.

Journalists were often placed in the role of being a reference for medical experts and a liaison between them, political actors, and the public, and collaborating to gather and disseminate information. Lubens (2015) writes about this as the tendency of journalists to be seen as a "go-between for the public and decision-makers and health and science experts". Journalistic norms such as responsibility, accuracy and fairness (Wilson, et al., 2014), however, were often seen to somewhat motivate the interviewed journalists to provide accurate and researched coverage. Journalists also watched over what was going on, something discussed by Hooker, et al. (2011) as watchdog journalists who monitor agents of the government. However, this watchdog role, which consists in holding the government accountable and keeping the power in check, was only minor as it was only reported by five journalists. This is significant because it highlights that the principal goal of journalist was not necessarily to hold the government accountable, but rather disseminate information that would help the population adjust to the situation of crisis.

The many roles that journalists played when they were covering the 2014 Ebola outbreak speak to the notion of biocommunicability, which is "a set of normative assumptions on the production and circulation of knowledge and information about health" (Hallin & Briggs, 2010, p. 149), and whose dominant model (as suggested by Hallin & Briggs (2010)) is a middle-grown model between the patient-consumer model and the public sphere model. As per Hallin & Briggs (2010), the patient-consumer model emphasizes market relations and suggests that patients receive medical knowledge from medical professionals, are actively responsible for their own health, and thereby have a "moral obligation to govern their behavior accordingly" (p. 152). In this model, information is believed to be useful to the patients who care about their health. Meanwhile, "in the public sphere model, the information is assumed to be useful because it helps citizens and policy-makers to make collective decisions about the public interest" (p. 152). Thereby, citizens (rather than patients) actively contribute to the dissemination of medical information by openly debating health issues for an effective representation of controversial or conflicting opinions (Hallin & Briggs, 2010, p. 152). Bearing these notions in mind, the dominant model of biocommunicability proposes that journalists in convergence with patients—"who actively gather and evaluate health information" (Hallin & Briggs, 2010, p. 160)—contribute to the dissemination of health information (p. 160). This model provides a counter-argument to the medical authority model, which contends that the public should only accept medical information from health professionals, and that journalists only play a limited role in that dissemination. Journalists interviewed here

subscribe to this model of biocommunicability and believe that the 'patients'' voices need to be heard, even though not all the journalists prioritized those voices. According to the interviewed journalists, 'patients' (victims and communities affected by the 2014 Ebola outbreak) are believed to play an important role in the coverage of the outbreak as they give firsthand accounts and have a real feel of the situation on the ground (R5; R15). The journalists here also reject the medical authority model by reporting playing a significant role in the curtailing of the Ebola virus, and implying that public interest was driving their coverage.

Journalists who covered the 2014 Ebola crisis implied that their choice of sources was tied to the quality of the coverage that was produced. At the onset of the crisis, the heavy reliance on authoritative sources, mainly government officials, resulted in an alarming, confusing and misleading coverage. Interviewed journalists spoke about the inadequacy of the initial messages relayed by the government. The initial message 'Ebola has no cure, Ebola kills', enhanced confusion in journalists who had no broad knowledge of the disease, and little training in producing journalism on an infectious disease outbreak of that magnitude. The journalists were quite reflective on how these combination of factors triggered fear and panic in the public affected by the outbreak. The journalists implied that it was difficult to reduce confusion at the beginning since they did not know what they were dealing with. As R11 recounted:

> From the onset,...we have not had much training in health reporting so we did not know the basics. We did not know how to conduct ourselves. Maybe we'd been involved in reporting politics, reporting development issues, reporting other issues but health crisis, a humanitarian crisis of sort, was quite strange. So it was like difficult. We had to learn, why we did, we had to, maybe, coordinate with others who would have had experience. And then we learnt on the job as we reported such crisis. But it was a difficult task.

Some of them (R14; R13; R12; R6) also argued that confusion, fear and panic were increased by the government and health authority through their alarming messages. That is significant because it speaks to the correlation between the heavy reliance of journalists on authoritative sources, the replication of ideas and the outcome of the coverage. In that respect, R14 said:

> The Ebola itself, the first information was not getting…to the journalists, because all our report on Ebola came from the health authority. The health authority themselves did not really digest the information before passing it on to the media. The first information brought great fear. They even served as some of the factors that led to the

> increase of death. Because, the first thing they said was 'EBOLA CAN KILL' and we all started carrying that information both in our vernacular and other languages: 'EBOLA CAN KILL. If you touch anybody showing Ebola symptoms, you touch that person you'll be infected and you'll die'. At the end of the day people didn't use to go around their own father. So…the health authority themselves did not play their own role, they did not really evaluate the message…for me. I'll always say they were some of the factors of the high death in Liberia, because the first information provided to us, because we are not health practitioners we got information from them. [emphasis added]

These results speak to the idea that journalism often replicates the ideas (as well as confusion or fear) of consulted sources, as per Raupp (2014).

Whether journalists underrepresented civic sources (e.g., affected populations) in their journalism or not—something not analyzed here in terms of a content analysis of produced journalism on Ebola—they spoke to a certain extent about their recognition of the dangers of ignoring communities and those sick, instead prioritizing authoritative sources. Most of the literature positions journalists as unreflective on this point, trapped in a system that during a health crisis cannot escape a focus on authoritative sources (Shih, et al., 2009; Hallin & Briggs, 2015). This lived experiences of the journalists who covered Ebola in 2014 instead shows-post-fear of the initial phase of the outbreak-them seeking out civic sources (victims, orphans and community dwellers) to invigorate their reports, often due to the reality that their audiences did not believe that Ebola existed. They thereby needed to convince the population of the magnitude of the outbreak, and justify the measures put in place by the government.

This highlights the importance of the context within which the journalists were acting when reporting on Ebola. All the journalists agreed that Ebola was very different than the other topics that they had covered before. Even those who had dealt with health before, emphasized the specificity of the Ebola outbreak. In fact, the journalists suggested that Ebola was particular because it had many implications such as the unfamiliarity with the topic, the audience mistrust of the government and journalists (which did not facilitate the dissemination of messages), the highly contagious nature of the virus which often refrained journalists to going too close to affected communities, and most importantly the fear.

The literature on health epidemics reporting does not elaborate on the fear that journalists feel when covering epidemics of the magnitude of the 2014 Ebola outbreak. Fear is one of the themes that were raised by the journalists in the interviews. Although only 16 of 20 actually went on the ground to cover the crisis, fear was present in all of them. In fact, the journalists were afraid because on the one hand Ebola was unfamiliar to most of them, as they had not dealt with an epidemic of some magnitude before, and on the second hand they were sacred of getting in contact with the virus and infect their families due to the lack of personal protective equipment gears. R18 recounts:

> If I am covering education, I don't need PPEs. I don't need other things, the thermo flash and other things. I'm not afraid when I'm covering education because…we talk to the ministers, we talk to the principals, we talk to school administration, which is very easy. But this is health! You are also afraid that you are going to be affected, you're afraid that you're going to be affected by the virus and it is possible that within that your family will also be affected.

Compared to other topics that the journalists had covered in the course of their journalistic career, Ebola was by far (as per their reports) the most different and difficult topic. To illustrate this idea, R6 said *"je ne me rappelle pas encore que une autre crise sanitaire ai retenu autant de temps et autant d'attention sur les medias"* (I do not recall that another health crisis caught the attention of people during this much time and the attention of the media to this extent). Besides fear of getting infected, journalists were also scared of stigmatization. In fact, some journalists reported that stigmatization was present within the news organizations they worked for (R7, R6, R18). As fear, stigmatization was not deeply discussed in the literature. Some journalists recounted that their colleagues would avoid them for 21 days (the incubation period of the virus) to make sure they did not come down with the virus. R6 said :

> *Quand je suis revenu de Guéckédou, j'ai fait quelques jours sans être sur le plateau, ni dans le studio parce que mes amis malgré que j'avais l'apparence bien portant, ils disaient que : "il faut que tu prennes d'abord 21 jours pour travailler. 21 jours, parce que je viens d'une zone d'Ebola. Donc ça amenait certain à dire "si je dois revenir pour prendre 21 jours sans travailler, ou si je dois revenir pour être rejeter, je préfère ne pas aller". Il y'en a qui le disait. Mais il y'en a d'autres par contre qui bravaient tout cela, qui partaient. Donc il y'avait la peur d'être atteint d'Ebola, mais*

> *il y'avait aussi la peur, la crainte d'être rejeté au sein de la rédaction* (When I came back from Guéckédou, I spent a couple of days off air because my friends, despite my looking healthy, would tell me "you need to take 21 days off before you can come back to work". 21 days, because I was coming back from an Ebola-affected zone. That would lead some to say 'if I have to come back and take 21 days if work, and still be rejected, I might as well not go'. Some would say that. But others would take the bold step and go. So there was the fear of getting Ebola, but also the fear, the worry of being rejected in the newsroom).

In all, journalists often had to debate between accepting the stigmatization post-Ebola coverage and deciding not to cover the crisis. This highlights the importance of unity within a newsroom and the importance of empathy within the newsrooms. This also reflects that lack of support and empathy within the newsroom in times of crises of such magnitude, does not increase journalists' desire to go on the ground. Not only did the journalists report fearing stigmatization of colleagues, but also the stigmatization of friends and family. R14 recounts that "I was alone, at the end of the day, I was working alone, most of my friends were not coming around me again…They were stigmatizing me saying that may be I may be affected but one way or the other". In all, the 2014 Ebola outbreak did not only train journalists to cover health epidemics of great magnitude but also deal with stigmatization and fear.

In terms of the overall experience of the journalists who covered the 2014 Ebola crisis, the data revealed that they faced a lot of obstacles. Journalists were constrained by (a) lack of financial support, (b) remote areas' lack of interest towards Ebola, (c) poor road infrastructures, (d) failure of the government to cooperate and collaborate with them, (e) the fear of getting infected with the Ebola virus, (e) the unavailability of experts, and (f) restricted access to ETUs. Only a few of these constraints have been reported—such as the unavailability of experts, the restricted access to health facilities such as the ETUs, poor road infrastructures and remote areas' lack of interest towards Ebola—in the limited literature on covering health epidemics. This also includes past work on the lack of collaboration with officials, the importance of geographical proximity, and the impacts of a lack of access to resources (Leask, et al., 2010; Emke, 2000; Avery, Lariscy and Sohn, 2009). Cullen (2003) and Leask, et al. (2010) have noted the issues of the lack of knowledge about diseases, their unfamiliarity, the dangerous character of diseases, and the inability to get immediate information as inhibiting the effective production of news. On

the contrary, constraints such as newsworthiness and media ownership identified in the literature (Cullen 2003; Emke, 2000) were not as evident in the data.

II. MINOR THEMES AND FUTURE STUDIES

The 20 interviews completed in this thesis are a rich, unique source of narratives on the Ebola crisis. The major themes to emerge from the interviews are discussed extensively above, but there were also many minor themes present in the data. By a minor theme, I mean themes that only came back once or twice in the data and that were not much elaborated by the journalists. These minor themes are worthy of a brief discussion related to future studies.

Themes such as dependency, distrust of the government and the importance of radio in the context of health crisis reporting appeared only briefly in the interviews, but may hold insights for future exploration and research in this area. The theme of dependency was defined by the comparison between Western journalists and African journalists. In the interviews, some of the journalists indirectly or directly compared the work, skills and capacity of African journalists to Western journalists. The few who made comparisons between the two, first focused on the coverage of the Ebola crisis (R1 & R2). For them, Western journalists did not succeed in covering the 2014 Ebola crisis because they were politicizing the crisis by pushing (mainly Republican) agendas, debates on Obama Care, or the mistrust of medicine amongst Americans. According to R2, in the United States, a lot of medical doctors and experts were going on air saying "very incendiary things" that were not accurate and that only fed into the fear and panic that was developing in the United States. As a result, questions were raised about whether journalists outside the United States tended to amplify the situation and report on the "incendiary things" debated by American medical experts. While a minor theme in the data, it raises future research questions about the influence of international discussion on how the Ebola crisis was reported in terms of the people really affected.

What is more, the concept of dependency may bear future study as related to the minor theme of comparisons between material and intellectual resources. In a few limited cases, Western journalists were defined as being more capacitated, and having more knowledge about the Ebola virus, thanks to their easy access to resources such as the Internet for research and capacity building. R20 claimed that "we are not like you in the West, we don't have a lot of money, we are not equipped to fly over the world and come right here in West Africa like you would do, so we

will not reach out to many places". This 'us' versus 'them' dichotomy is important, for it highlights that some West African journalists believe the material and intellectual advantage Western journalists have on them facilitates their ability to cover crises such as the Ebola outbreak, but as mentioned above, this capacity may result in the ineffectual skewing of the journalism produced (*The Lancet*, 2014). Although a few journalists argued they had to collaborate with Western journalists because they were "on top of the information" (R11), a handful suggested that Western journalists were granted more access to the ETUs (R15). This raises future research questions about whether Western journalists were prioritized at the expense of local journalists who felt that they knew more about the situation as they are the ones on the ground (R15).

Furthermore, the concept of dependency may require future untangling as related to capacity building and mentorship. For instance, R20 argued that for health journalism on Ebola to improve people should:

> …come from Canada, and come flying from Paris from UK, to come here and provide training, mentorship for journalists. For people of my kind and provide them the lift, that journalism is not a death sentence, that you're going to be pulled in and die in poverty.

This quote is particularly significant and striking, since it presupposes that journalism is believed to be a hopeless career that is not financially profitable in West Africa. For this journalist, saying that mentorship should or must come from Canada gives the impression that mentorship and training is lacking for reporting on health crises. There is a need for more educational and training programs such as "distance mentoring" to improve the quality of health, science reporting, and investigative reporting in Africa, where newsrooms are not always suitable to specialization (cf. Mbarga, et al., 2012; Lublinski, et al., 2014; Lublinski & Spurk, et al., 2015). Thereby, this raises future research questions about ways to implement new programs to improve specialized (health) reporting and ways of building capacities in Africa.

Similarly, the idea of distrust of the government was evident in some of the journalists' interviews though it was not deeply elaborated. Some journalists did not always feel safe only relying on the government, because they believe that the government sometimes fails to provide adequate information, especially in times of crisis when every piece of communication needs to written carefully so that the population does not start panicking. In the context of the Ebola outbreak, the idea that the government is mistrusted in some countries such as Liberia and Sierra

Leone resonates with larger issues, notably corruption. Sierra Leone and Liberia are two countries that are still recovering from years of war and social unrest, during which most of the population had lost trust in their government because of multiple episodes of money embezzling and unfair enrichment of politicians (Epstein, 2014; R10). This dynamic of mistrust implies that journalists do not always rely on the government during health crises because they think they have accurate knowledge, but rather, because they might see a need to be legitimized by an authority. In some of those countries, journalism is highly regulated in the sense that some journalists can be put "behind bars" (R14) for not carefully reporting on an issue, be it sanitary or political. The potential relationship between distrust, war and social unrest, and infectious disease outbreaks is a future area of study that may provide insight into the outcome of journalism on infectious diseases in countries that suffered from war, social unrest and corruption, and the impact of the heavy reliance on authoritative but yet mistrusted sources of information in those countries.

Lastly, the importance of radio was raised by the interviewed journalists especially from Guinea Conakry, Sierra Leone and Liberia. Radio was defined as indispensable, necessary and very important in the fight against Ebola even though other media platforms also played a role (R10, R7, R20, R14, R16, R15). R10 argued Ebola has mostly affected poor people and poor communities, where there is no such thing as free and accessible Internet. Instead, people believed in, and used, radio during the Ebola outbreak in the affected countries. Future investigation could look into the importance of radio in the fight against Ebola and the role it played to curtail the spread of the virus through a close analysis of casts and interviews with the affected population.

III. LIMITATIONS OF THE STUDY

Before concluding, it is worth outlining some limits of the methodology used. First, this thesis was based on a thematic and grounded theory analysis of the semi-structured interviews with twenty African journalists. These were accessed through the World Federation of Science Journalists (WFSJ)'s workshops on improving health crisis communication. This was a sample that, while providing direct access to journalists with covered Ebola, was limited to the journalists selected and invited by the WFSJ. This sample must therefore be viewed as only a sub-set of the experiences likely to have occurred during the crisis in 2014. Second, given the complexity of English accents during some interviews, for example in Liberia, the interview transcripts contained some inaudible material that could not be analyzed. Third, due to the nature of the thesis goals of

exploring experiences of African journalists, there may be some cultural and professional differences that limit the interpretation of data from an insider perspective. This limit was minimized by some personal understanding of the importance of some cultural practices mentioned by the journalists, such as the washing corpses after the death, the usual shaking of hands as a sign of courtesy, and the special care given to the sick in African communities. Fourth, the results should be interpreted within the context of the topic of the thesis. The 2014 Ebola crisis was an unprecedented outbreak (Epstein, 2014), and the results may be tied to its unique features. Broad generalizations to the practice of general health journalism should be made with caution. These limits highlight the need for further research on the topic and its comparison to other disease outbreaks.

IV. CONCLUSION

The 2014 Ebola outbreak was devastating and shed light to a significant crisis of communication. This thesis is the first to provide a detailed analysis of the lived experiences of journalists who covered the outbreak. It fills a significant gap in the literature on the experiences of journalists covering health epidemics by outlining thoroughly the challenges and constraints that African journalists faced when covering the 2014 Ebola outbreak. Among other points outlined above, it provides three significant conclusions:

1. **Journalists had a hard time making meaning of the information that they accessed in the field, but reported on the crisis to the best of their ability putting their lives on the line in some instances**. They used all of the means at their disposal. However, they faced many constraints related to a lack of Ebola knowledge, logistical challenges of access, and difficulties with financial support. They worked to make meaning with a variety of sources, starting with international organizations and non-governmental organizations, then local governments, medical experts and aid workers, and the people affected by the outbreak. While journalists mostly reported on the 2014 Ebola outbreak according to authoritative sources' accounts, they were aware of the need to give voice and a platform to the people who do not normally get heard: victims, orphans and community dwellers that are affected by the disease. But, journalists were also struck by the fear of getting Ebola, and fear of being stigmatized by colleagues in the newsrooms and friends and family. Despite the difficult context of the coverage, overall, the journalists transcended their fear and reported on the crisis as adequately as possible.

2. **Journalists made clear their role is more than the mere dissemination of health and scientific knowledge, and involved humanitarianism.** Resonating with the concept of biocommunicability (Briggs & Halklin, 2010), interviewed journalists often rejected the medical-authority model which suggests that people can only accept medical information from health professionals. In the context of the 2014 Ebola outbreak, journalists were active producers of information, active sensitizers and mobilizers who helped the people adjust their day-to-day habits and uptake hygienic measures put in place to curtail the spread of Ebola. They were active in dispelling the rumors about the virus that were confusing the population and journalists at the start of the crisis.

3. **Journalists spoke about health journalism in Africa as needing more capacity building to improve.** Capacity building in this context refers to increasing training for health journalists to improve their techniques of reporting health epidemics and anticipate on health epidemics in the future. What is more, strong networking needs to be established so that journalists can collaborate with their peers in Africa and other parts of the world and share experiences and ideas. Specialization is also recommended to improve health journalism in the future.

In sum, this thesis begins the much needed process of understanding how to help journalists improve their journalism on health epidemics and find alternative ways to cope with an increasing number of infectious disease outbreaks. The experience African journalists faced with Ebola in 2014 creates substance for undergoing dynamic and robust further research.

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APPENDICES

Appendix 1

Interview Guide English

METHODOLOGY: SEMI-STRUCTURED ONE ON ONE INTERVIEWS AS PER KVALE (1996)

1. Introduction

Interviewer Role

- My role is to guide the discussion, keep the discussion on topic, and probe for key questions should they not arise.
- Purpose of recording the interview is to have an accurate script of the interview; Please note that information will not be attributed.

About Interviews

- Face-to-face exchange where interviewer hopes to learn from the interviewee's expertise.
- Purpose of the project is to investigate and better define how science journalist-audience interactions are evolving online. The analysis will consider how the interviewee's experiences covering Ebola.
- The interview should take between ½ and 1.5 hours, interviewer will ask an introductory question and allow the interviewee to talk.
- Interviewer will prompt for additional information when needed.
- Emphasize confidentiality of responses.

Overview of Project

- The study is being carried out by me, a Master's student in Journalism Studies collecting data for her thesis
- In this phase, the main objective of the project is to learn from the experiences of journalists who directly covered by recent outbreak of Ebola in Western Africa.

- This involves exploring the view of experts producing this journalism.

2. Introductory Question: Characterization of Knowledge and Experiences

START READING THE SCRIPT HERE !!!!!! Interviewer says:

- You've read and signed the informed consent, but do you have any questions or concerns at this time? Feel free to indicate if there are questions or topics you do not wish to discuss.
- I wanted to start with learning about your professional background, mainly the organization you work for

Information about the organization you work for

Note to the interviewer: Do not spend too much time on this section because it is not the most important one

-Which news organization do you work for?

Potential probe: Is it a radio station, newspaper or TV station? Or web media outlet?

-What is the editorial line of this organization?

EXPLANATION: By Editorial line I mean the overall objective and aim of the organization

-To what extent are health topics covered?

-Was Ebola a topic which triggered the attention of many journalists in that organization?

LET US MOVE ON TO YOUR OWN EXPERIENCE WITH THE EBOLA CRISIS

Epidemics coverage and the 2014 Ebola outbreak

- Did you cover the Ebola crisis?
- Was it your first time covering an outbreak of such great magnitude?
- Is it the first time you are charged with covering a health crisis in general?
- How did you view the Ebola crisis and its coverage?

EXPLANATION: I mean how did you perceive the Ebola crisis overall and its coverage? (only if the interviewee does not understand the question)

-How long did you cover the Ebola beat for?

-In which area did you cover the Ebola crisis?

EXPLANATION: By area I mean location; where were you when covering the crisis?

-Were there specific aspects to the coverage of Ebola crisis?

EXPLANATION: What was peculiar about the outbreak that was not necessarily applicable to other similar epidemics you have covered or other epidemics in general according to you?

-In this context of Ebola news coverage what role did you play as journalist?

EXPLANATION: What functions did you serve?

We have covered the first aspect of your experiences, now I would like to discuss with you sourcing practices.

Sourcing Practices

-Which sources did you go to write up/prepare your stories?

PROBE: How did you access them (ask this regardless of the answer)

-What criteria did you use to select your sources?

EXPLANATION: What was your rationale for choosing those sources?

-Are the cited sources ones you always go to when covering a health crisis?

-How did you prioritize those sources?

EXPLANATION: I mean, which sources did you access first? then second, etcetera

-Why did you prioritize them in that way?

EXPLANATION: What was your reason for choosing them in that order?

To wrap up this interview, I would like to discuss with you the potential challenges you faced when covering the crisis and your perception on health journalism as related to the Ebola Crisis (essentially did journalists do good journalism?)

Challenges journalists face

-According to you, to what extent did your colleagues (journalists) succeed in covering the Ebola crisis?

PROBE: What is good journalism to you (ask this question regardless of the interviewee's answer)

-According to you, what are the things that influenced the coverage of the Ebola crisis in that respect?

EXPLANATION: It could be things that influenced the coverage in a positive and/or negative way

-According to you, which obstacles do journalists often face when covering a health crisis in general?

PROBE: Can you elaborate on this aspect or this other aspect? (Only if the answer is incomplete or unclear)

-Which obstacles did you personally face when covering the Ebola crisis?

PROBE: Can you elaborate on the obstacles you just mentioned? Or what do you mean by this?

-What was your relationship to health information officers?

EXPLANATION: By Health information officers I mean the WHO, CDC, Red Cross, Doctors Without Borders liaison agents, Ministry of Health liaison agents, health professionals etcetera ????

-Can you tell me about key stories you wrote/prepared about Ebola that might relate to our discussion? Essentially, the main themes of two stories that you wrote or broadcast about Ebola?

-What can journalism in general, and health journalism in particular do in the future to improve the coverage of health epidemics?

CONCLUSION: Thank you for participating in this project and thank you for your time. Please note that you are free to withdraw from the study at any point up to 2weeks after the interview. Have a good one!!!!

Appendix 2

Interview Guide French

PROCESSUS DE COLLECTE D'INFORMATIONS

TITLE OF PAPER: DANS LES COULISSES DE LA COUVERTURE MEDIATIQUE DE LA CRISE EBOLA 2014: FOCUS SUR L'EXPÉRIENCE DES JOURNALISTES D'AFRIQUE DE L'OUEST CONCERNES

MÉTHODE DE RECHERCHE: Entretiens semi-structurés inspirés de Kvale (1996).

1. Introduction

Role de l'enquêteur

- Mon role est de guider la discussion et recentrer la discussion sur le sujet, et explorer les questions qui n'ont pas été abordées
- Le but de l'enregistrement audio est de pouvoir produire un script exact. Veuillez noter que vos noms ne figureront pas dans la retranscription

A propos des interviews

- Echange face à face quand le sondeur désire acquérir davantage d'informations sur un sujet précis.
- L'analyse prendra en compte les expériences des journalistes ayant couvert la crise Ebola.
- L'entretien devrait prendre 30 minutes à une heure et l'enquêteur débutera par une question introductive afin de permettre aux sondés de s'exprimer librement.
- L'enquêteur relancera la discussion si nécessaire à l'aide de questions supplémentaires.
- Les réponses sont CONFIDENTIELLES et ne seront utilisées que pour les besoins de la recherche.

Aperçu du projet

- Cette étude est exécutée par Anne Nadia Edimo, candidate à la maitrise en études journalistiques à l'Université Concordia dans le cadre de son mémoire de recherche.

- Au cours de cette phase, l'objectif principal est de s'informer sur les expériences des journalistes qui ont couverts l'épidémie Ebola en Afrique de l'Ouest.
- Cela implique une discussion avec les experts (les journalistes).

L'ENTRETIEN DEBUTE ICI !!!! 2.Question introductive: caractérisation des connaissances

L'enquêteur dit:

- Vous avez lu, approuvé et signé le document d'approbation, mai avez-vous des questions ou des inquiétudes à ce moment précis ? N'hésitez pas à indiquer si vous avez des questions ou des sujets dont vous ne voulez pas discuter.
- Pour débuter, j'aimerais discuter de l'institution médiatique pour laquelle vous travaillez

Information professionnelle

Note pour l'enquêteur, ne passez pas trop de temps sur cette section comme il ne s'agit pas de la plus importante.

-Pour quelle ou quelles institutions médiatiques travaillez-vous ?
(Est-ce une station de radio, un journal, une station de télévision, une média en ligne?)
-Quelle est la ligne éditoriale de cette (ou ces) institutions ?
(par ligne éditoriale, c'est-à-dire quel est l'objectif journalistique de votre institution médiatique)
-Dans quelle mesure les sujets relatifs à la santé sont-ils généralement couverts au sein de votre boîte?
-Est-ce que la fièvre Ebola a été un sujet qui a mobilisé l'attention des journalistes au sein de votre boîte?
Merci nous avons complété la première partie de l'entretien, à présent j'aimerais discuter de votre expérience personnelle concernant la couverture médiatique de la crise Ébola.

Couverture d'épidémies et de la crise Ébola

- Avez-vous couvert (ou fait des reportages) sur la crise Ébola ?
- Était-ce la première fois que vous couvriez une crise épidémique de cette envergure ?
- Est-ce la première fois que vous êtes confronté à couvrir une crise sanitaire en général ?

- Quelle est votre perception de la fièvre Ebola ainsi que sa couverture médiatique ?
  (Explication si ne comprend pas la question : perception de la couverture médiatique en général)
- Pendant combien de temps avez-vous assuré la couverture médiatique d'Ébola ?
- Dans ou de quelles régions avez-vous réalisé vos reportages ?
- Quelles sont les aspects particuliers que vous avez observé sur la couverture médiatique de la fièvre Ébola ? Par particuliers j'entends des aspects différents des sujets que vous traité généralement. Pouvez-vous m'en dire davantage.
  (Explication: par particuliers, c'est à dire qu'est-ce qui était différent dans cette épidémie qui n'est pas applicable à d'autres épidémies ou crises sanitaires en général.)
- Dans la couverture de cette crise, quel rôle avez-vous joué en tant que journaliste ?

Nous avons discuté du premier aspect de votre expérience médiatique 'Ébola' si je puis me permettre, à présent j'aimerais ouvrir un autre volet : celui des sources d'information

Sources d'information et techniques de références

- Quelles étaient vos principales sources d'information (ou vos principaux informateurs) dans le contexte de la crise Ébola pour préparer vos histoires/articles ?
(Comment avez-vous eu accès à ceux-ci ?)
- Sur quels critères vous êtes-vous basés pour choisir ces sources ?
- Les sources d'informations ci-dessus citées sont - elles des sources que vous consultées toujours dans le cadre de ce genre de crise sanitaire ?
- Comment classez-vous vos sources ? Par classer, j'entends ordre de priorité.
- Pourquoi les avez-vous priorisés de cette façon ?

Pour conclure cet entretien, j'aimerais discuter des contraintes auxquelles vous avez été confrontées pendant la couverture de la fièvre Ébola ainsi que votre perception du journalisme scientifique connexe à la Crise Ébola (essentiellement, est-ce que les journalistes ont fait du bon journalisme ?)

Contraintes et défis que les journalistes rencontrent

- Selon vous, dans quelle mesure les journalistes sanitaires ont-ils réussi leur mission en couverture de la crises Ébola?

(Qu-est-ce que du bon journalisme selon vous ?)

- Quels facteurs ont influencé le travail des journalistes dans le cadre de la couverture de la crise Ébola?

(Les aspects qui ont influencés positivement et négativement la couverture médiatique)

- Selon vous quels obstacles les journalistes doivent-ils braver lorsqu'ils couvrent une crise sanitaire ou une épidémie ?

Relance: Pouvez-vous m'en dire plus sur (tel ou tel aspect)

- Quels obstacles avez-vous rencontré personnellement dans votre couverture de la fièvre Ébola?

Relance: Pouvez-vous élaborer sur cet obstacle…. Que voulez vous dire par ….

-Comment qualifiez-vous votre relation avec les informateurs sanitaires dans les corps médicaux et les organismes sanitaires ?

(Par informateurs sanitaires, je veux dire les agents de liaisons de l'OMS, la croix Rouge, MSF, CDC, Ministère de la santé, les experts en épidémiologie ou santé)

- Pouvez-vous me parler des articles/histoires clés que vous avez rédigé/préparé ? Notamment les thèmes de ces articles (l'angle de ces articles).
- Qu'est-ce que le journalisme en général et le journalisme scientifique peut faire dans le futur pour améliorer la couverture médiatique des crises sanitaires et épidémies ?

Conclusion : Merci pour votre participation et patience. Sachez que vous pouvez décider de vous retirer de cette étude jusqu'à deux mois après l'entretien !!!

Appendix 3

Consent Form English

INFORMATION AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Study Title: The Ebola Crisis: A study on improvement to science-based communications and journalism in emergency and post-outbreak periods.

Researchers: Dr. David Secko and Ms. Anne Edimo, Department of Journalism, Concordia University.

Contact Information: david.secko@concordia.ca; anndia93@hotmail.com; +1-514-848-2424 x.5175; fakindes@uao.edu.ci; +225 07 08 43 93

Source of funding for the study: Concordia University and IDRC

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to explore the experiences of journalists who covered the recent outbreak of Ebola Virus Disease (EVD) in Western Africa.

The researchers are seeking to better understand what elements are needed to create journalism during an emerging global health crises.

B. PROCEDURES

If you participate, you might be asked to partake in an audio recorded interview, as well as answer a short survey.

In the study, you will be asked to discuss your experiences covering the Ebola outbreak in Western Africa. The study will utilize a number of open-ended questions and discuss some examples of the journalism you produced during the outbreak.

You will be asked to identify sensitive data that should not be released. The information provided to the interviewer is considered confidential. In total, participating in this study will take approximately 1 hours.

C. RISKS AND BENEFITS

Risks of participating in this research are limited to a level of discomfort that is stimulated by discussion or consideration of journalism practices and social issues associated with your regular professional activities. You are not expected to provide opinions are uncomfortable providing. Little personal information will be solicited, and confidentiality will prevent association of this data with you during analysis and publication.

This research is not intended to benefit you personally. Potential benefits are generally academic, providing support for public dialogue and policy development. Your participation will inform the discussion of approaches to health journalism.

D. CONFIDENTIALITY

We will gather the following information as part of this research: Your audio recorded interview; your participation in an audio recorded focus group; your survey responses.

By participating, you agree to let the researchers have access to information about your experiences covering the Ebola outbreak in Western Africa.

We will not allow anyone to access the information, except people directly involved in conducting the research, and except as described in this form. We will only use the information for the purposes of the research described in this form.

To verify that the research is being conducted properly, regulatory authorities might examine the information gathered. By participating, you agree to let these authorities have access to the information.

The information gathered will be confidential. That means that it will not be possible to make a link between you and the information you provide.

We will protect the information by maintaining it in the Department of Journalism, Concordia University, on password protected computers and in locked filing cabinets.

We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy your audio recorded data five years after the end of the study. Aggregate, anonymous data from the study will be archived in the Department of Journalism.

E. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher within two months after your participation.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) _____

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, +1.514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix 4

Consent Form French

INFORMATION ET CONSENTEMENT POUR PARTICIPATION À UNE ETUDE

Titre de l'étude: La Crise Ebola: Une étude sur l'amélioration de la communication scientifique et journalistique pendant les périodes d'urgences et de post-crise.

Chercheurs: Dr. David Secko and Mlle Anne Edimo, Departement de Journalisme, Université Concordia

Contacts: david.secko@concordia.ca; anndia93@hotmail.com; +1-514-848-2424 x.5175, fakindes@uao.edu.ci; +225 07 08 43 93

Sources de financement: Université Concordia et CRDI

Vous êtes cordialement invités à participer à l'étude mentionnée çi-dessus. Ce formulaire vous offre les informations nécessaires concernant votre participation. Veuillez lire attentivement avant de prendre une décision. S'il y a un ou des aspects que vous ne comprenez pas, ou si vous désirez de plus amples informations, n'hésitez pas à interpeller le chercheur.

A. BUT

Le but de cette recherche est d'explorer les expériences des journalistes qui ont fait la couverture médiatique de la récente épidémie du virus Ebola en Afrique de l'ouest.

Les chercheurs ont pour objectif principal de mieux comprendre les éléments qui participent au processus de production d' informations dans le domaine journalistique pendant les crises de santé mondiales.

B. PROCÉDURES

Si vous acceptez de participer à cette étude, vous devrez prendre part à un entretien individuel et un entretien collectif qui seront enregistrés, ainsi que répondre à un court sondage.

Au cours de cette étude, vous parlerez de votre expérience concernant la couverture médiatique de la crise Ebola que vous avez réalisée en Afrique de l'ouest. L'étude sera basée sur un nombre défini de questions ouvertes et une discussion de quelques exemples qui reflètent les articles que vous avez produits pendant la couverture de l'épidémie.

Vous devrez également identifier les informations sensibles et confidentielles qui ne devront pas être publiées. Les informations que vous fournirez à l'enquêteur sont confidentielles. Au total, participer à cette étude prendra approximativement 2 heures.

C. RISQUES ET BÉNÉFICE

Les risques relatifs à votre participation ce limite à votre niveau d'inconfort stimulé par la discussion ou votre perspective des pratiques journalistiques et des problèmes sociaux associés relatifs à votre activité professionnelle régulière. Vous n'êtes pas tenus de partager un point de vue ou des informations si elles vous mettent dans l'embarras. Peu d'informations personnelles seront demandées et la clause de confidentialité que cette étude implique préviendra toute association de votre identité aux données collectées au moment de l'analyse et de la publication.

Cette étude ne vous apportera aucun bénéfice personnel. Les bénéfices potentiels sont généralement académiques, dans la mesure où l'étude représente un support de dialogue et développement de politiques et de mesures dans le cadre de la recherche scientifique. Votre participation contribuera à la discussion de différentes approches au journalisme de santé.

D. CONFIDENTIALITÉ

Nous collecterons les informations suivantes au cours de cette recherche: un enregistrement de l'entretien individuel; un enregistrement de l'entretien collectif; vos réponses aux sondages.

En participant, vous accepterez de laisser les enquêteurs accéder aux informations relatives à vos expériences pendant la couverture médiatique de l'épidémie Ebola en Afrique de l'ouest.

Nous ne permettrons à personne d'accéder aux informations, à part les personnes impliquées dans la recherche. Nous n'utiliseront ces informations que pour les besoins de cette recherche tel que décrit dans ce formulaire.

Pour vérifier que la recherche a été proprement conduite, il se pourrait que des autorités de régulation examine les données collectées. En participant, vous permettrez à ces autorités d'accéder aux informations fournies.

Les informations collectées seront confidentielles. Par conséquent, il sera impossible de créer un lien entre vous et les informations que vous fournirez.

Nous protègerons et conserverons les informations dans le Département de Journalisme de l' Université Concordia dans des ordinateurs sécurisés par des codes, ainsi que dans des armoires verrouillées.

Nous avons l'intention de publier les résultats de cette recherche. Mais, il ne sera pas possible de vous identifier aux résultats.

Nous détruirons tout enregistrement des informations fournies cinq ans après la fin de cette étude. Une agrégation anonyme de données sera conservée et archivée dans le Département de Journalisme de l' Université Concordia.

E. CONDITIONS DE PARTICIPATION

Vous n'êtes pas tenus de participer à cette étude. Cela relève entièrement de votre volonté. Si vous participez, vous pouvez décider de vous retirer à tout moment. Vous pouvez également demander que les informations fournies ne soient pas utilisées, et votre choix sera respecté. Par ailleurs, si vous décidez que vous ne voulez pas que les informations soient utilisées, vous devrez avisé l'enquêteur au plus tard deux mois après votre participation à l'entretien.

Aucune conséquence négative ne s'appliquera à un refus de participer, un arrêt pendant l'étude, ou une demande de non-utilisation des informations fournies.

G. DÉCLARATION DU PARTICIPANT

J'ai lu et assimilé ce formulaire. J'ai eu la chance de répondre aux questions et toutes les questions ont été répondues. Conformément aux conditions décrites çi-dessus, j'accepte de participer à cette recherche.

NOM (en caractères imprimés s'il vous plaît)

_____

SIGNATURE _____

DATE _____

Si vous avez des questions par rapport aux aspects scientifiques et académiques de cette recherche, veuillez contacter les enquêteurs. Vous trouverez leurs contacts sur la page 1.

Si vous avez des inquiétudes concernant les implications éthiques de cette recherche, veuillez contacter le Manager, Ethique de la recherche, Université Concordia, +1.514.848.2424 ex. 7481 ou par email à l'adresse suivante: oor.ethics@concordia.ca.

Appendix 5

SELECTION OF JOURNALISTS

*Selection of interview candidates should follow this protocol:

(i) Use completed surveys to divide the participants into three groups based on Question 12

- Group A, Journalists with “less than 1 year” or “1 to 5 years” experience
- Group B, Journalists with “5 to 10 years” experience
- Group C, Journalists with “10 to 20 years” or “Over 20 years” experience

(ii) As possible, select 1 female and 1 male to interview from Group A, B and C (6 journalists in total)

(iii) In addition, you may purposively sample journalists you feel have pertinent lived experience related to the project goals, but please, attempt to interview equal numbers of female and male participants with varying levels of experience.

The data is living beast and should be collected naturally and in good spirits. Stress in the team will create stress the participants and skew their responses.