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TERRORIST BOMBING AT THE USA EMBASSY IN NAIROBI: THE MEDIA RESPONSE
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ABSTRACT

Background: **On 7th August 1998, a terrorist bomb destroyed the American Embassy in Nairobi, killing and injuring thousands of people.**
Objectives: **To describe the media component of the (larger) mental health response, and evaluate the impact of the intervention.**
Design: **Descriptive cross sectional study.**
Setting: **Nairobi, three months after the explosion.**
Subjects: **Residents of Nairobi and outlying areas, exposed to the bomb blast and who received Radio and TV coverage about the explosion.**
Interventions: **Radio and TV broadcasts, starting hours after the explosion and continuing for two weeks thereafter.**
Results: **Of a sample of 400 respondents interviewed, 172 reported they were affected by the bomb blast, either directly or through friends and relatives. TV and radio had the highest reach, (89% and 85%) respectively. Seventy per cent felt the programmes gave victims hope and 90% felt the programmes should continue, as they were helpful to the needy.**
Conclusion: **The media is a controversial, sometimes overused and at times underused resource in Disaster Management. Judicious use of the media was shown to be helpful in this study. Literature supports media interventions in disaster. Doctors working in disaster areas need to understand the media and to prepare for its use as it compliments other interventions.**

INTRODUCTION

On 7th August 1998, the world media attention was focused on Nairobi following the explosion of a one-ton bomb in the city.

Survivors were thrown from one end of the room to the other. Some people died under the fallen masonry as others jumped to their death. People rushed headlong into the darkened buildings, searching frantically for known exists, only to find them blocked and then proceeded to search for new ways out. Terror struck the city. The world watched helplessly at first, as these scenes were relayed live, on TV and Radio.

The Kenya Medical Association set up a programme of mass counselling using radio, television and newspaper articles which helped create awareness of the psychological sequele of this type of disaster under the name of Operation Recovery. The first broadcast was within hours of the explosion.

The media was extremely helpful in promoting Operation Recovery activities.

This paper describes the media component of a much larger response and gives the results of the evaluation of the campaign, which was modelled along the 1992 WHO (World Health Organization)(1) guidelines on the role of the media in disaster.

The guidelines require that in the event of a disaster of this magnitude, information should be reported through at least several channels including TV and radio and should be presented by those who seem trustworthy as leaders.

During disasters, particularly in developing countries, victims are often poorly informed about the events that are occurring. Rumours are frequent, officials give conflicting information and ineffective action often follows. Illiteracy, a multiplicity of languages or dialects, and a lack of media, can all contribute to difficulties in disseminating information rapidly and accurately. Therefore, accurate, trustworthy and easily understood information about a disaster should be provided to the population at a local level. Such information should be provided in collaboration with local leaders and community representatives. It is recommended that dialogue be encouraged between the community, the authorities, scientists and health professionals(1).

The guidelines further point out that public information can lead to adverse psychological consequences creating a sense of confusion and mistrust. It is the right, even the duty, of scientists to give an opinion on a scientific matter, but they must do it in a way that will avoid confusion between the facts and

judgements on facts. Traditionally victims of a catastrophe would be defined as those who were physically touched by its effects. On the contrary however, the notion of victim cannot be limited to those persons physically exposed to toxic emissions or physically affected by the disaster. The victim group of a major disaster potentially encompasses all those who receive the bad news of the accident. For larger populations, the bad news will not necessarily be accompanied by directly visible events or damage. The media can be the vehicle that traumatizes the population. It is with these guidelines in mind that the media campaign was put in place.

Aims: The overall project mission was to alleviate the suffering of the Kenyan people, resulting directly or indirectly from the effects of the bomb blast. In a broad sense therefore and as indicated by the WHO guidelines, the entire Kenyan community was involved. Studies from Oklahoma and other disasters attest to the widespread trauma experienced by the disaster community(2). This study aimed at establishing the reach, effect and impact of the media component of a much more comprehensive response, which is the subject of other unpublished studies.

MATERIALS AND METHODS

The Nairobi community was identified as a specific target of the initiative because of the direct involvement. Many people were in the city centre at the time (10. 30 am on a Friday) and yet others had friends and relatives in and around the disaster site. Few, if any, Nairobi residents were spared the news of the disaster, infact, many saw it live as it unfolded on TV, while others heard about it on the radio. Others read about it in the press later the same day. To address the different groups at risk in the immediate, medium and long-term, different strategies were put in place.

Three hours after the explosion, the principal author was interviewed by CNN (Cable News Network) during which interview the message of hope and encouragement was delivered to many Kenyans who heard of the explosion for the first time on this channel. This message was received globally and had the interesting additional effect of calming many Kenyans abroad who were unable to get through on the telephone to enquire about their loved ones, because the telecommunication system in Nairobi was destroyed by the blast. This CNN message was replayed several times and proved very useful to Kenyans living or traveling overseas.

Ten hours after the explosion and specifically intended to address the needs of the Nairobi community, a three-hour phone-in programme on a local FM station was conducted by FGN. During the programme members of the Nairobi community called. There were three discernible effects of this intervention.

The community received a professional opinion on the likely psychological consequence of the bomb explosion. Specifically, the programme repeatedly emphasized the fact that it was normal at that (early) stage for Nairobi residents to feel as many did, angry, frustrated, inadequate and violated. The message of hope that the majority would in the course of time recover completely was repeatedly stated in the programme.

Callers expressed on air (many for the first time), their feelings of anger at the presumed terrorists, many citing their anger regarding the role of religion (Muslim) with respect to terrorism. The inconsistency between the teaching of Islam and the killing of innocent men, women and children was a recurrent theme by the callers. They were reassured that Islam does not teach the killing of innocent persons. They were also told that there was no evidence that Muslims as a religious sect had anything to do with the explosion.

Towards the end of the programme, the calls became less angry, gave more messages of hope and became more conciliatory as some callers expressed feelings of solidarity with the rest of the city residents who had themselves called expressing identical fears and concerns. All callers felt encouraged by this programme and the approach taken.

On Saturday 8th and Sunday 9th August following each televised news broadcast on the national television station, the specialists summarized the events of the preceding few hours at the disaster site, passed a message on the condition of the rescue workers and discussed the psychological concerns expressed by rescue workers, friends and relatives as well as government officials at the disaster site. This first hand report of the events at the site presented by a "credible" specialist was expected to have a calming effect on the population.

Forty eight (48) hours after the explosion and following each subsequent news broadcast, a mental health expert discussed symptoms of acute stress reactions on national and regional television as well as local and national radio stations, the latter in three languages - English, Kiswahili and Kikuyu. These interventions coupled with more detailed discussions of the subject by mental health experts continued for two weeks after the explosion. Members of the Kenya Psychiatric Association took a leading role in this activity.

Data collection: A well-established media research agency with a presence in four African countries was commissioned to carry out the independent survey. The design of the project, pretesting and other relevant logistic issues were discussed between the authors and a senior partner of the firm (Steadman Associates). The final version of the questionnaire was agreed upon.

A face-to-face method of data collection was used in this survey. In order to meet all the objectives, a quota sample was used to select respondents.

A sample of 400 respondents, who listened to radio or watched T.V on August 7th and thereafter was used. The sample was representative of the adult (15Yrs+) population of Nairobi (Tables 1 and 2).

The main administrative divisions in Nairobi were used during sample selection. Within each division, a random sample of sub-locations was selected. Each sub-location formed one sampling point comprising of 9-10 interviews. At each sampling point, households were selected using the random route method. Interviewers followed the "left hand rule", turning left at every junction of road, track or pathway. Interviews were conducted at every fourth home. In order to randomly select the starting household for the random route, a series of random walking instructions was followed by the field supervisors. This eliminated interviews being conducted only near main roads.

The sampling points were distributed across the

various divisions in Nairobi based on population and social class.

Multi-stage random sampling in proportion to the percentage of the population in designated areas was applied, such that areas with higher percentage of the population had a greater chance of being selected into the sample.

Analysis: All the data collected was analysed and processed using the specialised statistical package (SPSS) and FORMIC for data entry.

Timing: The study was spread over six weeks three months after the disaster.

RESULTS

In the survey, slightly less than half of the respondents (42%) claimed they were affected by the blast in one way or the other. (These include psychological effects, injuries on self, friend or relative). Out of the 172 respondents who were affected, most reported friends and relatives to have been victims. Forty two per cent of those who were affected reported relatives to have been victims. Only 5% of the respondents were directly affected. It was clear from the self report questionnaire that there was a relationship between a relative being affected and the self report of also suffering adversity.

TV had the highest reach with a total of 354 (89%) out of 400 claiming to have watched TV during and/ or after the blast. This compares to 341 (85%) for radio and 316 (79%) for newspaper. A combination of Radio and TV was the most common media combination mentioned.

Nearly half (47%) of the total respondents interviewed were spontaneously aware of Operation Recovery. Awareness of the project activities varied by age and socio-economic class. TV was mentioned as the principal source followed by radio. Respondents of AB social class recorded the highest awareness (59%) as compared to the other social classes 53%, 45% and 35% for Cl, C2 and D respectively. Respondents of the older age group (36-50years) recorded the highest awareness (53%) and the lowest being 40% recorded by 26-35years (Table 3).

Table 1

Sampling procedure

Division		Social Class			Split
		AB	C1	C2	D
Dagoretti	44	8	9	14	13
Kibera	68	12	14	22	20
Central	25	5	5	8	8
Parklands	36	6	8	12	10
Pumwani	44	8	9	15	12
Makadara	48	9	10	16	13
Embakasi	48	9	10	16	13
Kasarani	89	16	19	30	25
Total	402	72	82	134	115
Social class		AB	C1	C2	D
% To B/Sample		18%	20%	32%	28%

Gender split 45% male 55% female

Table 2

Sampling points

Makadara A	Dagoretti	Kibera	Central	Parklands S	Pumwani	Embakasi
Harambee	Waithaka	Kibera	Ngara East	Muthaiga	Uhuru	Embakasi
Ofafa Jericho	Kangemi	Woodley	Ngara East	Parklands	Eastleigh Sec. 3	Tena
Kaloleni	Uthiru	Karen	Ngara West	Kitisuru	Gorofani/ Bondeni	Umoja
Lumumba	Riruta	Langata		Highridge	Shauri Moyo	Kariobangi South
Mbotela	Kawangware	Golf Course		Runda	Muthurwa	Dandora
		South B		Westlands		
		Madaraka				
		South C				

Table 3

Media programmes associated with Operation Recovery

(N=400) Q. Which programmes on media do you know that are associated with Operation Recovery?

		GENDER			
	Total(%)	Male(%)	Female(%)	AB(%)	
Base: Total respondents	**400**	**180**	**220**	**71**	**11**
Proportion mentioned	56	89	94	97	93
Some psychiatrists on T.V.	14	16	13	19	7
Can't remember	9	14	6	14	13
Programme by Dr. Frank Njenga	5	6	4	12	1
News on KBC/KTN	4	6	3	8	2
Article on Nation/Standard newspaper	4	8	0	1	2
Insight on KBC	3	1	3	4	1
Counselling by Doctor from K.N.H.	3	4	2	3	1
Programme on T.V. by Dr. Gatere	3	4	1	3	2
Good morning Kenya	2	1	2	1	2
Daktari wa radio	2	1	2	2	2
Dr. Gatere's programme on radio	2	3	1	0	4
Press conference	1	0	1	0	2
Capital & Metro FM programmes	1	1	1	4	1
Review on bomb blast on KBC-TV	1	2	0	2	2
Professional view	1	1	1	0	1
Amani counselling centre	1	1	0	2	0
Others	6	2	8	7	3

A total of 32 events both in broadcast and print media were mentioned by 224 respondents out of the total interviewed. Some respondents associated news on KBC (Kenya Broadcasting Corporation) and KTN (Kenya Television Network) during bomb blast with Operation Recovery. Sixty six per cent of all the programmes mentioned were broadcast through TV, while slightly less than half were through radio.

Forty per cent (160) of the total respondents who were aware of a programme associated with O.R. expressed a liking to Operation Recovery programmes. While the respondents liked the programmes for various reasons, majority of these reasons are in one way or the other related to "offering hope/encouraging victims and the public".

Seventy per cent of the respondents felt that the programmes gave the "bomb blast victims hope", while 60% felt "they counselled people" and "helped people overcome trauma". A further 50% claimed the programmes "helped people who did not know who to turn to" while a similar percentage indicated that they "taught people how to deal with such situations". Positive thoughts were expressed by more than 95% of the total respondents interviewed when questioned on their perception of the project media activities.

Thirty nine per cent of the total respondents felt the O.R. was doing a good job while 37% felt that they were helpful. Eleven per cent of the respondents felt that O.R. was a body that helps affected victims by counselling and giving spiritual support. Ninety per cent felt that O.R. should continue caring for the needy. Other expression towards O.R. among others included: They are genuine, have calmed people to accept the situation, gave victims hope for the future, helped people financially and were a good thing for the community.

DISCUSSION

Resulting from a major community disaster, the media is often the most consistent bearer of the news. Most people will hear of the event from the TV, radio and in some cases the print media. The authors used the media as a tool of intervention following this disaster. At the time, they did not find any reports of a formal evaluation of a media intervention in the medical literature, inspite of overwhelming evidence of actual and potential harm done by media reporting of disasters.(3-7).

Pfefferbaum(8) assessed 3210 youths with an instrument that probed for physical, television and emotional exposure to the Oklahoma bombing and subsequent post traumatic stress symptomatology and television reactivity. The majority of youths were

exposed through physical proximity-hearing and/or feeling the blast – and through television viewing.

In a different approach, Terr *et al*(5) assessed the symptoms of 153 randomly selected children from Concord, New Hampshire and Porterville, California (following the Challenger disaster). Responses were statistically compared between East Coast children, who saw the event on television and who generally cared more about the teacher aboard Challenger and West Coast children, who heard about it later. To these authors, distant traumas appear to be one of a newly defined spectrum of trauma-related conditions that include relatively evanescent symptoms and a few longer lasting ones.

Pfefferbaum *et al*(9) in her article describes Post traumatic Stress Disorder (PTSD) symptomatology in 69 sixth grade youths who resided within 100 miles of Oklahoma City at the time of the 1995 bombing of the Alfred P. Murrah Federal Building. These youths neither had any direct physical exposure nor personally knew anyone killed or injured in the explosion. The possible role played by the media in this long distance traumatization of children is a real one.

It is not only children who show adverse effects. Hilton(6) presents studies of two elderly patients. Both had experienced life-threatening combat situations and witnessed intense burning during Second World War. Marked distress was triggered by the media commentary on the fiftieth anniversary of the end of the war.

Child victims of catastrophic incidents are often deluged by the news media by the consequences of instant celebrity status but little is known about the effects of such publicity on these children, Libow(10). The treatment of one such child following the Bomb blast in Nairobi raised much debate. It involved a boy who survived the blast and remained on the eighteenth floor for three days without food or water, and who was only found by Israeli sniffer dogs as they went in search of bodies. Because of this concern (media exposure of children), it was possible to contain the media in Nairobi by providing them with regular updates on the child that did not entail distressing interviews with the hundreds of local and international journalists interested in his story. The situation is however more complex. Anzur(11) proposes a two-edged strategy for dealing with the news media. Survivors should be maximally protected, but at the same time the press must be regularly and appropriately briefed, in order to use their potential for disseminating information to the survivors and the public.

Public health officials often are critical of the way television news cover disaster, while broadcast journalists complain of a lack of co-operation from public sector during disaster coverage. Concerns include: The lack of balanced television coverage that is dominated by sensational images that may frighten rather than inform the public. There is potential for psychological damage to the viewers when frightening images are shown repeatedly in the days following the disasters. The perception that TV reporters place too much emphasis on crime, property damage and loss of life, giving relatively low priority to preparedness and to public health issues in the aftermath of a disaster(10).

On the face of it, it might seem that the numbers are small. Pfefferbaum(4) in Oklahoma found in population terms, about 433 thousand adults (between 412 thousand and 457 thousand, with 95% confidence) were exposed to more of the consequences of the bombing. Oklahomans reported higher (about double) of increased alcohol use, smoking more or starting smoking. They reported more stress (about double), psychological distress (about double) post-traumatic disorder components, and intrusive thoughts (double) related to the bombing than in the control area. Oklahomans also reported increased rates of seeking help for their stress or taking steps to reduce stress. The differences persisted into 1996, more than a year after the bombing. If the media is contributing in any way to the furtherance of trauma, then the figures from Oklahoma dictate that the media be informed and requested to act with restraint. We found the media willing to oblige if treated with respect, recognising that like the medical and other rescue personnel, they have an important and complementary role to play in disaster work.

The media has a positive role to play on disasters. Sibai(12) reported on the conflict that had flared up between Israel and Lebanon had generated mass displacement. More that 400,000 refuges fled from the southern Lebanon to safer areas within a few days.

A task force, comprising co-ordinators, TV consultants and volunteer field workers was established. The objective of the task force was to act as liaison officer and facilitator between unmet needs and potential resources in Lebanon. To achieve that goal, field-workers surveyed on a daily basis 25 centres for the displaced. Needs were assessed and calls for support and supplies in response to the specific identified needs were broadcast through the TV channel daily after the 1930h news, response calls were directly channelled to the centre in need. The next day, a follow up evaluative assessment was made in the field and results showed that between 85% and 90% of the demands were met. The innovative role of TV channels in addressing the change in needs of the increasing number of the displaced is expected to extend to other areas and to a larger population.

Television has been held responsible for negative consequences following the showing of some frightening programmes. The case of an 11 year-old boy who was referred with a 12-month history of sleep difficulties, nightmares, fear of the dark, sleeping alone, fear of ghosts, intrusive thoughts and panic attacks; the onset of these symptoms had been sudden, occurring immediately he had watched *Ghostwatch*(13).

Simons(7) describes an important, probably under recognised, adverse effect of television. Adverse effects can occur in other susceptible groups. Elderly people, who often use television as a social substitute, suffer substantial psychological effects, including that of 24-hour television on temporal orientation. On balance therefore, the media and the rescue workers must work in collaboration to improve the welfare of a disaster community. In our case, the media proved to be an invaluable ally from the first few hours when CNN broadcast the news, to the closing stages of the campaign when we needed donations for various events. In between the media proved invaluable in the dissemination of mental health information gratefully received by the disaster community. This high level of collaboration and effect was achieved through mutual respect and tolerance.

By its very nature, vicarious traumatisation is difficult to measure and therefore the subject of much debate(2,14). That the media has a definite effect on the audience is well recorded in the literature. Hess *et al*(15) exposed 41 gifted high school students to violent or bucolic film clip and in a second experiment, to the reading of the same scenes and he was able to show that both visual and auditory accounts of violence increased the level of violent responses. It is therefore necessary for mental health workers to work in close liaison with the media, to on the one hand attempt to maximise the "media good" while minimising potential harm.

Nairn(16) in a study in New Zealand concludes: "if psychiatrists and other mental health professionals are to have a positive effect on how media depicts mental illness, they will have to develop closer relationships with journalists and a better appreciation of media priorities and practices."

Slater(17) in an editorial on the stigma of mental illness: how you can use the media to reduce it, gives useful hints including: the need to understand media. They are not a part of your health education authority. Their priorities will therefore be different from yours. In TV broadcasts, the expert must have a short, sharp and interesting message that captures the heat of the moment. The media can act as a powerful tool with which to confront our own inertia .... "this may involve some members of the Royal College of Psychiatrists being seen to risk abandoning conservatism that may rightly or wrongly associate with the medical profession, but given the clear ability of the media to alter public opinion, this risk seems worth while".

The media response to the August 7th 1998 American Embassy bombing in Nairobi is to be seen against this Royal College of Psychiatrists guideline, as well as the 1992 WHO recommendations.

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