

‘...A STORY THAT’S GOT ALL THE RIGHT ELEMENTS’  
AUSTRALIAN MEDIA AUDIENCES TALK ABOUT THE COVERAGE OF A HEALTH-  
RELATED STORY FROM THE DEVELOPING WORLD

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*‘...a story that’s got all the right elements’: Australian media audiences talk about the coverage of a health-related story from the developing world*

**Abstract**

Australian news coverage of low- and middle-income countries (LMICs) generally, and of their health contexts specifically, has long been criticised as problematic. This paper considers an exemplary LMIC health story and presents findings of an audience reception study that examined how different groups of Australian participants responded to it, the possible implications for future LMIC health coverage and for domestic perceptions of global public health. In particular, the paper examines how audiences talked about three of the story’s principal themes and suggests that greater audience engagement with LMIC health news may be possible as the mass-media landscape continues to evolve.

**Introduction**

News coverage of low- and middle-income countries (LMICs) in high-income nations such as Australia is problematic, criticised for its relatively narrow content, stereotyping of LMICs as unchanging sites of disaster and poverty and, particularly in relation to television, requirement for spectacular imagery before a story can become ‘news’ (Scott 2009, Bacon and Nash 2003).

Similar, broad observation may be made about the Australian media’s presentation of LMIC health: a focus on exotic illnesses and conditions consonant with popular views of such nations, and habitual inclusion of an ‘Australian angle’ (Imison and Chapman 2010). The nature of this media coverage is significant, since it helps shape public and personal priorities, influencing both

government allocation of Official Development Assistance (ODA) ('foreign aid') (Rioux and van Belle 2005) and citizen support for its continuation, as well as private giving to LMIC-related causes (Campbell and Carr 2001).

Bangladesh, like most LMICs, receives little attention in the Australian media. However, in November 2009, the separation of conjoined three-year-old Bangladeshi twins Trishna and Krishna Mallick became a conspicuous news story. Joined at the head, they were left in the care of a Dhaka orphanage by their parents who were unable to care for their daughters. It was here that an Australian volunteer found them, and they were brought to Melbourne for assessment and later medical treatment. They survived their surgery and now live in Melbourne.

The twins' story brought their country of birth sudden and unusual prominence: coverage of their surgical preparation, progress and recovery generated huge interest in Australia for several weeks and included details of the girls' lives to date, their medical team, carers and overwhelming public response. Between May 2005 and October 2010, of nearly 25 000 items in our database of Sydney free-to-air television about all facets of health and medicine (AHNRC 2009) only 75 focused on Bangladesh and, of these, 70 (93.3%) concerned Trishna and Krishna.

As part of a larger project focused on the Australian media's coverage of LMIC health, the reporting on Trishna and Krishna was chosen as a case study. Having already completed studies on the representation (Imison and Chapman 2012b) and production (Imison and Chapman 2012a) of the story in the Australian news media, in this paper I present the findings of a

complementary reception study examining how several different groups of Australian audiences responded to the story of Trishna and Krishna.

Through this study I aimed to better understand the three major themes to emerged in the content analysis (Imison and Chapman 2012b): namely, medical miracles (the wonders of modern medicine and its highly-trained practitioners); innocent victims (the ‘rescue’ of two, very cute and identified children) and ‘the lucky country’ (the central focus on the generosity of Australia in the media narrative). Specifically, I was interested in the consequences of this story for different types of audience members and its implications for public health, in Australia and globally. The paper begins with an outline of the use of focus groups in news and health research and describes my approach to the focus group interview data then considers the results of this analysis and discusses the story’s significance.

### **Background**

There is a long history of focus group research on how audiences make sense of news coverage, dating back to the work of David Morley on the way in which different (class-based) groups understood content broadcast on the British current affairs programme *Nationwide* (Kitzinger 2004: 171, Morley 1980). This study, and others of the period, was grounded in the ‘encoding/decoding’ model which—in contrast to earlier work that claimed a direct and linear effect for media upon an undifferentiated ‘public’—posited that the polysemic nature of media texts meant the meaning(s) intended by content makers and those interpreted by different audiences were often quite distinct (Hall 1980). Later research along these lines began to examine the material, as well as social, contexts of media consumption and media technologies (Ang

1996).

In the health domain specifically, focus groups have been much-used. Many such studies have been related to health marketing, intended to either evaluate existing campaigns (Blantari et al. 2005) or test proposed health messages with potential target audiences (Barker et al. 2007).

Other strands of research have been concerned with the reception of health-related advertising (Chan and Leung 2005, Mehta et al. 2010), or with areas like consumer attitudes to health care (Leask et al. 2006), health education (O'Brien et al. 2008) and sources of health information (Friedman and Hoffman-Goetz 2003).

Rather less attention has been given to bringing together these research concerns to focus on *health news* in particular. Studies of this type might use coverage of a health issue as stimulus material for group discussion to explore how the issue is understood and made socially meaningful (Vardeman and Aldoory 2008). Alternatively, they may complement media content analysis of a health topic (St John III et al. 2010, Basu and Hogard 2008). Still less of this health news-focused work has been carried out in Australia (Dixon et al. 2009) or been concerned with LMICs (Sharada et al. 2001), with no studies that report on LMIC-related investigations undertaken in Australia.

## **Method**

My broad objective in this study was to understand various readings of Trishna and Krishna's story as it was reported in Australia's news media. Audience studies proceed from a number of

basic premises: namely, that individuals make different sense of the same media content, that such interpretations are culturally-patterned and bound up with their social locations, and that reception is an ongoing and always-incomplete process (Dahlgren 1988: 290). Since audiences responses are not uniform and because the ‘discovery’ of news and production of meaning from media content arise interactively, focus groups are an obvious means by which to explore this social sense-making. In line with broad practice in focus group research, I sought to engage like-minded groups so as to both ascertain their opinions and discover where specific views converged or differed (Lunt and Livingstone 1996: 82-4). These small gatherings fostered social intimacy and a ‘safe’ dynamic that facilitated a deeper understanding of participants’ responses to the story and its presentation.

To this end, I deliberately chose three types of ‘information-rich cases’: individuals with specific insights into the issues central to this study (Krueger and Casey 2009: 21). I selected parents with young children, in the belief that they would relate particularly strongly to the theme of youngsters in medical peril (Dixon-Woods et al. 2003); individuals working in Australia for international development non-government organisations (NGOs), on the supposition that their duties would incline them toward thinking about the kinds of issues raised by Trishna and Krishna’s story (Bennett and Kottasz 2001, Bennett and Daniel 2002) and Bangladeshi-Australians, who seemed likely to have particular understandings of and interest in the story as it was covered in both the Australian and Bangladeshi media, and opinions on how it represented their country (Hossain and Moore 1999: 113). The multiple-category design permitted comparison both between groups of particular ‘types’ and across groups.

## **Participants**

There were two groups conducted with each type of participant. Six groups in total were convened in Sydney and Newcastle between March and September 2011. Each comprised between four and eight respondents, all Australian residents aged over 18 who spoke English well. Groups were formed using a mix of passive snowball sampling, personal contacts and recruitment through trusted individuals within each 'target audience'. In each group at least some members were previously acquainted; in the two Bangladeshi-Australian groups, all participants were known to each other prior.

Respondents were invited to take part in a discussion about 'how audiences respond to stories in the news about health and medical issues'. The specific focus was not revealed in advance except to the Bangladeshi groups, in order to clarify why I wished to speak to them specifically. In line with accepted research protocols, all participants were given information about the study, assured of their confidentiality and offered the opportunity to ask questions before signing a consent form. Their comments are identified below under pseudonyms and with reference to the group in which they took part.

## **Interview protocols**

A semi-structured discussion protocol began with general questions then led participants into the topic at hand:

- When you think of major health problems in the rest of the world, what comes to mind?
- Do you recall any stories about Bangladesh that have been in the news recently?
- What do you remember about the Trishna and Krishna story?

- Have you heard others in your community [or workplace] talking about this story?

Discussions were structured around two television news items chosen to reflect different phases of the narrative's media development. The first, from the point at which the separation surgery had been successfully concluded, showed some of the domestic and international reaction to this news (*Nightline* (Ch. 9); November 18, 2009). The second detailed the twins' recovery, mentioned a forthcoming civic reception for medical staff and revealed that the girls' mother had been located in Bangladesh (*Nightline* (Ch. 9); November 24, 2009). Both clips were expressly chosen for their comparatively large amount of Bangladesh-related content, to provide as much stimulus material as possible for discussion on this element of the story. After each clip was played the following questions were asked:

- What did you think of this clip?
- How does the story make you feel?
- Did you learn anything from this story?

Finally, two general questions returned the focus to the story's wider health and media contexts:

- In your opinion, how relevant is this story to the health issues that Bangladesh faces today?
- If you had been in charge, would you make any changes to the media coverage of this story?

The proposed questions were tested with some of the Bangladeshi respondents to check their

suitability, and did not need to be altered. At the end of each group discussion there was scope for participants to respond to the question ‘do you think there are other things we should have talked about in this discussion but didn’t?’. It was made clear at the outset that there were no right or wrong answers and that my aims were to listen to whatever participants had to say, and to have them speak to each other. I facilitated all six groups, guiding discussion and stepping in with each new question as previous responses were exhausted. The groups ranged in duration from 100 to 134 minutes.

### **Data analysis**

All focus-group sessions were recorded and transcribed. These transcripts, and facilitator’s notes, were checked against the audio files for errors and then critically analysed without the use of transcript management software.

I took a deductive analytic approach to the data (Gilgun 2005). Beginning with the thematic framework that had emerged from prior content analysis of Trishna and Krishna’s media coverage—namely: medical miracles, innocent victims and ‘the lucky country’ (Imison and Chapman 2012b)—I sought to investigate how these were understood by audience groups.

I read all transcripts multiple times prior to coding and then sorted relevant data thematically, with the similarities and differences of each group’s contributions explored against each specific theme (Gaskell 2005: 56). These extracts were then re-read to determine and refine key areas of

interest (Thompson et al. 2012: 239). Findings connected to each themes are discussed below, illustrated by key quotes from the data.

## Results

It is instructive to begin with some general observations that put the following comments into perspective. Common to all groups was a sense of individual media consumption as opportunistic, haphazard and structured for personal convenience. Filtering content for material of interest was a key means of engaging with news, particularly for younger respondents, and assisted by the availability of news online and via devices like smartphones.

In addition, most groups demonstrated some degree of critique – if not outright cynicism – toward the Australian news media’s general approach, content and style:

*Alison:* It’s interesting what you say about trust because the media that I watch the most is the media I least trust. [...] But I think despite me not trusting, it doesn’t stop me consuming it. That’s my opinion. I am naturally cynical when it comes to the popular media anyway.

[...]

*Brian:* Oh yeah, I’m just pretty cynical about the news...they seem to over-exaggerate stuff. (*Parents 1*)

However, the extent of this critical stance was not wholly shared by the Bangladeshi groups, whose readings of the story were much less trenchant. They were striking for the extent of their willingness to take Trishna and Krishna's narrative at face value and enjoy it for what it was.

### **Medical miracles**

The medical elements of Trishna and Krishna's story were spontaneously mentioned by all the groups, whose perspectives were situated along a continuum of praise, ambivalence and critique.

The Bangladeshi respondents openly acclaimed both Australia's surgeons and medical system:

*Roban:* I think that it [a clip the group had viewed] was showing how bad the Bangladeshi medical system is and how good the Australian system is. We have already got a feeling that as it [the surgery] wasn't possible in Bangladesh, that's why they are transferred in here in the first place. It was an unsuccessful story before in Australia and now it's successful. (*Bangladesh 2*)

Indeed the twins' successful separation, rather than where this had occurred or who had accomplished it, subsequently emerged among Bangladeshi respondents as the most important aspect of the story. Other groups acknowledged the reverence accorded to medical professionals, the media's role in maintaining this social status and the consequent benefits from this story for the surgeons involved:

*Brian:* The doctors...weren't looking to really honour themselves. It was, 'oh, I've got some skills and we can...do this together as a team'. So I don't think, they certainly didn't need to be glorified for it. They probably thought, 'oh, this is a great opportunity to see what we can do here'.

*Ben:* Help out a bit.

*Adele:* And cynically, it's going to look good on their resume. (*Parents 1*)

Others, while expressing amazement at the medical outcome also communicated a sense that modern medicine was not a panacea for all the world's health problems:

*Amanda:* ...that was pretty amazing.

*Mark:* So is putting fresh and drinkable water in a community that doesn't have access to fresh drinkable water.

*Lil:* Oh yeah.

*Gai:* Yeah.

*Mark:* You're going to save an awful lot more lives... (*Parents 2*)

What might be termed a 'public health approach'—emphasising contextually-appropriate and low-cost health solutions that benefit large numbers—was also articulated by the other parent group:

*Alison:* ...it's not that it's a cost issue, but so much focus on those two little girls when they could send vaccinations to Bangladesh or they could send quinine to stop them getting malaria or there's so much they could they do for the same amount of money.

*Brian:* It's a bit of a show, unfortunately.

*Alison:* ...they therefore have to put on a show. It's *such* a great thing. I don't know—it makes for good television, it's a lovely story. (*Parents 1*)

Some of the NGO participants had a quite close occupational connection with LMIC health and familiarity with how the media works. This inspired, in the context of Trishna and Krishna's story, some disengagement and alienation when they compared how it was covered with the level of wider attention afforded the concerns that usually occupied them:

*Claire:* ...I sometimes think, 'well that's great, now you've got all this publicity and all these people talking about these two kids but let's think about everything else that needs help in the world' and, I mean, it's a very—I'm sure it was a very touching story. Obviously it was, which is why it got so much publicity. (*NGOs 2*)

Yet they, like all groups, were also keenly aware of *why* the medical aspect of Trishna and Krishna's story made it news that prompted such strong audience reactions, and strived to articulate their diverse emotional responses with an observed understanding of news imperatives.

Among these, as suggested in the previous comment, was the involvement of sick children—‘innocent victims’—the second major theme to emerge from an analysis of Australian media coverage of this story. It is to this consideration that we turn now.

### **Innocent victims**

As with the medical elements of Trishna and Krishna’s story, the fact of their being children was central to its newsworthiness; all the groups remarked on it at some point. As well as the twins being both vulnerable (Seale 2002: 120-42) and photogenic, there was an added poignancy to their situation given the social circumstances into which they had been born.

Child health was unanimously acknowledged as important within global health. However, different groups could also see that the attention given to this single child health story had its disadvantages. Most significantly, they perceived it as various forms of distraction. The NGO participants felt a particular frustration at the high profile of stories like Trishna and Krishna’s. While conceding the financial advantages to their own organisations from the judicious use of child health in their marketing, they remained ambivalent about this inclusion of children and saw it as a distraction from more complex or less intuitive messages about LMIC health:

*Will:* ...[we had a] sex worker project, which was unfunded at that time, and we were trying to get funding, it was a very small amount of funding. But it was quite clear they [potential donors] just wanted to fund kids getting operations, they didn’t want to fund the messy areas of, I guess, development. (NGOs 2)

Here a child-health project, at one end of a scale of donor palatability, is starkly contrasted with a less 'attractive' option. This group had previously remarked that donors fund agencies according to their own hierarchies of (perceived) importance which, in turn, shape NGO messages, priorities and income.

The groups also saw that a focus on children and child health functioned as a distraction for the media. While talking about lessons learnt in the sector as a result of coverage of the Boxing Day tsunami, one NGO respondent expressed her irritation with superficial expectations and certain 'stock stories':

*Sue:* ...'okay, let's go to journalism 101 international, what are the stories we can do?'. Ripping off the beneficiaries, what's the diseases they're going to get, how quickly is this going to be fixed? You know, there's a number of stories that they [news media] just go to. 'Let's go for the bleeding-heart story on the child abandoned, or orphaned'. (NGOs 1)

This participant had previously worked in both the media and children's charities, and her point is well made because so much of international development is communicated through, or seen as being about, children; their vulnerability makes them exemplary of those least-deserving of the

consequences of natural or human-induced disaster (Moeller 2002). However, she later acknowledged some affirmative aspects in the presentation of Trishna and Krishna:

*Sue:* The kids...were portrayed in a very positive way, of course, because that story was about them. But that for me is something that is really important in every media story and something I'm very aware of: not creating, in the community's mind, the view that all children in developing countries are living in abject poverty and in complete want... (*NGOs 1*)

Insofar as the media are distracted by such compelling stories from covering less 'appealing' issues, there are consequences for audiences as well. One parent group recognised that the construction of news entailed a sometimes-uneasy balance between what audiences 'want' and 'need' to hear:

*Alison:* But all you need is a filthy water supply and children die left, right and centre from it. I think the thing about that is it's just such a big problem that it would make you sad to think about it whereas this [Trishna and Krishna] is saying, 'this is great—this is a great news story'.

*Adele:* They've got to make it feel good and upbeat, yeah.

*Alison:* If you stay up late at night watching *Dateline* or something on SBS and you see a story like that it's like, 'oh holy hell, the problem's just too big, there's nothing I can do—it's so depressing'. (*Parents 1*)

As noted, the number of Australian news and current affairs stories about Bangladesh over the duration of the AHNRC is small, with the vast majority concerning Trishna and Krishna. Other, potentially significant stories were thus afforded virtually no news space. Both groups of Bangladeshi respondents, with their personal knowledge of the country's health status, mentioned the growing seriousness there of various non-communicable diseases (NCDs):

*Akash:* In Bangladesh anyone, if you ask ten people who are over 50, out of ten you would say five people have diabetes.

*Adi:* Heart disease as well.

*Hamida:* Like an epidemic. (*Bangladesh 1*)

Although these comments reveal something of the chronic disease problem facing Bangladesh, the idea of NCDs in LMICs may be counter-intuitive to Australian audiences. As I have argued elsewhere, the existing narrow menu of LMIC health news and current affairs both perpetuates an instinctive notion of 'disease, disaster and despair' in relation to such nations and may inhibit movement toward appropriate policy in donor countries such as Australia (Imison and Chapman 2010). With issues like NCDs largely missing from Australian media coverage of LMIC health, prevailing concerns such as child health come to stand instead as the most urgent and worthy of intervention.

Finally, the reporting of Trishna and Krishna distracted from any deeper consideration of the story's broader geographic context—namely, Bangladesh. While the twins' case was compelling and their presence in Australia made possible a claim for domestic medical assistance it also diverted attention from the wider child health situation in their home country and, as participants pointed out, reinforced both the superiority of Australian tertiary medical care and the notion that Bangladesh and its people are generally helpless:

*Kathryn:* Obviously that type of surgery does need to take place in highly-specialised conditions, but I do think in some respects it [the story just viewed] does indicate that Bangladesh doesn't have the capacity to provide health services *per se* and that's why children need to come across to Australia.

[...]

*Sue:* So when we're watching it, we know that it doesn't have that reflection on Bangladesh, but for the general population, it's quite possible that it does...that people see it and say, 'well, they must be useless, then'. (*NGOs 1*)

In this case, the specialised background knowledge of these international-development professionals produced quite nuanced understandings of the consequences such coverage could have for popular perceptions of LMICs (Scott 2009). Bangladeshi respondents also knew that Trishna and Krishna's story was unrepresentative in its national context. It reminded them that there were many others who did not have such attention-grabbing conditions—but their reading focused also on positives for the twins:

*Adi:* It also reminds me there are millions of—you know, deprived, disabled people back in Bangladesh who are not getting this type of opportunity.

*Hamida:* That's right, yeah.

*Adi:* I'm pretty sure if they did a lot of them would lead a normal life. (*Bangladesh 1*)

For Bangladeshi participants the value of the story was more emotional than informational. This raises questions—echoed in other groups—as to the status of this narrative as ‘news’, together with an (ambivalent) understanding of why it had become a media story. Speaking of their feelings about the second news clip they had watched, one parent group also acknowledged the strong emotional pull of the story:

*Amanda:* I thought it was good that they talked about the progress of them and what they were doing. They individualised each of the children and talked about how they were both going and what they were up to. [...] It's personalising it again. Pulling on our emotions again. (*Parents 2*)

In addition to making the twins' narrative an easy one to watch, this element sets a standard that future LMIC health stories should be equally powerful in order to become news. Since LMIC health stories usually occur at distance—geographical and cultural—from journalists and audiences, the knowledge required to uncover this kind of narrative and the engagement it demands cannot be guaranteed to the same degree as in this, proximate case (Imison and Chapman 2012a: 100).

One of the NGO groups took this observation further, noting that Trishna and Krishna was just a very visible example of a proven formula repeatedly deployed because of its appeal to audiences and value to news producers:

*Felix:* So it might not be conjoined twins but it could be...

*Aaron:* 'Timmy is stuck down the well.'

*Felix:* Yeah, that's right. Because it's the same form of..

*Aaron:* 'He's now out of the well and he's really sad. He broke his bike and he's got a birthday coming up and...'

*Felix:* [Laughs] That's right. It's a bit of a stretch but you're right, with that formulaic approach to these kinds of stories.

*Aaron:* It's a narrative, it's no longer news. It's this and then this happens. (NGOs 2)

Even in their somewhat cynical approach to media content and methods, these respondents could understand the popularity of this news genre. The story became news for its medical novelty, the attractiveness of its child subjects and tension around whether skilled surgeons would save their lives. But there is a broader context to Trishna and Krishna, one important element in which is the national milieu of the twins both before and after their arrival in Australia. It is to an examination of audience evaluations of the relative presentation of Australia and Bangladesh in the media coverage of this story that we turn now.

### **'The lucky country'**

Participants' recall of the story's Australian focus was extensive, and positive. Trishna and Krishna's situation generated ready empathy for the children and praise for those who cared for them. However, while Moira Kelly (the girls' co-guardian in Australia) and the twins' surgeons were conspicuously lauded both in the media and by respondents, there were mixed feelings as to what the coverage had to say about Australia more broadly and, by extension, about Bangladesh.

Approaches to this aspect of the story sat along a continuum of sentiment. At one end, the Bangladeshi groups expressed the same general satisfaction as other groups in the outcomes for Trishna and Krishna. They were so delighted at these positive results that they defended Australia's pride in this achievement:

*Sajid:* They also prove that in Bangladesh, this not possible but in Australia it's possible.

[...]

*Nitul:* But they're not bragging on this issue.

*Sajid:* Yeah, yeah, right.

*Nitul:* They are very polite about it and they didn't even mention that they can't do it over there, so we bring them here. (*Bangladesh 2*)

Ultimately this group was content to acknowledge that the surgery could not have been performed in Bangladesh. Indeed, they and other Bangladeshi participants maintained a clear-eyed view of the country and its problems, which they expressed matter-of-factly and without

judgement:

*Tamima:* In Bangladesh there is so many of this types of things, like abnormality, people begging on the streets. (*Bangladesh 1*)

The Bangladeshi groups had other reasons for enjoying this particular narrative. Their sense of involvement in the story was, to some degree, shared by the parent groups—but for them as Bangladeshis it also included a layer of images from ‘home’:

*Akash:* The operation was really very extensively reported. They showed the church in Bangladesh where their relatives are staying at the same time where the news is being, you know, in the television here...when the operation was declared successful they are jumping up and down.

[...]

*Hamida:* I felt great about Moira because I thought she has got a very big heart, otherwise—the way she sacrificed her comfort for unknown little baby from unknown country, faraway country. And not a healthy baby that can give you joy, a sick baby and twin babies! (*Bangladesh 1*)

Coming from a strongly family-oriented and collective culture, these respondents expressed warm feelings toward those who had helped their fellow Bangladeshis, Trishna and Krishna. As

has been observed elsewhere, Bangladeshis are acutely aware of the popular associations that their country elicits in the rest of the world: poverty, illness and natural disaster (Hossain and Moore 1999). Perhaps it was their personal understanding of the disparity between Australia's wealth and Bangladesh's poverty that inspired gratitude for the attention paid and assistance given to Bangladesh by others—in this case, Australians.

However, other groups were not as comfortable with the focus on Australia's role. While Bangladeshi participants seemed happy at tributes being shared with the rest of the country (possibly including themselves), one parent group advanced a critique of this 'Australian angle' after viewing the television news stories, questioning who was actually responsible for the twins' positive medical outcomes:

*Alison:* The foster mother or the—whoever found them and brought them out and the doctors, of course they can be proud. But they really wanted *Australia* to feel proud of it.

*Adele:* But it worked!

*Alison:* And it worked until I went, 'hang on a minute!'. [laughter] (*Parents 1*)

While these participants initially accepted an approach to the story that gave all Australians some credit for this success—and even derived a certain pleasure from being able to bask in the reflected glory—this sense was fleeting: after consideration, they rejected what one respondent termed a 'self-congratulatory' reading of its media presentation. Indeed, they concluded that not

only had the coverage manipulated them into feeling this way, but its implicit inclusion of all Australians in this praise was against their understanding of the national character:

*Ben:* But as far as—we had nothing to do with it.

*Alison:* No.

*Ben:* But isn't the Aussie thing that you go out there and you do something and quite often you just sneak around the corner and you don't be seen?

*Brian:* Yes.

*Ben:* That's the kind of Aussie way. You don't necessarily want to be in the spotlight.

*(Parents 1)*

However the substance and strength of this sentiment was by no means shared. The other parent group recognised the story's explicit appeal to Australians but did not find it an inherent negative, realising that there were various explanations for the prominence of this element in the coverage. In response to an observation that other groups had suggested the focus of the story made it too much 'about us' they defended, as one participant later put it, the idea of giving 'credit where credit was due':

*Karla:* I wouldn't have thought that straight out, not about us. It's just about that situation.

*Kylie:* It happened in Australia.

*Facilitator:* So if it was about Australia, you didn't feel it was overly...

*Karla:* No.

*Lil:* I didn't think it was about Australia at all, it was about those two little girls being saved. (*Parents 2*)

This group did not feel that the presentation of an 'Australian angle' was at the expense of a focus on the twins, although their subsequent comparison with a media tendency to appropriate as 'Australian' exemplars of success in other fields, like sport, suggests that these respondents did not believe such a defence was always warranted.

Nor were Bangladeshi participants unconditional in supporting the Australian management of Trishna and Krishna's case. One group, all of whose members had arrived in Australia relatively recently and thus had experience of its lengthy immigration procedures, contrasted—without rancour or anger—their involvement in this process with that of the twins':

*Shipon:* Australian Government and immigration visa, they do some different for them or just a normal case? [...] Because somebody coming here for medical treatment is very difficult, that you have to show them that the monies and everything is already settled... (*Bangladesh 2*)

From their own knowledge of how hard it is for ordinary Bangladeshis to obtain Australian visas—much less to receive expensive medical care here—it was evident to these respondents that

the twins' situation was unique: in its inability to be readily replicated, it was highly unlikely to serve as a model of assistance for large numbers of children.

A final critique of the 'Australian angle' arose from one of the NGO groups, who enjoyed the presentation of Trishna and Krishna's story but questioned the premise of its domestic focus:

*Sue:* Now, I haven't been to Bangladesh, but if it's like other countries that I've been to, it is a country that has quite a developed medical care system for a lot of its population, there's a middle class, they're going about their business each day, they're educating their kids, they've got jobs. There's a huge group of people who are marginal, in poverty and in terrible straits. But the story like that just sort of highlights...that we're okay and can rescue them, and everybody there is basically not okay and not capable of doing it themselves. So it kind of widens in some ways, in my view, that gulf between the two. (*NGOs 1*)

In its dismissal of Bangladesh and subsequent empowerment of Australia, these participants saw the media's narrative as having material consequences for others' lives and well-being. The potential for nuance to be lost in how Trishna and Krishna's story was told would be to the detriment of domestic understanding of LMICs and create an overinflated sense of Australia's influence, borne of greater wealth and cultural capital. Such disparity could easily entrench a perception among media audiences that LMICs are indeed 'basket cases' for which nothing can

be done (Burman 2009)—other than for a lucky few like these twins, whose fates might be serendipitously altered.

At the end of the continuum lay opinions that, for various reasons, completely rejected the local focus in coverage about Trishna and Krishna. While able to understand, from their professional standpoint, the magnitude of the media attention to this story one of the NGO groups refused the notion that the point of this publicity should be to congratulate the whole of Australia. In the course of their work, they confronted a perceived hierarchy of both individual and national merit in terms of who ‘deserved’ assistance (Bennett and Kottasz 2000: 356-8), and in these terms were mindful that Bangladesh and its people ranked fairly low. This, for one respondent, was why the focus of Trishna and Krishna’s story was instead largely on Australia:

*Aaron:* That story [a clip viewed by the group] was purely about the white, feel-good woman [sic] that adopted poor health-conditioned twins. [...] It was all—ethnicity was important in that story. And they only showed a little snippet of the actual faces of the brown kids. (NGOs 2)

Here, what is visible demonstrates what is valued by news producers. The Australian media’s representation of ‘us’ does not usually include non-white faces (Phillips 2009). These participants recognised both the newsworthy aspects of the twins’ story and the narrative devices that had been employed to emphasise them—but acknowledged that these same techniques (appealing to individuals’ desire for connection, and to their emotions) were also utilised by their own agencies

in publicity campaigns:

*Aaron:* They pulled all the heart strings, it was perfect. Like, I hate it and it makes me want to vomit but I know exactly what they did and they did it very, very well—I think, anyway.

*Felix:* That's good, we do it too.

*Aaron:* Yeah, of course. (*NGOs 2*)

The criticism that this group makes of the coverage of Trishna and Krishna must, they realise, also be applied to their own work. This was another element of the ambivalence in their reactions to this story: while they found such practices problematic, their organisations also make use of them, in order to attract attention and funding. However, they did not identify themselves as being within the audience for this story:

*Will:* ...this news is targeted towards mum and dad at home with kids, you know, wanting a feel-good story and feeling how good Australia is in the world and how we're saving all these people, aren't we all amazing? And I just don't have any interest in that at all so I totally tuned out. I think it was particularly targeted towards those kinds of people—people who don't have an international interest. And to have an international interest it needs to have an Australian in it. (*NGOs 2*)

These respondents perceived that this news was not ‘for them’ because they could not relate to it and were not the kinds of people at whom it was aimed (who they perceived as ‘comfortable’ and disinterested in world affairs). Their resistant readings of mainstream news content and disdain for its presumed audiences raise interesting questions for NGO communications with the Australian public: these agencies wish to connect with individuals, persuading them of both the value of international development work and the benefit of their financial support for it—and yet these same individuals are largely believed not to ‘have an international interest’. It is to questions of public health consequences arising from the presentation of this story and its reception that we now turn.

### **Discussion**

The narrative aspects of Trishna and Krishna’s story were a winning combination summed up thus by one participant:

*Sue:* It certainly strikes me as a story that’s got all the right elements: you know, the children, the luck that they had in being found, the wonderful, compassionate person who found them, the compassionate person who’s looking after them, the link with the Australian, as you said, Australian story—and it’s the expertise and brilliance of the doctors. (*NGOs 1*)

All the groups, whatever their level of knowledge about Bangladesh or child health, offered more

thoughtful readings of this story than its simple and congratulatory media presentation would seem to have suggested or encouraged. They understood why it had been constructed in this way; that the story had features that made it good *as* news. First, as ‘good news’—specifically because of the favourable outcome for the children—it offered an opportunity for celebration:

*Roban:* ...in summary, they have sort of highlighted in the news that not only the childs [sic] have survived but that Australia has done a good job and it's something to be celebrated for. This enjoyment has also been passed down to the Bangladeshi community as well and it's big news. (*Bangladesh 2*)

In this reading, what emerges most strongly are the positives: of the surgical results, Australia's part in this success and reactions in both Australia and Bangladesh. The Bangladeshi groups were generally less cynical than others in their approach to the Australian media and, in relation to the presentation of Trishna and Krishna, responded enthusiastically to the kinds of emotion and narrative devices that other groups derided.

Second, participants recognised that this story was good for ‘us’ as news consumers. In the same way that humorous or human-interest stories often ‘balance’ and conclude a news bulletin, one parent group saw that Trishna and Krishna were newsworthy in part because they offered a counterpoint to the ‘hard’ or ‘bad’ news stories that form the bulk of television news.

*Mark:* But with every gasp needs a sigh. Every time something—in order for people to feel safe, you’ve got to create that safety for people. And if it’s all shock-horror and gore and extremes without that level of **\*exhales\*** deep-breath sigh...

*Amanda:* ‘Well the world’s still an okay place. We still do good things.’ (*Parents 2*)

The twins were thus integral in establishing ‘news flow’ for reasons predominantly concerning the audience’s collective sense of self; by giving viewers a certain peace of mind that their world was still a decent place, where sick children in dire circumstances were saved by the intervention of caring doctors and generous citizens.

Third, the positive corrective that this story offered was specifically ‘good’ for a certain type of news consumer: children. Many groups were conscious of this dynamic; the parent respondents were especially aware of it and compared Trishna and Krishna’s story favourably with other, regular news fare:

*Alison:* Even when you have the news on and stuff and the kids say, ‘why do you watch the news? It’s all bad, people dying and stuff’. But then every now and then they bring you a happy story—you know, they try and balance it, they don’t just bring you all the disasters. So they put a balance with the good news stories as well—otherwise you just wouldn’t...have it on because the kids would be too upset.  
*(Parents 1)*

Evident here is the wider material context of news consumption. Adult perceptions of, and feelings about, children's television use have been well-studied, with domestic regulation of its availability connected to a sense of 'good parenting' (Buckingham 1993: 104). Parents usually contrast a range of benefits from television (such as its educational value and utility as a 'child-minder') with concerns that it encourages sedentary lives and exposes children to questionable content (Dorey et al. 2009, De Decker et al. 2012). The second parent group raised the latter concern in relation to their anxiety at violent images shown on the news and their tendency to 'switch channels pretty quickly sometimes'. In contrast, Trishna and Krishna's story was neither confusing nor upsetting, making it ideal family viewing.

Finally the NGO groups, in particular, acknowledged that this story was of value to both the media and certain agencies. They were able to appreciate the impact of the twins' story in light of both past and present professional associations:

*Sue:*                 *Winner* [this story], absolutely. And I know, because I worked for a children's charity...I lived in Melbourne and I used to use them [the media] *unmercifully* when I was down there. (*NGOs 1*)

These participants knew *why* the story was news, even if it made them somewhat uneasy and a few took a cynical stance towards it, both because of how it rewarded those involved with the 'right' (child health-related) cause and because of how they themselves engaged with the media:

*Kathryn:* I was going to ask a question: do you think though that those sort of stories detract from a need to make sure that things are happening in Bangladesh and that systems are being developed and that children are being identified, from a public perception?

*Martine:* I think...that story can't tell people about that. It can't cover both bases. So it has to be a completely different story that tells the story of the greater need and I think that it is easier, if I generalise, for a lot of people to identify with the individual story... the bigger stories are the harder stories to tell. (*NGOs 1*)

The desire to tell more complex narratives about social, economic and political determinants of health in LMICs is an enduring point of professional interest. However, these respondents also observed that there seems to be only so much that any one story can 'bear' in terms of communicating information and educating the public—a principle and concern at work in relation to domestic health stories as well (Chapman et al. 2009). While many participants spoke of a respect for the medical skill that separated Trishna and Krishna, they clearly had reservations about what and who this would exclude: the 'rescue' of identified and named individuals at the expense of countless, unknown others (McKie and Richardson 2003) is key to the ambivalence evident in cases such as this.

It is precisely these 'bigger stories' that an accurate picture of LMIC health—careful, contextual and complex—requires. Even in Australian domestic health news, television items are an average

of 97 seconds long (Chapman et al. 2009: 623); providing sufficient detail to adequately situate LMIC stories likely requires a more in-depth, ‘series’ approach of the kind often seen with nature and history programmes, or perhaps some other innovative, non-news approaches (Scott et al. 2011: 16-31). Yet these aspirations are very likely to be at odds with the operational restrictions of contemporary mass-media environments (in Australia and elsewhere) in which all journalists find it increasingly difficult to balance competing aims such as depth and newsworthiness (Leask et al. 2010), and where resource-intensive foreign correspondence is perhaps more restricted than any other form of coverage (Utley 1997). In addition, the lack of an Australian angle will make many LMIC health stories even less likely to rouse domestic news interest

The kind of engagement with, and understanding of, international development that can result from this partial media picture has been described as ‘a mile wide and an inch deep’ (Smillie 1999: 72). Indeed, comprehensive studies with British television audiences of images and ideas from around the world on British television have found that viewers generally perceive LMICs negatively, blaming this impression on television images (Glasgow Media Group and 3WE for Department for International Development (DfID) 2000: 136-8, VSO 2001). Yet these audiences also expressed a pleasure at being able to connect with the lives of overseas ‘others’ through television (Scott 2009: 4-5). This inclination has also been noted within large international development NGOs as a desire for direct and meaningful connections between donors and recipients. Where NGOs previously seemed beyond public reproach because of widespread trust in their work, their position as privileged intermediaries is now under threat as a result of the rise of smaller organisations, online resources such as the direct microfinance platform Kiva (2012) and some individuals’ wish to go and see—even participate in—such work for themselves (Hewett 2012). Yet alongside these trends is a broad public discomfort with

notions of ‘the political’ in development; NGOs often wish to avoid contentiousness that might antagonise supporters, and legal frameworks constrain these organisations’ political activities (Smith 2004: 747). The danger is that, by emphasising the small-scale and the personal, the difficult, structural work of social change—the ultimate context of public health and its social justice concerns—is marginalised.

The focus group exchanges presented in this paper complement earlier content analyses and journalist interviews that explored the way in which a prominent LMIC health news story was told by the Australian media. These groups give an insight into what respondents know, and how, both as individuals and in these interaction. Following a long tradition of media research, they demonstrate that audiences are neither incapable of understanding nor passively accepting of media messages about LMICs. While many participants’ knowledge of Bangladesh or the specifics of its health profile were limited, their responses show that they evaluated the media presentation of a story from that country critically; indeed, they seemed to engage with the news treatment of the story in the expectation that it was incomplete—or, on occasion, simply incorrect. However in many groups respondents spontaneously expressed a wish for more information on some element of the story: about Trishna and Krishna, their Bangladeshi parents or where their case fit within the country’s broader health context. While participants acknowledged that the circumstances of their lives may not afford the time to seek out such information, this type of detail is not routinely provided in mass-media news precisely on the grounds that audiences do not want it. It remains to be seen how and where a balance might be struck in LMIC health coverage between creating attractive news content and better informing audiences.

## Endnotes

1. The quarterly *Public Attitudes to Development* survey, conducted on behalf of the UK's Department for International Development (DfID) since 1990, has not been released publicly since the election of that country's Conservative coalition government in 2010.
2. Thanks to all those who participated in and helped organise the focus groups on which this paper is based. Thanks also to Spring Cooper Robbins and Justin McNab for their invaluable assistance with the focus group analysis, and to Simon Chapman for helpful comments on several earlier drafts of the paper.

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