

Engaging the Media

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Why bother?

- Media set the agenda
 - Media have a powerful influence in what the public thinks *about*.
 - Even brief exposure to media coverage of a particular issue will increase public assessment of that issue's importance. (Communications for Social Good: Susan Nall Bales & Franklin D. Gilliam, Jr.)
- Media frame the debate
 - The type of story that is told by the news media also powerfully affects the public's understanding of social issues (Bales & Gilliam)
 - Individual vs policy solutions

Why bother?

- Many other reasons for media exposure:
 - Add a particular voice (and perspective) to the discussion
 - Name and Shame
 - Gain public support

Whatever the reason – be clear about your goal!

- It will determine your approach
- How else will you know if you've succeeded?

Thinking like a journalist

- The usual: What's the story hook?
 - Timing
 - Significance
 - Proximity
 - Human interest
 - Unusual
 - Visual

Thinking like a journalist

- But remember also:
 - Have a particular audience in mind
 - Numbers can be intimidating
 - Time is a precious resource ('churnalism')
 - News needs events **and** people
 - Your story has to compete for space and attention (Upworthy example)
 - Good sources are crucial. So are good quotes

Common mistakes

- Thinking the media should cover it, because *you* think it's important
- Not meeting the audience where they are
- Not investing the necessary time and resources
- Not building relationships
- Not following up, and giving up too soon
- Not preparing ready-to-use materials
- Overwhelming with information
- Believing the evidence speaks for itself
- Not linking to current issues or news

The facts are not enough

- Emotion trumps reason in human decision-making. (Antonio Damasio eg).
 - You have to make people care.
- Tell a story before zooming out
 - Trauma unit
 - Story of a single person more powerful than many – Malawi Example
- Make it visual
 - <https://visualisingadvocacy.org/>
 - Use visual language
- Create your own events that are media-worthy (eg Billionaires for Bush)
- “It’s a Scandal” Scandal = Awful + Avoidable x Immoral profit (Chris Rose)

Controlling the message

- Language is important
 - Select appropriate metaphors (crime eg; credit-card vs casino)
 - Make numbers/quantity tangible
 - Speak in the singular
 - Profile the actors- the economy is not a self-created entity – people create conditions and can change them

Controlling the message

- Handling an interview
 - Prepare your talking points
 - Have some soundbites ready
 - You don't have to answer the question!
- Bridging:
 - "Some say that, but what our research shows is..."
 - "That is an issue, but the important thing is..."

+ DEATH AND DYING IN THE EASTERN CAPE

An investigation into the collapse of a health system



+ "It was deep sharp pain, I felt something come out of me. I stood up and searched in the darkness for a nurse. The nurses ordered me to walk around."



+ CITIZENS' REPORTS

OF DIGNITY AND DEATH

The story of Lindeka Gxala, a 33-year-old woman, who lost her baby when she was seven months pregnant, is a tough read.

Sadly and horrifically the story does not end with her loss, as she is forced to endure a painful and undignified abortion.

A receptionist at Mdumbi Backpackers in the breathtakingly beautiful Mankoset area, Gxala's tale starts at Piliati Clinic, where she was told in February 2013 that she was pregnant with her first baby.

"I was early in my pregnancy with my first child when I first walked to the clinic 10km from my home," says Gxala. She waited the entire day to be seen at the busy clinic, which is run by a single nurse and an assistant.

Between February and May, Gxala made six visits to the clinic and only got to see the nurse on two occasions. On her sixth attempt, she says, "I was six months pregnant and I took the day off work to walk to the clinic. The nurse was again too busy to see me. My friend and I decided instead to go to Nelson Mandela Academic Hospital in Mthatha.

"The nurses at Piliati are kind and well regarded in the community. I can even call one of them on the phone if I have a serious problem, but they are simply too busy to attend to all the patients."

When Gxala visited the hospital in Mthatha she learned that her unborn baby was dead. It was June 11 2013 and she was seven months pregnant.

"The doctor assured me that there would be no pain when they removed her from me, and I was admitted and placed in a ward the following day. There weren't enough beds and Gxala was forced to share a bed with another woman, who was already in labour.

"She was bleeding. The nurses told her to be still, but when the pain came she would thrash and the blood would spill onto the floor. She bled heavily and her blood pooled on the floor," says Gxala.

Several hours later, the nurse provided Gxala with two tablets. It was never explained to her that these tablets would cause her to abort. "I am not sure what the tablets were or what they were for. Six hours after taking the drugs Gxala was still waiting for something to happen.

"The nurses gave me two more tablets. I became very thirsty and stood up to search for water. I went to the sink and it was full of vomit. I could not drink from it. The vomit blocked the sink and it could not drain.

"They brought me dinner, mince-meat and bread or

rice, but I could not eat it because the place was filthy. There was blood all around me and people vomiting and the room was filled with the stench of blood and the vomit."

The woman who was sharing a bed with Gxala warned her to get blankets before sunset, as the hospital would not be providing her with any.

"She was correct – the hospital did not provide me with a blanket. A friend borrowed two blankets for Gxala. It was cold that night and I was glad for the blankets."

Gxala recalls there being no electricity in the ward until one or two in the morning. "When it became dark, the nurses attended to the women and delivered the babies by the light of their cell phones."

Around midnight, 12 hours after taking the first tablets, Gxala experienced severe pain and cramps in her lower body.

"It was deep, sharp pain. I felt something come out of me. I stood up and searched in the darkness for a nurse. The nurses ordered me to walk around. I tried to tell them that something was coming out of me. They told me to walk around more. I kept telling them about the pain. By then my dead child had come out feet first and the head was stuck inside me. The baby hung from me as I walked around the ward and tried to plead with the nurses, to beg them for relief from the pain.

"I was still walking around when I collapsed from the pain. The nurses then removed another patient from her bed and put me in the bed. I stayed there until six in the morning without anyone helping me. I was in terrible pain the whole time."

The nurse eventually took Gxala to the theatre. "The nurses looked at my hospital card and commented that they had failed to give me an injectable anaesthetic for pain. I still do not know whether they had forgotten, or did not have the injection. Without giving me painkillers they then removed the dead baby while I was conscious. The pain was terrible. They eventually gave me something for the pain, but I had felt everything. I cried the whole time."

Lindeka Gxala was sent home the same day. Her story speaks of a health system that fails its patients, and of some health workers who have no respect for them, leaving them stripped of their dignity.

So: what makes a good budget story?

- A single clear message
- Meets the audience where they are
- Tells a story
- Contains memorable visuals and/or quotes
- Concrete -- links decisions and actions (by people) to impacts (on people)
- Timely, relevant and fresh
- Highlights problems as well as solutions