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# Gender Mainstreaming in the Coverage of Health in Urban Newspapers: An Analysis of Reality in India and Malaysia

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***Abstract***
*Health status in South- East Asian countries vary considerably as they are at different stages of development and have different political structure. At the same time, all the countries are reforming their health system according to the way it is financed and organized (Phua,2002; Chongsuivatwong et al,2011, Malaysia health system review,2013). Health Communication has a significant role to inform and educate both the health practitioners and the public to play their active role in the health care system. Therefore, this working paper examines the focus of health issues in four English national dailies in India and Malaysia in line with the seven areas of gender mainstreaming suggested by WHO and Achutha Menon Centre for Health Science Studies (India)which points towards creation of healthy living context for women and also to promote maternal health and its preparedness. This study used quantitative content analysis to classify the frames that depicted gendered health news stories from city editions of prominent Indian and Malaysian English news dailies. The comparative analysis of the two reveals that the Indian and Malaysian urban print media reporting has a significant difference in the representation of health content. Most of the health-based communication in Malaysian dailies reflect health goals of communicable diseases such as diabetes, cardiovascular diseases and cancer which seem to fit into the national health agenda. The Indian media focused on crime in health field, health scam, health facilities in private health sector and new innovations. The second large frames of stories are on gender equity in Indian context. The paper also reveals the ownership of the media and their preference of news frames.*

***Key words:*** *gender mainstreaming, health communication, women's health, print media*

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## I. INTRODUCTION

While transition continues in health system, women's disabilities and deaths are increasingly caused by non- communicable diseases (WHO, Women and Health: today's evidence on the agenda for tomorrow,2009) and inadequate health interventions. Gender mainstreaming in health is 'expected to upsurge the coverage, effectiveness and efficiency of all interventions. It also aims to promote equality and equity between men and women through out the course of life and ensure that interventions do not promote or perpetuate inequitable gender roles and relations'(Ravindran & Kelkar 2007). The report of George institute for Global Health, 2016 suggests that it includes health providers training, research, policies and programme addressing gender-based violence and improving the environment for health. Ravindran & Kelkar (2007) have noted that Indian health approaches lack health research which can generate gender and sex- specific data and scare attention is given integrating gender in health provider's training.

Both, India and Malaysia have achieved its health status in unique manner. India rank much behind in maternal and child health and making significant health interventions in certain parts of the country; Malaysia has touched the international expectations. It is also significant to note that media plays a vital role in 'informing, influencing and motivating individual, institutions and public about the important health issues' (Reynolds Brian,2013) especially in developing countries where there is a huge health need. Therefore, in this study, the researchers attempt to explore the media coverages in two South Asian realities- India and Malaysia and their health framing approach, and expects to draw the connectivity of the country reality and the media coverage as the mainstream media sets the frame of priorities and focuses.

***Background of the study***

*"Gender mainstreaming involves not restricting efforts to promote equality to the implementation of specific measures to help women, but mobilizing all general policies and measures specifically for the purpose*

*of achieving equality by actively and openly taking into account at the planning stage their possible effects on the respective situation of men and women (gender perspective).This means systematically examining measures and policies and taking into account such possible effects when defining and implementing them."(EU, 2004:13).*

Equal involvement and participation of women and men in all aspects of society symbolizes its political maturity and it is essential for its lasting growth and democracy. Therefore, gender mainstreaming becomes a priority for any growth focused nation. Gender mainstreaming was defined by the United Nations Economic and Social Council in 1997 as follows: "Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programme, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programme in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate aim is to achieve gender equality."

Health communication focuses to use communication strategies to inform and influence the community's decision that enhances health. It emphasizes to influence the knowledge and attitudes and to bring desirable changes with in individuals, groups, institutions and communities and society at large for promotion of health, prevention of diseases and to adopt better healthy practices (RK Thomas,2006). It is also used to improve healthy interpersonal relationships. In countries like US, it is used to expose the communities to health messages seeking to change the social climate for healthy behaviors. Health campaigns are also widely used in addressing the health indicators of a country. Mass media like, radio, television, Newspapers, bill boards and web platforms are used to disseminate message to the public.

"Gender mainstreaming" in health suggests to 'recognize and address all the forms of gender discrimination, bias and inequality that permeate at the organizational structures of governments and other organizations including health systems'.This is intrinsic to achieve women's health, besides the technical strategies which are necessary. Therefore, it has now become the preferred approach to achieving the wellbeing of women. World Health Organization (WHO), document on Women and Health (WHO, 2009) suggests that gender mainstreaming in health will focus on promoting life-long equality between women and men and achieving justice. The WHO Commission on Social Determinants of Health's Women and Gender Equality Awareness Network recommends systematic solutions to gender mainstreaming and concerted efforts to protect women's rights and health. Gender mainstreaming in health communication can re enforce, enhance and challenge the existing practices, beliefs and social norms related to health and gender roles. Health and wellbeing messages are generally accepted and supported by the communities and individuals as it is one of the communication streams which directly connect to the lives of the public (Gender guide for Health Communication program, 2003).

Global health acknowledges that health and disease awareness transcend national boundaries, and hence the ability to effectively address these issues is beyond the capacities of regional or national organizations alone. To this end, it is essential to ensure that the best health-related information is continually collected and interpreted, engage in transnational policy. Access to quality healthcare and universal health coverage which is outlined in SDG-3 is key to achieve good health and wellbeing, which is fundamental to the social economic and environmental dimensions of sustainable development. To comply with the 2030 SDG goals and objectives, most of the South and Southeast Asian countries requires careful preparation, coordination, financing and structural policies to reform its health systems. Most countries in the region lack an integrated national health information system to capture the relevant data needed to plan and finance sustainable health care. Strict attention to policy relevance, outcome-oriented health innovations, developing the country's health research capacity, and increased investment in health systems can address these lapses.

***Women's health in India***

The National Health Policy of India 2017,envisions to attain the highest possible level of health and wellbeing of all at all ages through preventive and promotive health care in all its development policies and access to quality health care services without financial hardship to its citizens. Between 1992 and 2006, India accounted for around 20% of all maternal deaths around the world due to its limited access to health care, lower socio-economic status and cultural restraints (Kowsalya and Manoharan, 2017).The Country has reduced the maternity related death and morbidity from 130 in 2014-2016 to 122 in 2015-2017 (Economic Times, November 7, 2019 ,Planning Commission-Maternal Health cited in Dave, 2017). Child survival and maternal care advanced in India through various intensive public programme such as 'Family Welfare Program' in first five-year plans (1951-56); Reproductive and Child Health Programme, in 1996 & 2000; later adopting Specific Policies on safe mother hood, focusing institutional and attended deliveries and antenatal care. These are largely

addressed through the specific schemes with provisions for iron supplementation, vaccination, to use tetanus toxoid and information on signs of pregnancy and its complication.

The health care systems in India are complex and diverse. Multiple sociocultural factors add to the poor health condition of Indian woman. The growth in health facility is also uneven across the country, where there are states which provides, better access, and there are tribal belts in the country which lack in number of health centers and health professionals compared to other parts of the state. The health care approach in India is gender insensitive both in books (Which includes the policies and education) and in practice. (Sunil Kumar M Kamalapur and Somanath Reddy,2013).

Discrimination in allocation of and access to food, health care, education of females and early marriages continue at various degrees in both urban and rural India. Poor integration of government healthcare programs, limited availability of temporary contraceptive methods, poor skills and knowledge of the health professionals, failure to target individual child and mother added to maintain the poor maternal health status mostly in the rural India. The private health care sector and the NGOs focused to incorporate family and social factors to address the maternal health concerns (World Bank Report, India, Issues in Women's Health, 1996) which are still not able to meet the vast need of the country. Life cycle approach advocates a strategic approach to improve women's health which suggests specific interventions in, early child hood, adolescents and pregnancy.

The ultimate cause of Indian women's poor health status is the neglect of women in the Society (Malini, 1991), The subtle and obvious patriarchal practices continue to determine their poor productive and re reproductive health. The ignorance to health access, lack of exposure to media, decision making related to health continue to cater to the poor health status of women (Sunil Kumar M Kamalapur and Somanath Reddy,2013). In many parts of rural India, pregnancy is still not considered as a condition to access health support. Besides this, traditional beliefs on concerns of health and cultural practices and attitudes towards women are not responded by the health practitioners. Indian women need higher health focus as the report of Swaniti, initiative (2017), reveals that 35,6% of Indian women are chronically under nourished and their Body Mass Index is less than the cut-off point of 18.5. Similarly the anemic women in India (55%) are much higher than that of men (24%). Data from Bihar and Madhya Pradesh shows that 68% of girl children represent the children admitted to programme for the severely malnourished.

It is noted that suicide rate among Indian women is higher than men, which is directly related to depression, anxiety, gender discrimination and anguish related to domestic violence. Low economic status, disproportionate deprivation and reproductive position for women often expose women to different diseases, decreased access to education and the use of health care facilities (Kowsalya and Manoharan, 2017). India's national policy for women (2017) suggests to generate gender-based evidence and to identify data gaps to gender related issues and concerns. Thus, along with health communication gender mainstreaming is a priority area to explore and to address in India.

***The Malaysian Reality***

Over the past half century, Malaysia has made significant improvements in health outcomes. Malaysia's infant mortality rate at the time of Independence in 1957 was 75.5 deaths per 1,000 live births. Since then, infant mortality has dropped by more than 90% to 6.5 deaths in 2013 per 1,000 live births. Similarly, children's mortality rates were undetected between 1966 (the earliest data available) and 2013 the mortality rate of children under age 5 fell from 65.2 per 1,000 live births to 8.0 per 1,000 live births, a decline of 88 %.

This has since fallen to 6.7 deaths per 1,000 live births by more than 90 percent in 2016. The rates of infant mortality and under-five mortality have been on the plateau over the past decade and a half, with no change since 2000. Most child deaths are due to neonatal mortality (infant deaths below 28 days of age) and infant mortality (infant deaths below 1 year of age). Of the reported 8.0 deaths per 1,000 children under five live births in 2013, In the first 28 days (neonatal mortality), 4.1 deaths occurred, while in the first year (infant mortality) 6.5 occurred. The perinatal mortality rate (including stillbirths) was 7.3 per 1,000 overall maternal mortality births, referring to a woman's death from her pregnancy, during and after childbirth, which decreased by 89 percent between 1963 and 2013. In 1978, the nation successfully eradicated smallpox, a year before the WHO declared the world free from smallpox.

In 2011, Malaysia achieved the WHO regional target on hepatitis B control through a concerted effort in its childhood vaccination programme. This achievement was six years ahead of the target date set to reduce the rate of hepatitis B among five-year old children to 1%. Malaysia has been recognized internationally for a high-performance health system focused on a well-trained workforce, excellent infrastructure and delivery of quality service. It has a low incidence of spending on catastrophic and poor health care. Less than 1% of the population spend more than 25% of their household budget on health, according to the latest available statistics. It should be noted, however, that increasing rates of out - of-pocket spending on non-communicable diseases have steadily increased to about 38 percent of total health spending as of 2016. Malaysia's life expectancy has

risen to around 75 years. Population projections suggest that in two years' time, seven % of the population will be 65 years and older. Currently about 70% of deaths in the economically productive age group are from consequences of non-communicable diseases.

Free care for common NCDs is widely accessible for screening and primary care treatment. The remarkably high age levels of undiagnosed and untreated people with diabetes mellitus, hypertension and hypercholesterolemia suggest large gaps in routine screening and ambulatory care for these and other conditions.

This may be due in part to supply-side gaps in community outreach to primary health care. But a substantial part of these disparities is almost definitely related to lack of understanding and recognition of the need for these programs and their potential benefits among patients. Health demand and behavioral patterns are affected by a variety of factors. The culture of health-seeking behavior in Malaysia is such that people generally seek health care only when they experience symptoms, only rarely for screening or preventive services. It aligns and improves the supply side of a' curative care model,' in which patients only come into contact with physicians when they seek treatment for disease without routine supervision or overexertion. This aligns with and reinforces on the supply side a' curative care model,' in which patients only come into contact with providers when they seek illness treatment without routine monitoring or oversight of defined patient populations. Adherence to treatment for chronic disease management is also a well-recognized issue, although there is limited evidence and few current demands are present. Thus, examining the focus of health issues in line with the seven areas of gender mainstreaming suggested by WHO and Achutha Menon Centre for Health Science Studies (India) in which points towards creation of healthy living context for women and also to promote maternal health and its preparedness is sort of quintessential, notably on understanding the focus and emphasis on health issues across the genders.

***Theoretical Framework***

The definition of framing is clarified clearly by stating that selection and salience are involved in the framing process. In short, this process means selecting certain aspects, events or issues that are perceived to be vital to the community and making them relevant in a communicating text. This can promote and unravel the issue or event, such as defining a prominent problem and/or recommending treatment (Entman 1993: 52). In reality, for media professionals, framing is not a fairly new concept. We usually use the feature whenever we need to express our views to the public. As described above, framing is a process that has multiple locations in the communication process (Entman 1993: 52; de Vreese 2005: 51–52). These consist of *communicator*, the *text*, the *receiver*, and the *culture*. It is possible that, according to their needs, the communicator chooses those topics and is considered essential to the group.

The issue, further, will be framed in a specific theme in addition to making it more salient and will be covered in the communicating *text* which will indicate specific keywords, phrases, images, information sources, etc., thus presenting the issue more prominently.
Framing in the text will encourage the receiver to think about the problem and eventually have an impacton cult ure (Entman 1993: 52-3).

Regardless, agenda setting scholars intend to integrate agenda setting and framing into the fund of knowledge because they deem it is an extension of agenda setting. In the discipline of agenda setting, it is often heard the old adage of '*media do not tell people what to think, but what to think about*' (Baran & Davis 2006: 316). This has produced conflicting ideas in the setting and presentation of the agenda against this context (Amira Sariyati 2004: 12). Undeniably, the setting of the agenda involves the selection of an issue or event for public viewing, especially for saliency purposes, as the first level of agenda setting. It does not, however, consider the influence of the media on public opinion.

It does not, however, recognize the effect of the media on public opinion. As a result, further work has concentrated over the years on the second-level agenda setting effects such as framing. Wherefore, keeping an issue or event (in this context gender and health related news) at the top of the news agenda is another key obligation to ascertain it.

In sum, the effects of framing are unpredictable and might have a durable impact to an issue or event per se in any case. It is plausible that "packaging" an issue or event in terms of health-related issues especially in relating to gender-related news to focus on certain themes or attributes is prone to have an impact on the public's opinion in perceiving any epidemic treatment, awareness or precaution. Therefore in this paper, framing is the key concept as is argued by Kim et al (2002) and Tong (2006) framing influences how one thinks about an issue and this is rightly so when the media puts forth the idea in the mind of the audience.

***Research Questions***

This study is going to answer the following research questions:

- What is the dominant frame of health that has been covered by each selected newspaper?
- What nature of gender perceptiveness in health is displayed by the urban newspapers?
- Is there a significant difference of the frames in reporting of health for the genders among all four newspapers?
- How does the information published by the health institutions and dailies reflect gender issues and gender roles?
- How much does the print media and public health-based communication reflect the gender focus of national policy/Sustainable Development Goals?

## II. RESEARCH METHODOLOGY

To define the mechanisms that represented gendered health news stories and analyzed the seven areas of gender mainstreaming which points towards creation of healthy living context for women and also to promote maternal health and its preparedness, this paper uses a descriptive content analysis. Four mainstream English daily newspapers were selected based on their circulation and acquired from the Audit Bureau of Circulations. The news frames carried by the newspapers gender mainstreaming were quantified to measure the priority of the newspaper.

*Times of India (TOI):Times of India* is the third largest circulated English language newspaper of India by circulation and the second largest selling English language daily in the world, according to Audit Burau of Circulation. The newspaper is owned by The Times Group and is printed in broad sheet format. The first issues of the Newspaper were published in1883. Its head quarter is in Mumbai, Maharashtra, India.

*Hindustan Times (HT:*This Broad sheet printed English daily is one of the widely circulated newspaper based in Delhi. It was founded in 1924 with its roots in the Indian Independent movement. The Paper was inaugurated by Mahatma Gandhi and known for supporting congress party. The owner of the newspaper is also a Rjya Sabha MP and published by HT media Ltd. The circulation of the newspaper as of January – June 2019 is 945,2221 (Report Audit Bureau of Circulation).

*The Star (TS):The Star* is an English-language tabloid sized newspaper in Malaysia. It was established in 1971 as a regional newspaper in Penang. It is the largest paid English newspaper in terms of circulation in Malaysia with a daily circulation of about 298,821 while its readership stand at 1,839,000 (Audit Bureau of Circulations as of January 2017), *The Star* is a member of the Asia News Network and is owned by the publicly listed Star Media Group.

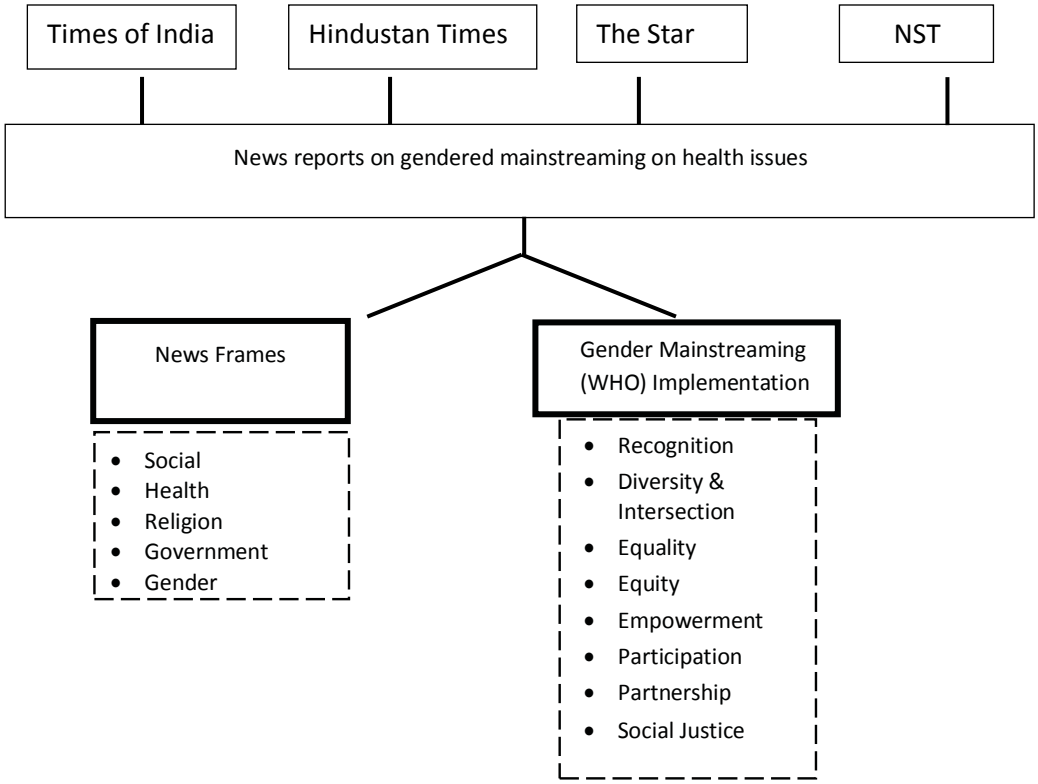
***New Straits Times (NST):***The *New Straits Times* is a tabloid sized English-language newspaper published in Malaysia. Founded in 1845 it is Malaysia's oldest newspaper still in print 95,880 and 236,000 for is circulation and readerships respectively.

**Table 1:** Circulation of selected mainstream newspapers under study.

| Daily | Media | Circulation (As of 30 June 2019) |
|---|---|---|
| *Times of India* | Times Group | 2, 640 770 |
| *Hindustan Times* | HT Media | 9, 452 221 |
| *The Star* | Star Media Group | 359, 442 |
| *New Straits Times* | Straits Times Press Bhd. | 382, 578 |

Figure 1 projects the work carried out in evaluating the content of the literature on the gendered health issue under study in order to have a greater understanding of the context of this research work.

**Figure 1:** Research framework




To examine the concepts evoked in the stories on gender mainstreaming and health in the respective newspapers has been randomly selected for the duration of the study of the content of daily newspapers from March 2019 until October 2019

The unit of analysis in this study is the news story. All the articles that contain the keywords based on the unit of analysis given in Table 2 were included based on the United Nations Economic and Social Council in 1997. The coders (researchers) analyzed full text in the four selected newspapers during the study period. Standardized coding sheets were prepared and for the categorization and inter-coder reliability check, a coding book was created. The coding book details how to codify the elements or variables to be evaluated

**Table II: Unit of analysis**

| Units | Explanation |
|---|---|
| 1.Health Awareness | Gender communication in health-Awareness for the need for gender equity |
| 2.Social B, A, N | Change existing believes, attitudes and norms for social change |
| 3.Change | Identifying or defining the changes |
| 4.Gender Roles | Mentioning of gender-based roles and responsibilities |
| 5.Restrict health outcomes | Information on how gender roles, for both women and men, may impede access to health information, restrict use of health services, or limit beneficial health outcomes. |
| 6.Constraints | Social and cultural constraints and opportunities |
| 7.New health perspectives | Introducing new health perspectives |
| 8.Health Programs | Gender perspectives in underlying in the strategy and positioning of health program. |
| 9.Benefits | Benefits for women and men from health |
| 10.Needs | Different needs, roles, and interests of women and men |
| 11.Access | Relations between women and men pertaining to access to and control of resources and services which are directly or indirectly connected to health |
| 12.Spousal Comm | Spousal communication to support changing norms |
| 13.Dynamics | Power dynamics between men and women |
| 14.Decision Making | Decision-making processes |
| 15.Program Impact | Positive and negative program impacts |
| 16.Government | State assumptions about the behavior of women and men |

| | |
|---|---|
| 17.Women Centered etc.) | Reports on women centered health news (maternal health/ breast/ cervical cancer |
| 18.Rights of Women | Efforts to protect the rights and health of women |
| 19.Neglected Issues | Intended to address neglected issues and improve health outcomes for women |
| 20.Leadership | Women leaders in health including women in ministry/ Policies |
| 21.Training | Integrate gender into the training curricula of health professionals |
| 22.Innovations | New Innovations in health |

The news framing coding categories meanwhile were developed based on Tong (2006). For this study, four categories of news frames were categorized as shown in Table 2 below.

**Table III:** Explanation of news frames

| News Frame | Explanation |
|---|---|
| Social frame | A frame that identifies the stories involving cultural issues, human rights, public responsibility, fundraising and charity issues, or social event that most of the people are concerned about.2,6,12,13,14,16,19 were used to analyze this element. |
| Health Frame | A frame that includes the stories aimed at enforcing education of the public for prevention, self-protection from the virus, new drugs development or informing public about new treatments and the availability of the treatment Units 5,21, 24 were used to measure the health frame |
| Gender Frame | A frame that includes inclusivity, male and female perspectives, roles, identity, dynamics and issues relating to perspectives. Units 1,3,4,8,9,10,11,20,22 were used to analyze this element |
| Religious Frame | A frame that includes the stories involving religious perspective in dealing with the issues or opinion from religious leaders. |
| Government Frame | A frame that concerns new strategy or policy regarding the epidemic or patients, political or diplomatic concerns in a national or global context. |
| Policy | Formal and informal guidelines of health programs and health professionals |
| Other frames[i] | The Frames which does not consider the above but carries heath dimension except life style. Crime related to health, hospital facilities, Issues related to drugs, scam in heightfield |

***Research Findings***

Throughout this study, a total of 392(India = n 92; Malaysian = n300) news articles were identified in the four newspapers between the months of March and October 2019. In terms of monthly distribution, Table 3 clearly illustrates the breakdown of coverage in four newspapers.

**Table 3:** News articles distribution according to month and newspaper

| Month | TOI | HT | The Star | NST |
|---|---|---|---|---|
| March | 7(12.5%) | 8(22.2%) | 26 (17%) | 22 (15%) |
| April | 2(3.5% | 1(2.7%) | 25 (16%) | 17 (12%) |
| May | 13(23.21%) | 4(11.1%) | 19 (12%) | 28 (19%) |
| June | 2(3.57%) | 1(2.7%) | 17 (11%) | 2 (1%) |
| July | 8(14.2%) | 8(22.2%) | 25 (16%) | 16(11%) |
| August | 9(16%) | 5(13.8%) | 14 (9%) | 27 (18%) |
| September | 11(19.6%) | 3(8.3%) | 12 (8%) | 17 (12%) |
| October | 4(7.1%) | 6(26.6%) | 17 (11%) | 17 (12%) |
| Total | 56 (100%) | 36(100%) | 153 (100%) | 147 (100%) |

Answering the first research question on the dominant frame of health that has been covered by each selected newspaper revealed that in Malaysia, the dominant frame of health that has been covered by each selected newspaper was gender (n= 211). Specifically, *The Star* and *NST* indicates that gender frame in health which focuses on equal health benefits for both men and women such as exercising, healthcare benefits and cleanliness and hygiene. NST reported 72% (n=106) and TS 50.32% (N=77). This includes exclusive women centered health issues such as menopause, pregnancies, menstruation and exclusive male centered health issues

such as prostate cancer, cardiovascular diseases and vaping turned out to be a dominant frame in covering specific health issues.

The two Indian newspapers papers framed non-gender stories than gender and health focused stories. *HT* carried 58% *(n=21)* and *TOI covered 53.3%* (n=31) stories. These included stories on health scam, crime related to health, accidents in hospital etc. However, gender equity is the second major focus given by both the newspapers *TOI* 35.7% (n=20) and *HT* 27.7% (n=10). *TOI* gives much higher preference to gender-based stories compared to *HT*. There is a significant difference given in the Malaysian and Indian Newspapers. Both papers carry ten times a greater number of stories than the Indian newspapers. Within the country also there is a preference in framing health stories in different newspapers.

*TOI* (n=36) carried comparatively more stories than HT (n= 56). Among the Malaysian newspapers *The Star (n=153)* had more stories than *NST* (147). In Indian Newspapers, the gender focused stories framed the need for gender equity in economic, political and social sector. *HT* carried 27.7% (n=10), whereas *TOI* had 35.7%(n=20) stories on gender.

*HT had* 5.5 %(n=2) reports on relationship with gender and control of resources; 2.7 %( n=1) on spousal communication to support changing norms.; 2.7 %( n=1)on new innovations in Health; 2.7 %( n=1)on new health perspectives and 2.7%( n=1)on change in existing believes/attitudes. *HT* framed 58.3% (n=21) of health stories as stories besides gender and focus. Communicable disease11 %(n=4) and other 35.8% (n=14). It carried one story on government policy and had no story with religious frames

The *TOI* framing focused 7% (n=4) on gender-based roles; 5.3% (n=3) on different need/roles of men and women and 3.5 % (n=2) on women leaders in health. Other gender-based health focus carried 1.7%(n=1) on social and cultural constraints and opportunities; 1.7%(n=1) on exclusive women centered health news and 1.7%(n=1) on new innovations in Health. The daily framed communicable disease 1.7%(n=1) and on food 3.5 %(n=2); success stories in health field 7% (n=4) and other health related stories 23.2 % (n=13). The papers did not carry any story on government and religious framing.

Meanwhile spousal communication seems to revolve in Malaysian dailies around a couple's needs such as child minding or fertility NST 1% (n=3); As *TS* reported 7% (n=11) on new health perspectives while *NST* reported 1% (n=3); only *NST* focused 0.68% (n=1) on others which include crimes relating to health. There were no stories with religious frames but stories on government or government related issues or support were addressed in *NST* 4% (n=6) and *TS* 11% (n=17).

In terms of information published by the health institutions and dailies on its reflection on gender issues and gender roles it was discovered that the focus was fairly inclusive of both genders especially in terms of treatment and prevention of diseases were 29 % (n=89). Nevertheless, most news articles presented exclusively on women and health were 13.6 % (n=41) were based on either issue about pregnancies, breastfeeding, menstruation or menopause which is expected and in retrospect clearly defines the role of the woman as child bearer and nurturer.

**Table IV:** Daily newspapers and news frames

| **Frame** | ***The Hindustan Times*** | ***Times of India*** | ***The Star*** | ***NST*** | **Whole Sample** |
|---|---|---|---|---|---|
| Social | 4 (11,1%) | 5 (8.9%) | 61 (39.8%) | 25 (17%) | 95 (24.23%) |
| Gender | 10 (27.7%) | 20 (35.7%) | 77 (50.32%) | 104 (70.7%) | 211 (53.82%) |
| Policy | 0 (0%) | 0 (0%) | 8 (5%) | 2 (1%) | 10 (2.55%) |
| Religious | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Government | 1 (2.7%) | 0 (0%) | 4 (2.6%) | 6 (4%) | 11 (2.80%) |
| Others | 21 (58.3%) | 31 (55.35%) | 3 (1.96%) | 10 (7%) | 65 (16.58%) |
| Total | 36 (100%) | 56 (100%) | 153 (100%) | 147 (100%) | 392 (100%) |

Note: Values in parentheses indicate %ages within newspapers

It should be mentioned that health articles in the Malaysian press were inclusive in the coverage of

senior citizens (n=2), *orang asli* (aborigines) (n=2) and youth and children (n=3) even though it may not be significant to the study.

Answering the second research question of identifying the frames in reporting health for the genders among all four newspapers, there were no significant difference of the frame within the countries. The information published in the Malaysian newspapers were heavy on government related health news especially news endorsed by the health ministry or the health minister. Whereas the Indian newspapers limit to one story from the government perspective. The ownership is totally in the private hands and health and development is not focused as their priority, except the general news and innovations focused in multispecialty hospitals. This is evidently so as, media ownerships in Malaysia are mostly connected to the state or political parties. Thus, the news coverage in various newspapers reflects the influence of the owner and their association with the "people in power" (6.6 %). Nevertheless, it was found that information from health officials were male rather than female. This inadvertently shows that women in healthcare decision-making are mostly skewed to one gender. Most of the health-based communication in Malaysian dailies reflect the health goals of communicable diseases such as diabetes, cardiovascular diseases and cancer which seem to fit into the national health agenda.

Despite the fact that the Indian realities require health improvement in both urban and rural set up, the Indian dailies focused least on government health policies, perspectives either on gender perspective or in general. As *TOI* reflected no stories, *HT* carried 2.7%. Rather it focused on empowerment of women and equity where *TOI* had a higher focus. They were found totally closed to discuss on gender engagements. *TOI* carried more stories on gender perspective compared to *HT*. Considering the total coverage of stories, *TOI's* health preferences are higher than *HT*. (n=56v/s36)

Social framing in Malaysian dailies are much higher than the Indian dailies 37.8% and 17% v/s 11.1%and 8.9%. Similarly, gender focus in Malaysian news is much higher than the Indian news frames (50.3% and 70.7% v/s 27.7% and 35.7%). At the same time, communication on health policy focused by the Malaysian print media is minimum (5%and 1%). The Indian print media did not give any focus to it. Religious stories, issues or opinions of religious leaders(on health) are not found in any of the four newspapers. Government frame is also least focused area by Indian daily where one paper overs 2.7% another one does not carry any information, where are both the Malaysian dailies reflect outframes though it is a nominal number.

## III. DISCUSSIONS AND CONCLUSION

Mass media is an established vehicle for the transmission of information on public health and has a double objective: to increase the amount of specific health information and to draw the attention of a target audience. Ultimately, sufficient and appropriately framed exposure to messages will contribute to behaviors of public health. Despite mixed results, the real utility of mass media in this respect has been well studied. The Malaysian print news media was overwhelmingly inclusive of the benefits of healthcare towards their male and female patients and stressed on increasing the health and wellbeing of the *'rakyat'* (public). The Malaysian government were mostly featured in issues pertaining to decision making and funding for medication, procedures, and other treatments. The majority of news coverage, regardless of issues raised, highlighted health perspectives and improvements for the public to lead a better quality of life. Given that communicable were mentioned most frequently in Malaysian newspaper articles, these results underline the importance of access issues that concern these diseases and the potential policy impact of media coverage of these issues.

The Indian dailies frame to protect the rights and Health of Women at the same time, the media reports on women centered health news (maternal health/ breast/ cervical cancer, etc.) are insufficient to create awareness among the mass. As per the data ,they are silent about information on how gender roles, for both women and men, may impede access to health information, restrict use of health services, or limit beneficial health outcomes; Positive and negative impact of health programme; Present health training; Gender perspectives in underlying in the strategy and positioning of health program. The media is totally silent about maternal and child health, maternal preparedness, mal nutrition and health need among urban poor and rural sector. At the same time, it focuses on mental health among white collar job holders, importance of *yoga* and healthy diet. The information also focusses on new innovations, heart diseases and other life style diseases.

The results of our study support the view that Malaysian news media favors creating awareness and informing their publics regardless of gender. The Malaysian media seem to value women and men and do not give rise to different consequences that reinforce inequalities. Given the existing literature on the role of the media in framing public policy debate, this reality may make it more difficult for other perspectives, such as a more evidence-based approach, to influence funding decisions. In terms of its application and practice, Malaysia has long advocated gender mainstreaming. There is so much evidence to support such as setting up agencies, policies and institutions to help meet the needs and support Malaysian women's development. Gender mainstreaming is not a prioritized area in Indian newspapers, compared to other economic and social equity of women in the news frame.

***Suggestions***

Achieving gender equality in health through the process of gender mainstreaming as a strategy is a challenge. In this study, it would appear that mainstreaming gender is good. But as we embark on our quest for gender equity and gender mainstreaming in health, the popular media need to focus it as a priority by highlighting both the national and transnational realities. National media can play a significant role to bring trans-national cooperation in a region where some of the most globalized economies have been seen and in others, it would require specific measures worked out in consultation with specific groups and media policies.

**Limitation**

The study is limited to English daily and may miss to cover non- English readers targets.

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[i] This is generated to include that health information which were not included in the frame.