

Influence of news media on health policy making in Nepal: Insights from journalists and policymakers

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Background and Objectives

Background

- News media play a vital role in framing the public issues, setting agendas, and influencing audience opinions and policies.
- Media are growing in numbers but there are insufficient scientific evidence on whether media influence health policy, program decisions and intervention in Nepal.

Objectives

- Identify news sources and agenda prioritization in health reporting in Nepal
- Assess influence of news in informing health policy decisions and intervention

Methodology

Study Design, Setting and Sample

Cross-sectional mixed-method study that involved journalists reporting on health issues and health policymakers as respondents in Nepal.

Qualitative:

- A total of 15 Key Informant Interviews were conducted: 10 with media professionals and 5 with health policymakers.
- The media professionals included journalists at both federal and provincial levels, reporters, editors, and executive members of various news media outlets, mostly engaged in health reporting along with other beats.
- The health policymakers were representatives from the Department of Health Services, the Ministry of Health and Population, tertiary government hospitals at the federal level.
- The selection of media professionals was guided by criteria such as the diversity of media (print newspapers, online news portals and broadcasting media), province, gender, newspaper popularity, and type of ownership (public or private).
- Health policymakers were selected based on expert suggestions, acting as sources of information as informed by media professionals and key informants, with a focus on individuals primarily involved in planning, policy formulation, and making health-related decisions.

Methodology

Study Design, Setting and Sample....

Survey

For infinite populations, we calculated the sample size using formula:

n=Sample size

Z= the standard normal deviate at 95% confidence level (1.96)

p= Estimated proportion of the population assumed 50 percent due to absence of known population)

q=1 - p (the remaining proportion)

d=percent of margin of error (e.g., 0.05)

- Sample size using this formula was- 384
- By adding 20 percent non-response rate, total sample size was- 480
- List of journalists and email contacts were collected from various journalists organizations and media houses, sent survey form via email and also shared survey link in social media.
- Provincial representation and media diversity was also considered.

$$n = \frac{Z^2 \cdot p \cdot q}{d^2}$$

Methodology

Data collection

Qualitative

- Separate topic guides were developed for media professionals and health policymakers (see supplementary file)
- Guides aligned with study objectives and informed by relevant literature
- Developed by experienced media and health researchers; reviewed by mentors and collaborators
- Interviews conducted between Sept 2024 – March 2025
- Two interviewers: a media expert and a public health researcher skilled in qualitative methods

Data collection

Survey

- Journalists organizations were consulted.
- Name lists and contacts were collected
- Online survey form was developed based on research questions, review of literatures and consultations with mentor and senior journalists.
- Sent email requesting to participate in survey
- Online form was also circulated from social media
- Survey was conducted between October 2024-January 2025

Methodology

Data analysis

Qualitative

- **Transcription & Review:** All interviews were transcribed by a trained translator under investigator guidance; initial transcripts were cross-checked with audio and finalized after revisions.
- **Codebook Development:** A priori codebook created based on the topic guide; initial coding done independently by two researchers to ensure consistency.
- **Coding Process:** Coding discrepancies were resolved through team discussions; both deductive and inductive codes refined and finalized using NVivo 15.
- **Thematic Analysis:** Sub-themes and main themes were developed based on coded data; final analysis followed a thematic approach.

Survey

Data Collection: Survey responses were collected from 480 journalists (accounting for 20% non-response rate) to ensure statistical reliability

Data Cleaning: Responses were reviewed for completeness and consistency; incomplete or invalid responses were excluded

Descriptive Statistics: Frequencies, percentages, and means were calculated to summarize the survey data and identify key trends

Software Used: Data analysis was conducted using SPSS to generate reports and insights

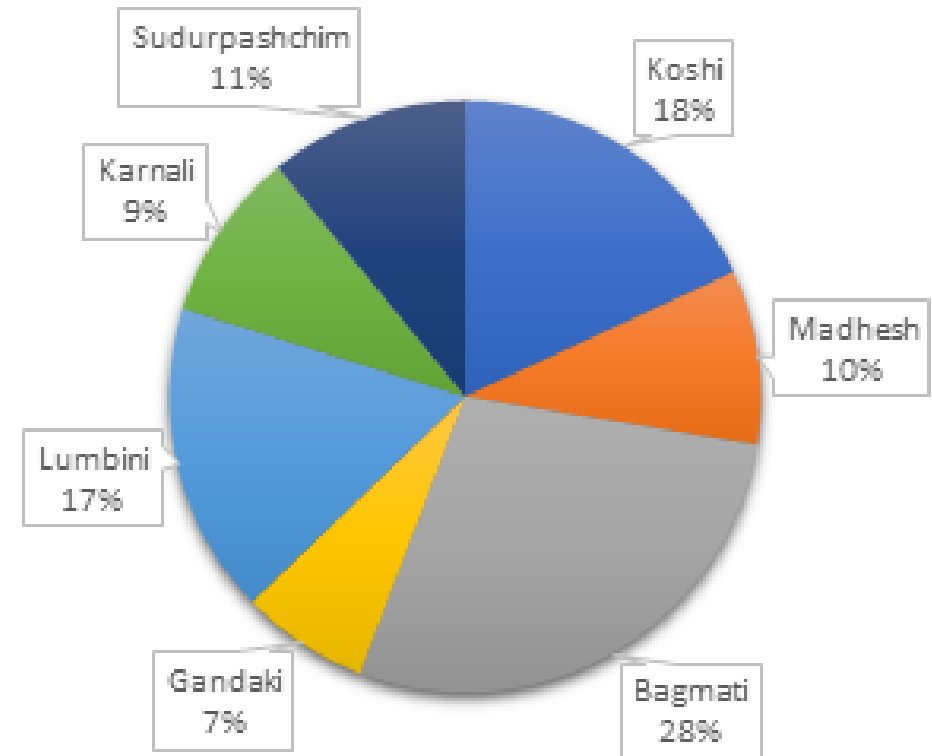
We performed concurrent triangulation to cross-verify and enrich findings, increasing the reliability and validity of the results.

RESULTS

Background characteristics of journalists

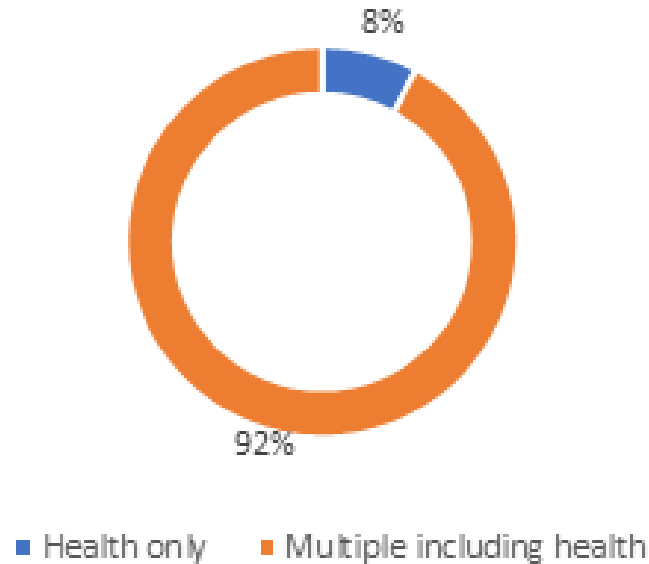
Variables (N= 525)	Categories	n (%)
Sex	Male	380 (72.4)
	Female	145 (27.6)
Ethnicity	Brahmin/Chettri	345 (65.7)
	Dalit	33 (6.3)
	Janajati	73 (13.9)
	Madhesi	62 (11.8)
	Muslims	10 (1.9)
	Others* (None)	2 (0.4)
Religion	Hindu	472 (89.9)
	Buddhist	16 (3.0)
	Christian	7 (1.3)
	Muslims	9 (1.7)
	Kirat	13 (2.5)
	Others* (None, Atheist)	8 (1.5)
Education	Primary (1-8)	4 (0.8)
	Secondary (9-12)	106 (20.2)
	Bachelor	237 (45.1)
	Masters and above	178 (33.9)

Participation by Provinces



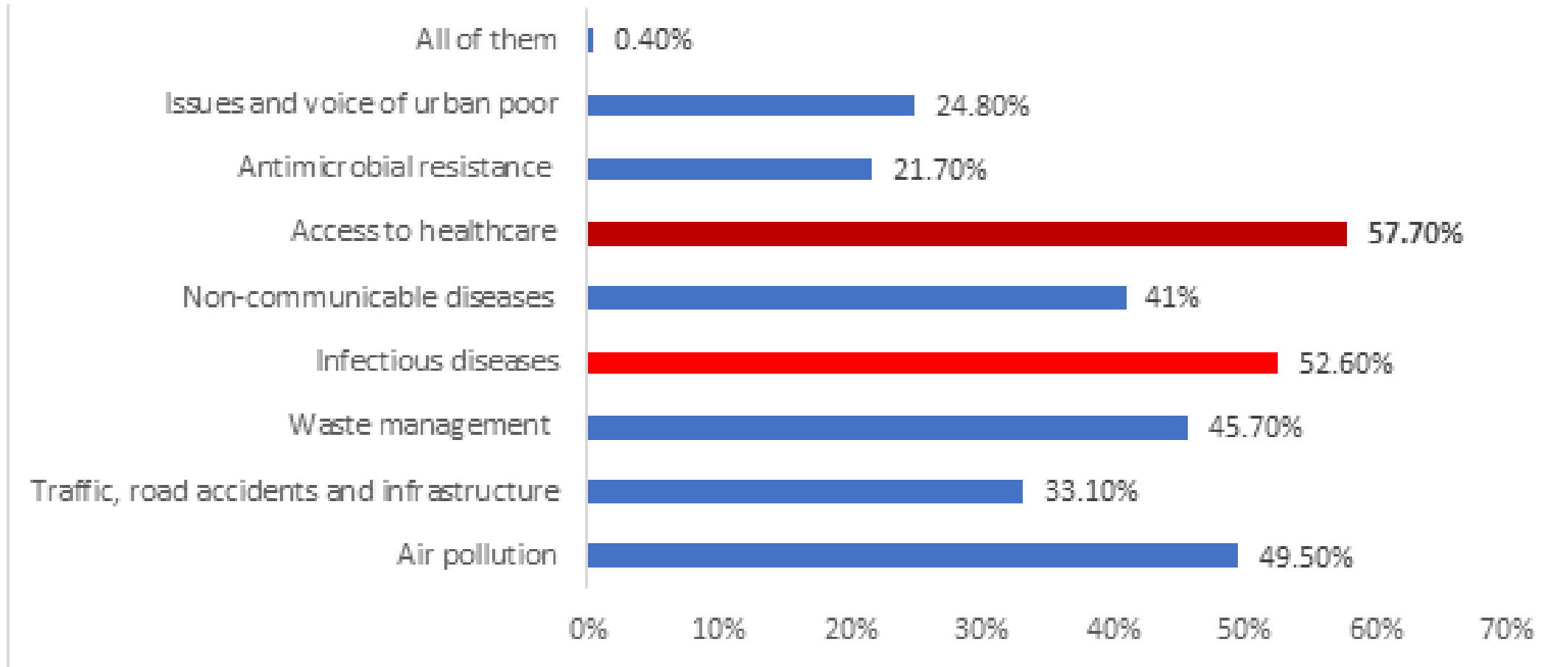
Reporting Beat

Reporting Beat



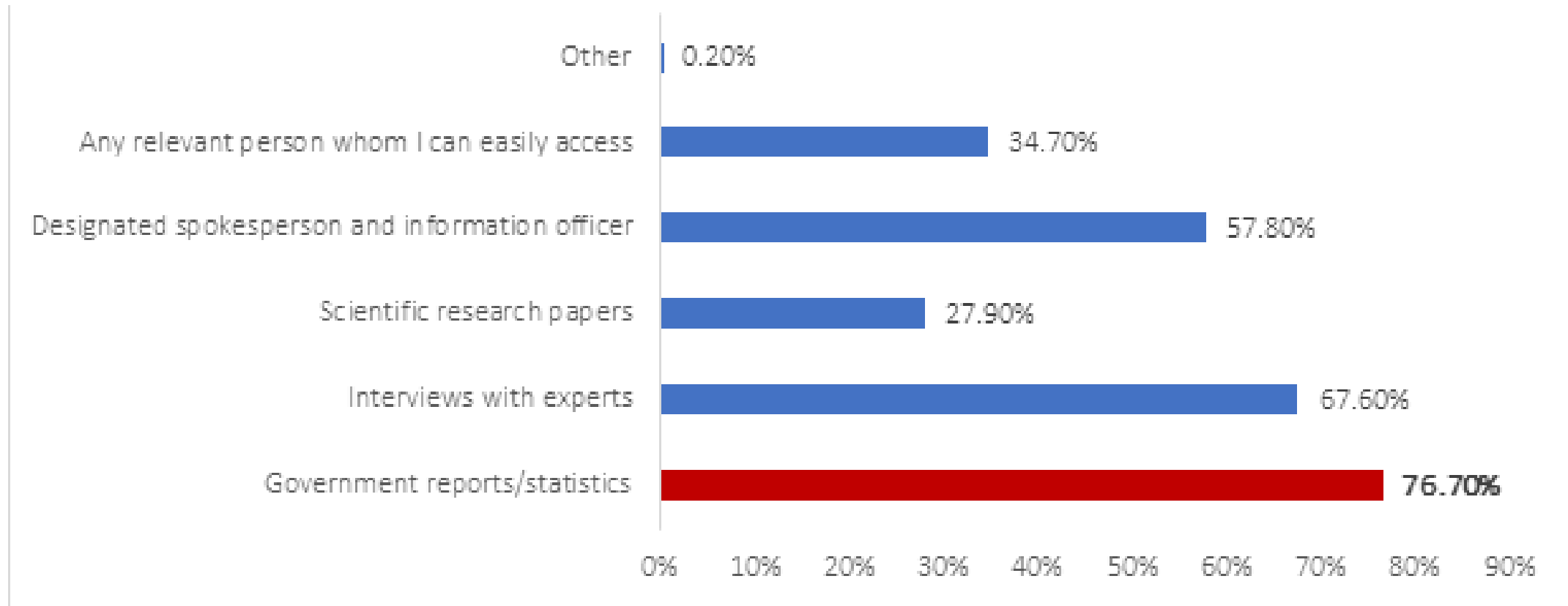
- Of total respondents, 8 percent reported in health only and 92 percent reported in health as well as other topics.
- Interviews validated that due to resource constraints specially in the small-scale media houses rarely recruit health reporter and same reporter covers multiple issues including health, finance and politics.

Reporting health subject matters



- Access to health care received top priority. Qualitative interviews highlighted that these involved lack of medicine, treatment delays, and financial hardships among other.
- Infectious diseases were also the most covered issue. COVID Pandemic, dengue and cholera outbreak got significant attention of journalists. On the other, air pollution was also one of the prioritized area.

Sources of health news



- Government reports, experts, spokesperson or information officers were the most preferred sources where as scientific research papers were used least as the source of information for news
- Qualitative interviews revealed that lack of access about research papers such as (idea about research article and platforms, complexity of the subject matter and presentation could have been the reasons for the least use of scientific research papers.

Influence of news on policy: Experience of journalists

- Journalists call “News Impact” (समाचार प्रभाव) to refer to any policy decisions taken by government agencies attributed to the published news stories.
- Policy influence examples presented by the respondents includes-
- Implementation of Tobacco Control and Regulation Act (Cigarette Packs marked with Pictorial Health Warnings)
- Introduction of no horn policy in Kathmandu
- Public hospital improving services after continuous media coverage Allocation or increase of budget in health by local levels
- Initiative against infectious diseases such as awareness on dengue and mosquito control measures due to pressure from local news media.
- (Increased) allocation of budget by local government in health.

“Some policies are hard to introduce and implement due to the pressure from interest group such as industry despite willingness of some policy makers to implement the policy. Implementation of Tobacco Control Act had same situation, ministry (MoHP) officials sought help from us to create pressure for its implementation and in my experience this was the best example of how media can form ally with policy makers to implement policy.”

“Even policymakers acknowledge that vaccination and medication distribution alone won’t suffice, but public awareness is also important for its uptake, our news are important .”

Influence of news on policy: Experience of policy makers

- Policy makers largely agreed that particularly health news are aimed at benefiting public.
- They perceived Nepali media's role influential to raise public awareness regarding disease prevention and control.
- Media supplement additional information which are not recorded in government recording system.
- To push policy agenda, news reports helps policy makers to create favorable environment (Tobacco Control Act).
- News are cited or news clips are used by policy makers during meetings, events to reinforce their views.
- Policy makers verify news facts from their own sources to confirm if the report is accurate.

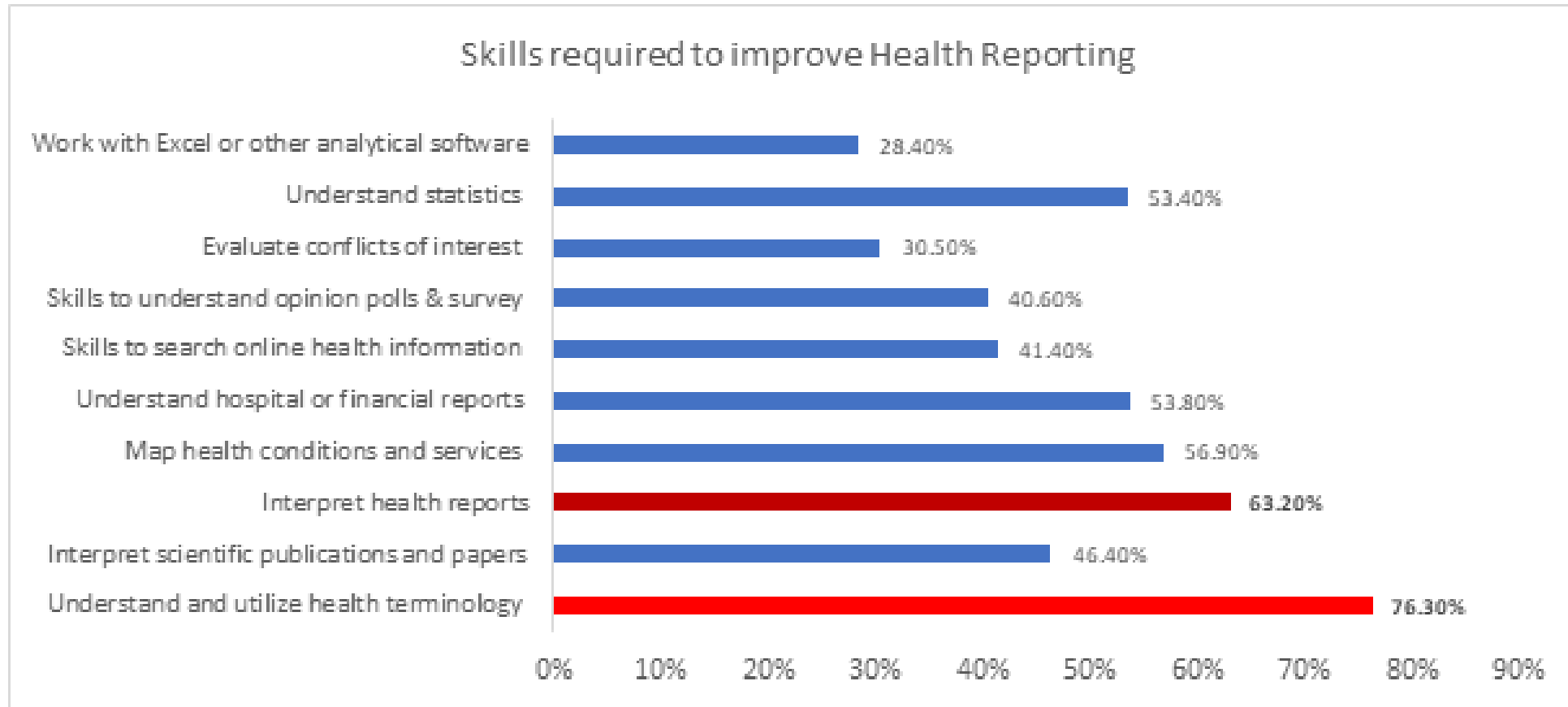
“The data of suicide published by media was not matching with our record. We tried to find the reason. The data was quoted by Nepal Police. This data was not captured in our reporting system. Our record showed very low incidents of suicide compared to that data. So this news was very helpful for us to think of how to better capture such data in health system.”

“We need the support of media while formulating or endorsing the policy, we even mobilize them by ourselves to reinforce the issue.”

Factors determining the extent to which news influences policy

- **News credibility:** Both journalists and policy makers think that the extent of impact depends on how credible is the news.
- **Intention of the journalists and mis-information:** While vast majority of the journalists have good intention, cases of mis-information are also spotted in health news.
- **Lack of investigative stories:** Investigative stories are inadequate in health news, which are attributed to lack of financial resources by journalists as they lack dedicated time to explore one subject matter which take substantial time.
- **Reliability of news source:** Journalists do not create news but they report the news, so there is also chance of manipulation of news sources that hampers accuracy.
- **Differing interest:** Policy makers approach to journalists when they want to reinforce their idea and get it endorsed by media but some stories pitched by the journalists might not be in the interest of policy makers such as weaknesses, inappropriate decisions etc.

Skills required for credible reporting



Policy makers' recommendation: Media's contribution to health policy decisions would be enhanced through mutual collaboration between journalists and policy makers, enhancing skills of journalists on reporting health issues, policy maker's initiatives to engage journalists on common public agenda.

Conclusion and take away

Media Shapes Health Policy Discourse

News media, especially when grounded in credible sources like government reports, significantly influences public awareness and supports health policy agendas.

Journalists and Policymakers Recognize Mutual Value

Both sides acknowledge the importance of collaboration—journalists amplify policy messages, while policymakers use media to shape public opinion and justify interventions

News Impact is Real and observable

Concrete examples, like the implementation of the Tobacco Control Act and local dengue control measures, illustrate media's role in triggering policy responses.

Gaps in health reporting persist

Limited investigative reporting, misinformation, and resource constraints undermine the potential impact of media on policy.

Strengthening journalists' capacity is crucial

Training and collaboration initiatives are needed to strengthen journalists' ability to report health issues accurately and influence policy positively.

THANK YOU!

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Mr. Shreeman Sharma is a research uptake practitioner dedicated to translating research evidence into policy and practice. He has more than 15 years of experience in the field of media, communication and research. He holds master's degree in Development Management and Mass Communication, along with a postgraduate certificate in Health Crisis Resilience. Mr. Sharma specializes in health communication research and synthesizing scientific evidence to create its impact on policy and public discourse.