

Role of Newspapers in Combating COVID 19 in Jharkhand: A Study

By

Pallawi Das

*Dissertation submitted in partial fulfillment of the requirements of the degree
MBA Hospital and Health Management*

Academic year, 2018-2020



The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: www.iihmr.edu.in

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled 'Role of Newspapers in combating COVID 19 in Jharkhand: A Study' and submitted by Pallawi Das, Enrollment No. 0791 under the supervision of Dr. Nutan Prabha Jain for award of MBA in Hospital and Health Management of the University carried out during the period from February to May 2020 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

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Pallawi Das

The IIHMR University, Jaipur

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List of Abbreviations

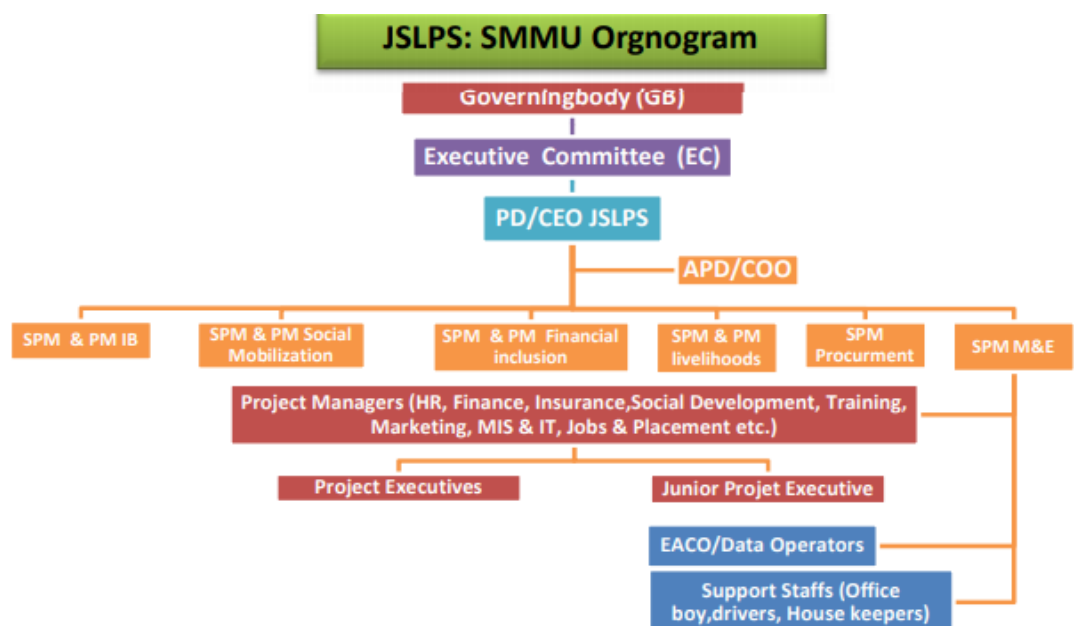
1. CLF – Cluster Level Federation
2. ICMR – Indian Council of Medical Research
3. MoHFW – Ministry of Health and Family Welfare
4. nCoV – Novel Corona Virus
5. NFHS – National Family Health Survey
6. NGO – Non Government Organization
7. NRLM – National Rural Livelihood Mission
8. PHEIC – Public Health Emergency of International Concern
9. PPE – Personal Protective Equipment
10. RT-PCR – Reverse Transcription – Polymerase Chain Reaction
11. SHG – Self Help Group
12. VO – Village Organisation

About the organization

Jharkhand State Livelihood Promotion Society (JSLPS) was constituted as an autonomous society in the year 2009 within the Rural Development Department, Government of Jharkhand. The society is created to serve as a special purpose vehicle for smooth implementation of poverty alleviation schemes and programmes in the state. The program started by putting its first foothold in eight blocks across three districts of Pakur, West Singhbhum and Ranchi.

Vision – “Create a socio-economically developed Jharkhand through inclusive growth strategies for empowering the underprivileged members of vulnerable communities/groups, resulting in them leading a dignified life.”

Mission – “ We dedicate ourselves to empowering the underprivileged women as well as the members of vulnerable communities/groups in the state by organizing and capacitating their groups and creating sustainable livelihoods. We ensure convergence of prevalent development programmes and schemes as well as forge partnerships with other non-government organizations and International developmental agencies for inclusive growth and the empowerment of the members of the groups served. In order to provide quality member-services, we remain financially sound and secure. We work towards establishing ourselves as a unique organization with deep abiding human values and maintaining the same.”



As of October 2016, the mission has its outreach to more than 5.00 lakh households mobilized into 45000 SHGs and federated as 2100 Village Organizations (VO) and 37 Cluster Level Federations. Additionally, a chain of community cadre has also been nurtured & capacitated. It is envisaged that by the end of 2019-20, NRLM would reach to all villages of the State.

Access to entitlement and convergence is one of the core components of NRLM and in this end JSLPS strives to ensure convergence of prevalent development programmes and schemes as well as forge partnerships with other Govt. & civil society organisations and International developmental agencies for inclusive growth and the empowerment of the members of the groups served.

JSLPS is continuously putting its effort to strengthen the element of financial intermediation at SHG and its federations and also committed to strengthen the process of social intermediation. The idea is to convert SHG and its federations as Institution for Social & Financial Intermediation. Taking this into account, there is strong need to unfurl the interventions of social intermediation in a much larger way so that the SHGs/VO can participate and engage themselves in the discourse of social issues at village and panchayat level.

With presence of above mentioned institutions like SHG/VO/CLF and financial capitalisation, it is imperative that other dimensions of poverty alleviation like – Health, Gender, Social & Entitlement, Governance, Livelihood, etc. is simultaneously addressed. Convergence with existing schemes of government by the poor's institution will help in addressing the social issues.

JSLPS is working relentlessly in 200 Locations, 1870 Villages in Jharkhand, touching lives of more than 500,000 families by empowering our communities towards nurturing the dreams of a New India.

Introduction

Newspaper is considered one of the important media for fact related information, opinion on a matter and analysis of a situation. Besides imparting knowledge, newspapers also impact the understanding of the readers on any issue and at times advocate for them. The society despite increased importance of electronic media has managed to stay as strong as ever in printed press role in informing the populace.

As per the NFHS-4 data of Jharkhand, 42 per cent men and 16 per cent women are likely to read a newspaper or magazine at least once a week. The Census 2011 indicates that the literacy rate of Jharkhand is 67.63% in total while it is better in Ranchi district 76.06per cent.

As per MediaAnt⁽¹⁾, the readership of the newspaper, Dainik Bhaskar in Ranchi is 116,292, which is among the top six most circulated newspapers in the district.

Newspaper presents various ongoing issues around the globe to the public, which not only helps garner but also reflect community support at the time of the pandemic. During the pandemic complimented with the national curfews, monitoring local newspapers proves to be useful and important because they are close to the local context of a community and also serve as a forum for public and community leaders.

In a recent video conference with journalists and stakeholders of print media from across the country, the Prime Minister of India, Narendra Modi said – “newspapers have ‘tremendous credibility’ and, by acting as a link between the government and the people, play a critical role in creating awareness about the COVID-19 outbreak at both the national and regional levels.”⁽²⁾

Coronavirus disease or COVID-19 is a viral infectious disease that is caused by Severe Acute Respiratory Syndrome Corona Virus 2 or SARS-CoV2. The first outbreak was reported in Wuhan, China on 31 December 2019, and it has now spread to more than 50 countries. WHO declared COVID-19 as a Public Health Emergency of International Concern (PHEIC) on 30 January 2020. The disease is fast-spreading and endangers the health of a large number of people. Therefore, it requires some immediate actions to prevent the community spread of the disease.

India started dealing with the increase in positive cases by first curtailing incoming international traffic and declaring a 14-hours ‘Janta Curfew’ by the Prime Minister on 22 March 2020, although some states started imposing restrictions even prior to Janta Curfew. Further, a nationwide lockdown was enforced on 25 March 2020 for 21 days. On 14 April, the lockdown was extended till 3 May 2020. This was further extended by two more weeks till 17 May 2020. The National Disaster Management Authority extended the nationwide lockdown till 31 May 2020. Then the government announced Unlock 1-phased re-opening of areas outside the Containment Zones from 1 June 2020 till 30 June 2020.

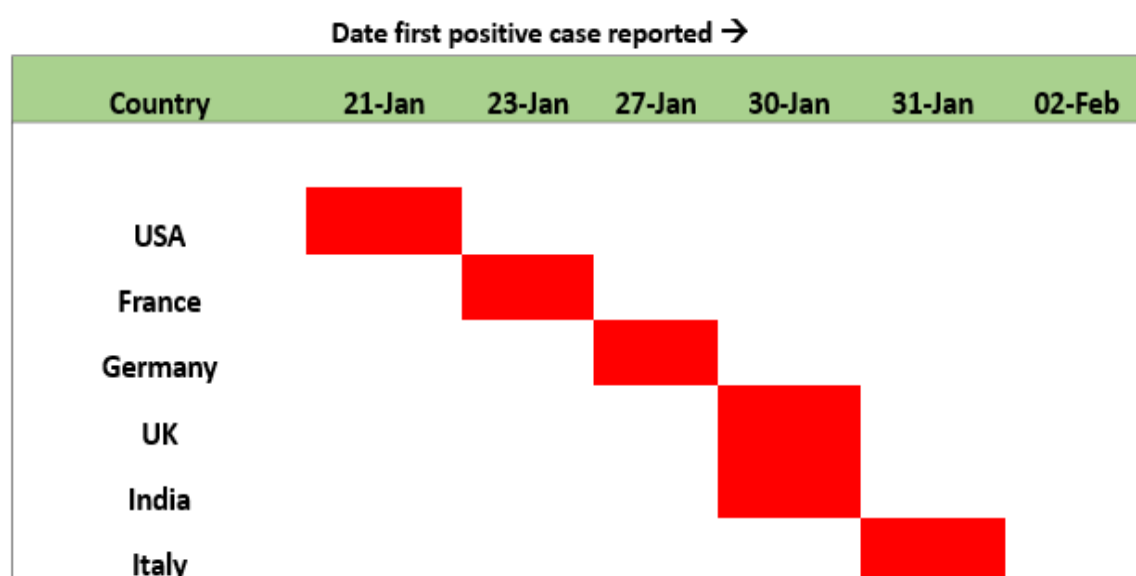


Fig. 1 – Date of first reported case (source: MoHFW)

The first case of a laboratory confirmed 2019-nCoV in India was reported on 30 January 2020. Fig. 1 shows the date of first positive case in India and other countries. The cases across USA, France, Germany, UK, Italy and India were reported within a ten-day timeframe. As of 31 May 2020, out of 367,166 deaths reported globally due to COVID-19, the share of India is just 1.41%.

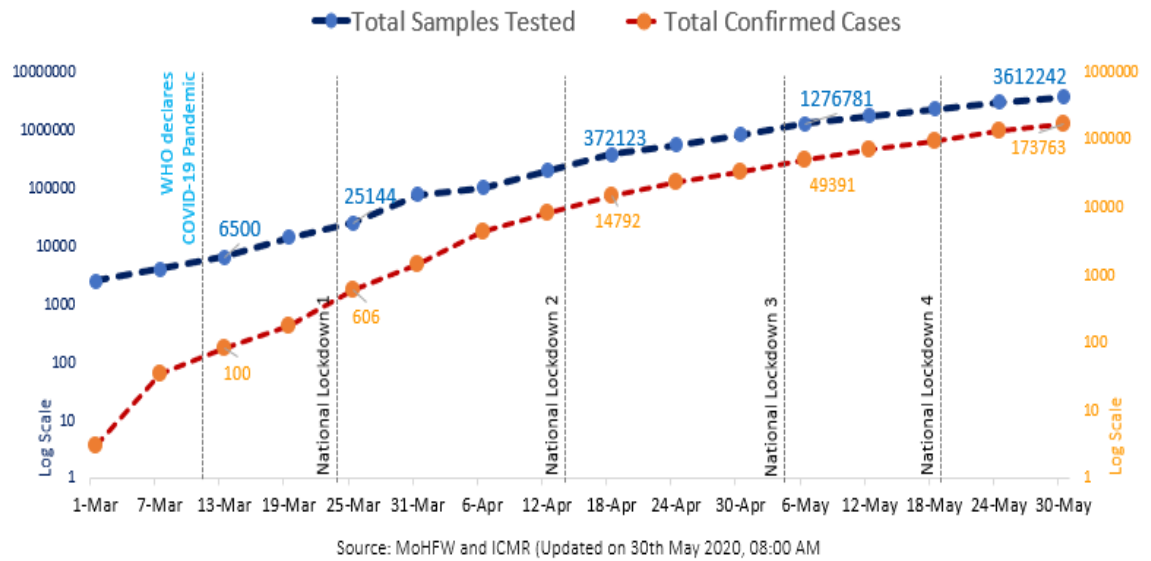


Fig. 2 – Trend of total samples tested and total confirmed cases in India

Fig.2 shows the trend of total samples tested against the total confirmed cases during the four national lockdowns in India. Clearly, as the testing increased the number of confirmed cases also gradually increased.

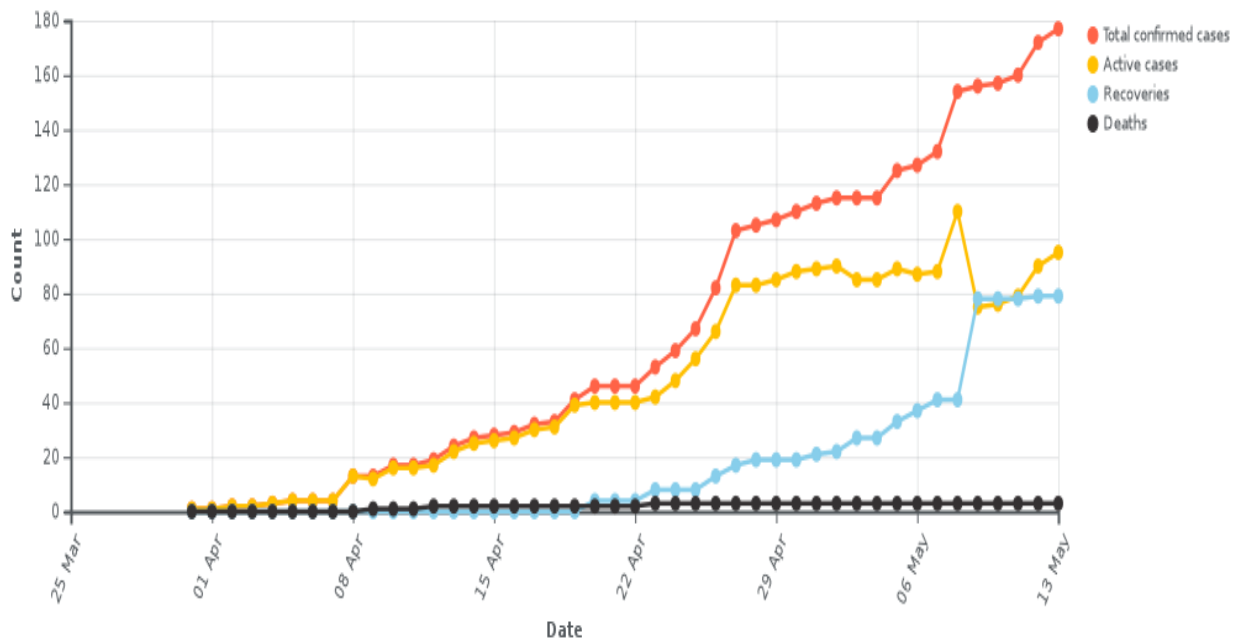


Fig. 3 – Trend of cases in Jharkhand (source: covid19india.org)

Fig. 3 shows the trend of cases in Jharkhand. The first case of COVID-19 in Jharkhand was reported on 31 March 2020. As of 31 May 2020, the state has confirmed a total of 610 cases and the fatality rate of 0.82% (source: MoHFW).

Literature Review

Table 1 – Review of literature on newspaper content analysis

S. No.	Title of the study (Author/s, year)	Sample size	Objective/s	Key findings
1.	“Content analysis of press coverage during the H1N1 influenza pandemic in Germany 2009–2010” (Sabine Husemann & Florian Fischer, 2015) ⁽³⁾	15,353 newspaper articles	• To show how press coverage changed over the course of the pandemic. • To identify how far information provided by the media was linked to the current situation. • To identify what types of information were mainly published by the media.	• The changes in number of news articles were somewhat similar to the changes in the number of infected people. • There were only a few articles that had information about the agent of the influenza or support measures.
2.	“Understanding newsworthiness of any emerging pandemic: International newspaper coverage of the H1N1 outbreak” (Katherine C. Smith, et. al., 2012) ⁽⁴⁾	1079 headline links and images from 12 newspaper home pages	• To assess H1N1 newsworthiness from newspaper home pages in 12 countries during the initial outbreak month. • To identify factors predicting news coverage volume following the outbreak.	• H1N1 news was initially extensive but declined rapidly. • The number of news was high in the countries having the history of the avian flu, indicating that the H1N1 newsworthiness was bolstered by past experiences. • The coverage of H1N1 increased after

				a first in-country case, thereby interrupting the pattern of coverage decline.
3.	“Newspaper content analysis in evaluation of a community-based participatory project to increase physical activity” (Michelle L. Granner, et. al., 2009) ⁽⁵⁾	2681 articles from 1764 newspapers	To describe the use of newspaper content analysis as a tool for evaluating the impact of media advocacy and media-based community education on newspaper coverage of content related to physical activity and exercise.	- As compared to the comparison county, the number of articles on the selected topics was more in the intervention county. - The moderate prominence indices indicated the low prominence of the topics in both the counties.
4.	“How Much Is Enough? New Recommendations for Using Constructed Week Sampling in Newspaper Content Analysis of Health Stories” (Douglas A. Luke and Charlene A. Caburnay, 2011) ⁽⁶⁾	8,342 health stories from 1,826 newspaper issues of four newspapers	To create maximum sampling efficiency while controlling for cyclical biases using constructed week sampling.	- The confidence interval ranges implied a minimum six constructed weeks to be the most efficient. - However, the improvement shown in estimate precisions over the past six constructed weeks was relatively minimal.

5.	“Media Coverage of a Global Pandemic in Japan: Content Analysis of A/H1N1 Influenza Newspaper Articles” (Mio Kato & Hirono Ishikawa; 2016) ⁽⁷⁾	2,237 articles from three national newspapers	• To explore the topics covered during the pandemic by Japanese newspapers. • To measure how much is covered in those newspapers • To find out whether these newspapers provide information on preventive measures to the individuals.	• More of factual information was reported in the Japanese national newspapers. • However, despite its importance for the society, the information on preventive measures was less frequently reported.
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All these studies show how newspapers have influenced the society in the disease outbreaks. However, amid the COVID-19 pandemic lockdown, newspaper has been an important media that has reached most of the society. This study is proposed to understand the role of newspapers in increasing the awareness during the pandemic.

Objectives of the Study

- To review COVID-19 related guidelines and advisories issued by Government of India and Government of Jharkhand
- To study role of print media in creating awareness of COVID 19

Methodology

Study Setting – Ranchi district, Jharkhand

Study Type – Descriptive Study

Sample Size – 25 newspapers of Dainik Bhaskar from the month of April, 2020, excluding 5 newspapers which could not be found in a readable state.

Sampling Technique – Purposive Sampling. Out of 44 newspapers circulated in Ranchi, Dainik Bhaskar was selected for the study due to its availability and accessibility during the pandemic. 25 Dainik Bhaskar newspapers were chosen from 1st April to 30th April, 2020, since the first case of COVID-19 in the state.

Data Collection Method – Review of government guidelines and newspapers.

Data Collection Tool – Checklist

Operational Definition – Awareness in the study is defined as the knowledge of COVID-19 on the following dimensions:

- Reports on factual data – This will include number of positive/detected, cured and death cases, survey reports, government guidelines.
- Preventive measures – This will include screening (thermal screening and other symptoms), sanitization, hand-wash technique, mask-wearing technique, no touching of face, social distancing, and quarantine.
- Curative measures - This includes diagnostic (sample testing), isolation, medicine and drugs, vaccination

- Pandemic/lockdown effects – This includes the effects of pandemic or lockdown like effects on daily wage workers or migrant workers, transportation problems, barriers in health services.
- Corona warriors motivation and respect – This will include incidents of motivating and respecting corona warriors like health staff, police, cleaning staff, survivors and patients.
- Logistic and supplies – This will include supplies of PPE kits, gloves, mask, and PDS and donation of ration by the government.
- Management – This will include management by state, centre or local administration, and management models like Bhilwara model or Agra model.
- Stigma and discrimination – This will include incidents relating to rumors, fake news, discriminating a particular community or gender, misbehavior or disrespect towards any professional like healthcare workers or police.
- Lockdown violation – This will include the failure of the people to follow the lockdown rules/laws during the pandemic lockdown.
- Social work – This refers to the donation of ration, foods or PPE by NGOs, political parties and individuals.

Coding Criteria – News item will be coded for the following variables.

Table 2 – List of variables for news items

S. No.	Variables	Explanation
News Item Details		
1.	Newspaper Name	Name of the newspaper in which the piece of information is issued
2.	Newspaper Date	Day of COVID-19 since the first case in the state
3.	Headline	Main headline of the news item
4.	News item Description	Brief description of the news item
News Item Variables		
1.	Total number of news item by dimension of awareness	
2.	Total number of COVID-19 related news items on awareness per issue	
3.	News item Type	News and crime reports coded into news articles; feature and pictorial coded into feature articles; letter to the editor, editorial and opinion column coded into opinion; facts and data into data; and advertisements.
4.	Coverage (global, national, state, district etc)	Whether the news item majorly covers international, national or local angle with respect to Jharkhand.
5.	Component of the news item/ piece of information	1. Reports on factual data 2. Preventive measures 3. Curative measures 4. Pandemic/lockdown effects 5. Corona warriors motivation and respect 6. Logistic and supplies 7. Management

		8. Stigma and discrimination 9. Lockdown violation 10. Social work 11. Others (specify)
Quality indicators of News item		
6.	News item by its place (page number and section title)	Whether the news item is found on front page of a newspaper section (Yes/No); P.S. – Dainik Bhaskar in Ranchi has Ranchi Front Page and General Front Page, so the first pages of both the front pages will be considered.
7.	Presentation	Placement of the beginning of the title or top of news item/figure/picture (left, above fold; right, above fold; left, below fold and right, below fold)
8.	Space coverage	It will be measured by summing the square inches from across all parts of the story, including text, headlines, bylines, and visuals.
9.	Headline Size	Small, (<0.7 cm); medium, (0.7-1.2 cm); large, (>1.2 cm).
10.	Visual Inclusion	Whether photograph or other visuals are included in the news item(yes/no)

Data Analysis Method – The data collected was analyzed using MS Excel and SPSS.

Results

The result will be presented in two parts –

1. Review of government guidelines and advisories

To deal with the pandemic, the Government of India had been issuing guidelines and advisories with time to time in the following categories –

- a) Travel Advisories
- b) Citizens
- c) Hospitals
- d) Human Resource Management
- e) States/Departments/Ministries
- f) Employees
- g) Awareness

Travel Advisories – The first travel advisory for COVID-19 was issued by the Government of India on 17 January 2020 during the initial spikes in cases in China. This was primarily for the travelers to China, advising them to take precautions while travelling to China. Thereafter, the government had issued several travel advisories when the first case had been confirmed in India. The advisories mainly refrained the Indian travelers from travelling to China and all the existing visas were no longer valid for any foreign national travelling from China. As the disease spread across other countries, the Government of India also advised to refrain from non-essential travel to countries like Singapore, Republic of Korea, Islamic Republic of Iran and Italy. It was also advised for people coming from or having any travel history to these countries to be quarantined for 14 days. The visas of other affected countries were also suspended and those arriving from non-restricted countries, directly or indirectly from restricted countries, were compulsorily directed to undergo medical screening at port of entry. In the later issues, the government, in addition to Visa restrictions, advised passengers travelling from/having visited Italy or Republic of Korea and desirous of entering India to show a certificate of having tested negative for COVID-19 from authorized laboratories. When more than 100 countries globally had reported cases of COVID-19, the Government of India issued an Additional Travel Advisory on home isolation, guiding the passengers with travel history to affected countries about self-

monitoring of health and self-imposed quarantine for 14 days. As the number of confirmed cases continued to surge in the country, the government continued to issue Additional Travel Advisories restricting the scheduled international commercial passenger aircraft from taking off from any foreign airport for any Indian airport and also a maximum travel time of 20 hours would be permissible for such aircraft to land in India. When some relaxations were allowed in the later lockdowns, the government also issued guidelines for domestic travel and international arrivals.

Citizens – The Government of India had issued many guidelines and advisories for citizens for prevention of COVID-19 like mass gatherings, use of masks by public, home quarantine, dead body management, social distancing and disinfection of common public places including offices. At the beginning of the first national lockdown, the government issued guidelines for issuing of medicines during the pandemic stating that the medicines would be issued/ indented for three months at a time for special circumstances like elder beneficiaries aged 60 years or above, beneficiaries undergoing immuno-suppressive treatment, uncontrolled diabetes/ decompensate cardiac status and any other illness compelling stay at home. Guidelines were also issued for the use of homemade protective cover for face and mouth, quarantine facilities for COVID-19 and for handling, treatment and disposal of waste generated during treatment/diagnosis/quarantine of COVID-19 patients. The government also released guidelines for dialysis and discharge policy for COVID-19 patients.

Hospitals – Various clinical guidelines were released by the government for the smooth functioning of the COVID-19 as well as non-COVID-19 areas of the hospitals during the pandemic. This also included the guidelines for RT-PCR based Pooled Sampling, surveillance system and rational use of PPE. Guidelines were issued by ICMR for rapid antibody test in Hotspot area. Tackling the problem of scarcity of PPE, the government issued advisory on re-processing and re-use of eye protection goggles.

Human Resource Management – For the capacity building of human resources during the pandemic, the government provided numerous training materials for different classes of healthcare professionals. It also released advisory for human resource management of COVID-19 guiding the capacity building, surveillance, clinical management, management of quarantine, isolation facilities, logistic and supplies, and psycho-social care.

States/Departments/Ministries – Under this the government issued guidance on sample collection, packaging and transportation, and surveillance for human infection with 2019-nCoV. As the cases increased, ICMR issued revised guidelines/strategy for COVID-19 testing. With the government allowing the movement of migrant workers, an advisory was released for quarantine of migrant workers. An advisory was released by Ministry of Rural Development to the State Rural Livelihoods Missions on actions to be taken to address the COVID-19 outbreak. To deal with the problems due to lockdown, the government also issued advisories for effective management and ensuring safe drinking water during lockdown, and voluntary blood donation.

Employees – With the relaxation provided to office-goers in the later lockdowns, the government issued guidelines on preventive measures to contain spread in the workplace settings, and disinfection of offices.

Awareness – For awareness, the government had issued video guidelines for Home Isolation of very mild/ pre-symptomatic COVID-19 cases. Besides, the government also released numerous awareness materials in different languages for frontline workers, other health service providers and about stigma and discrimination.

Prior to the first confirmed case of COVID-19 in Jharkhand, the Government of Jharkhand had issued many guidelines on COVID-19 as a precautionary step. This included prevention guidelines for public as well as frontline workers. After the first case was detected in the state, the state government issued a guidance document on appropriate management of suspect/confirmed cases of COVID-19. The government also released the guidelines issued by the World Health Organization on mental health considerations during COVID-19 outbreak. To lessen the effects of pandemic lockdown on the health system, Telemedicine Practice Guidelines were issued by the Board of Governors for enabling registered medical practitioners to provide healthcare using telemedicine. On 20 March 2020, the district administration of Ranchi issued guidelines on COVID-19 Preparedness and Control in Ranchi (CPCR). The Government of Jharkhand had also issued guidelines for operating the ‘Bazar Mobile App’, which was launched by the state government on 21 April 2020 with the objective of connecting buyers and traders. This application would make easier the sale and delivery of daily needs and other essential items during the pandemic lockdown.

2. Newspaper review

A total of 1939 news items were reviewed (49% of total) from 25 newspapers issues. The news items were categorized as per the components of awareness that were –

- a) Reports on factual data
- b) Preventive measures
- c) Curative measures
- d) Lockdown/pandemic effects
- e) Corona warriors motivation and respect
- f) Supplies and logistics
- g) Management
- h) Stigma and discrimination
- i) Lockdown violation
- j) Social work

Table 3 shows the frequency for the components of news items in the newspapers. The news items regarding the management of the pandemic appeared the most in the newspapers in the study duration.

Table 3 – Per cent distribution of news items by COVID 19 awareness components

S. No.	Components of awareness	Number	Per cent
1.	Management	441	22.7
2.	Reports on factual data	305	15.7
3.	Social work	236	12.2
4.	Preventive measures	227	11.7
5.	Pandemic/lockdown effects	222	11.4
6.	Lockdown violation	129	6.7
7.	Corona warriors motivation and respect	110	5.7
8.	Stigma and discrimination	110	5.7
9.	Logistic and supplies	98	5.1
10.	Curative measures	51	2.6
11.	Others (crime, blame, opinion)	10	0.5
	Total	1939	100

The frequency of issue coverage influences awareness, so the trend of number of COVID-19 news items against the number of headings per newspaper is studied as shown in Fig. 4.

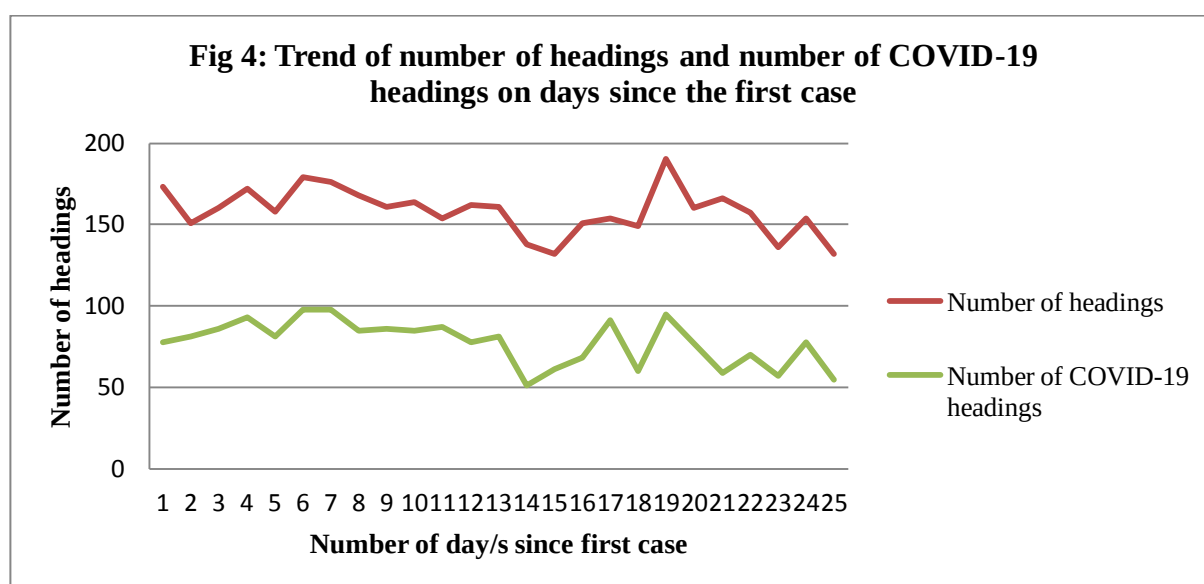


Table 4 represents the frequency table of news items with respect to variables like news item types, coverage, presence in the front page and visual inclusion in the news item. Most of the news items (67.4%) were news articles. More than half of the news items had the local coverage. However, less than one-fourth of the news items were present in the front pages of the newspaper, and less than half of the news items included visuals like pictures, cartoons or graphs in them.

Table 4 – Per cent distribution of news items by types, coverage, presence in front page and visual inclusion

S. No.	News item variables	Number	Per cent
News item type			
1	News articles	1307	67.4
2	Feature articles	206	10.6
3	Data	156	8.0
4	Advertisements	140	7.2
5	Opinion	130	6.7
Coverage			
1	Local	1084	55.9
2	National	607	31.3
3	International	248	12.8
Presence in front page			
1	Yes	394	20.3
Visual inclusion			
1	Yes	860	44.4

A prominence index was created with each quality indicator using a 4-point scale (0 = lowest prominence, 3 = highest prominence). The index reflected the likelihood of an item being read in a newspaper. It is any indicator of level coverage an item is given. More prominent items are more likely to be read. The prominence index was calculated by summing the scores of each of the following quality indicators –

Table 5 – Scores for quality indicators using a 4-point scale

Indicators	0	1	2	3
Front Page			No	Yes
Item location	Right, below fold	Left, below fold	Right, above fold	Left, above fold
Space coverage	< 184 cm sq	184 – 460 cm sq	460 - 921 cm sq	>921 cm sq
Headline size		Small (<0.7 cm)	Medium (0.7-1.2 cm)	Large (>1.2 cm)
Visual inclusion			No	Yes

Table 6 represents the mean prominence indices of different components of awareness. The highest mean prominence indices were shown by ‘Corona warrior motivation and respect’ and ‘Pandemic/lockdown effects’, while the least was shown by ‘Social work’.

Table 6 – Mean Prominence Indices of the components of awareness

S. No.	Components of awareness	Number of news items	Mean Prominence Index	Standard Deviation	Minimum	Maximum
1.	Motivation and respect	110	8.45	1.785	5	13
2.	Pandemic/lockdown effects	222	8.45	1.892	5	12
3.	Reports on factual data	305	8.44	2.085	5	14
4.	Management	441	8.12	2.001	5	14
5.	Lockdown violation	129	8.12	1.975	5	12
6.	Others	10	8.10	2.470	5	11
7.	Preventive measures	227	7.82	1.708	5	13
8.	Curative measures	51	7.57	1.723	5	11
9.	Logistic and supplies	98	7.54	1.568	5	13
10.	Stigma and discrimination	110	7.50	1.701	5	13
11.	Social work	236	7.39	1.331	5	13

The average of prominence indices of all the news items was calculated per day of the study duration, which is represented in Table 7. The highest mean prominence index was seen on the day 17, while the lowest prominence index was seen on the day 11 since the first case in the state.

Table 7 – Day-wise mean prominence index of news items

Newspaper date (day since the first case)	Number of news items	Mean Prominence Index	Standard Deviation	Minimum	Maximum
Day 1 (1 April 2020)	78	8.09	1.982	5	14
Day 2 (2 April 2020)	81	8.05	1.877	5	13
Day 3 (3 April 2020)	86	8.03	2.032	5	14
Day 4 (4 April 2020)	93	7.96	1.888	5	14
Day 6 (6 April 2020)	81	7.99	1.991	5	13
Day 7 (7 April 2020)	98	7.98	1.905	5	13
Day 8 (8 April 2020)	98	7.95	1.671	5	12
Day 10 (10 April 2020)	85	8.13	1.938	5	12
Day 11 (11 April 2020)	86	7.92	1.861	5	13
Day 12 (12 April 2020)	85	7.93	1.869	5	14
Day 13 (13 April 2020)	87	7.95	1.698	5	12
Day 14 (14 April 2020)	78	7.94	1.826	5	14
Day 15 (15 April 2020)	81	8.04	1.978	5	14
Day 16 (16 April 2020)	51	8.12	1.996	5	12
Day 17 (17 April 2020)	61	8.25	1.997	5	14
Day 18 (18 April 2020)	68	7.90	1.971	5	12
Day 20 (20 April 2020)	91	8.02	1.856	5	12
Day 21 (21 April 2020)	60	8.13	1.953	5	14
Day 22 (22 April 2020)	95	8.00	1.738	5	12
Day 23 (23 April 2020)	77	7.96	1.956	5	12
Day 24 (24 April 2020)	59	7.92	1.878	5	12
Day 25 (25 April 2020)	70	8.19	1.713	5	13
Day 26 (26 April 2020)	57	8.23	1.909	5	12
Day 27 (27 April 2020)	78	8.05	1.772	5	13
Day 28 (28 April 2020)	55	8.04	2.081	5	12

Conclusion

On an average, almost half of the newspaper headings per newspaper issue were related to COVID-19. Majority of the news items were presented in the form of news articles i.e., news and crime reports. Most of the news items showed the local angle and also contained visuals, thus influencing the readers.

Most of the news items were about management of pandemic situation by the government, factual data and government guidelines. On the other hand, the least covered components of awareness were curative measures, and logistics and supplies. However, the components that had greater prominence indices were corona warriors' motivation and respect, pandemic/lockdown effects, and reports on factual data. While, the lower prominence index components of awareness were social work, and stigma and discrimination. It was observed that components like curative measures, stigma and discrimination, and logistics and supplies were both less in number as well as had lower prominence indices. So, these components were given minimal importance in the newspaper.

There were no significant differences in the day-wise prominence indices of news items, and there were no specific trend in the change.

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