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### 3 'African AIDS': The Media and Audience Beliefs

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If we relinquish the compulsion to separate true representations of AIDS from false ones and concentrate instead on the process and consequences of representation and discursive production, we can begin to sort out how particular versions of truth are produced and sustained, and what cultural work they do in given contexts. Such an approach . . . raises questions not so much about truth as about power and representation. (Treichler, 1989, p. 48)

The prevalence of HIV infection in Africa and the question of the origins of HIV are contentious and much debated topics. The scientific validity of the African origin theory has been called into question, and the 'Green Monkey Theory' (the idea that HIV originated among African monkeys and then spread to human beings) has now been rejected by some of the scientists who first propounded it (Chirimuuta and Chirimuuta, 1989). The prevalence of infection in different African countries is also not a straightforward matter. For example, the early HIV antibody test cross-reacted with the antibodies to malarial plasmodium, 'resulting in a huge number of false positive results' (Patton, 1990, p. 26). Black scientists, activists, grassroots workers and researchers have challenged the assumptions of much Western scientific theorizing about the origins of HIV, and analysts of the media have highlighted racist subtexts in reporting about AIDS and Africa (see Adams, 1989; Chirimuuta and Chirimuuta, 1989; Critical Health, 1988; Patton, 1990; Sabatier, 1988; Watney, 1988).

However, there is little empirical research exploring how media reporting might actually relate to audience understandings. This chapter focuses on audiences and the role of the media in changing, reinforcing or contributing to ideas about AIDS, Africa and race. It does not argue that HIV either does, or does not, originate in Africa, nor does it seek to deny the terrible suffering caused by HIV in certain parts of Africa. Here we are not directly addressing questions about where the virus 'really' came from or the actual distribution of infection. Instead we are focusing on how different answers to these questions are produced, framed and sustained, what these tell us about the construction of 'AIDS' and 'Africa', and what socio-political consequences they carry with them. This chapter addresses questions such as:

What are people's sources of information about AIDS and Africa?

How is media coverage of AIDS in Africa understood by different audiences?

Why do some people accept and others reject the Africa/AIDS association?

How are audience understandings mediated by structural position, personal experience, political culture and access to alternative versions of reality?

Our aims are to document the distinct nature of media reports about AIDS in Africa, and to demonstrate how many research participants in our work recalled and reconstructed media statements about 'African AIDS'. We argue that such vivid recall is not simply due to the direct influence of media AIDS reporting but is partly dependent on widespread pre-existing ideas about Africa; it is easy for white people in Britain to believe that Africa is a reservoir of HIV infection because 'it fits'.

## Methods

The findings presented here are part of the AIDS Media Research Project, an investigation funded by the Economic and Social Research Council into the production, content and audience understandings of HIV/AIDS media messages.<sup>1</sup> The chapter draws on two sorts of analysis: an examination of main news bulletins between 1 October 1986 and 30 April 1990, and in-depth group discussions with fifty-two different audience groups.<sup>2</sup>

It focuses on television news bulletins because, unlike the press, television news is legally supposed to adhere to 'objective' or 'unbiased' standards of reporting. In addition, according to a number of surveys, people consistently cite television as their most important source of information on AIDS (36 per cent), followed by newspapers (31 per cent) (McQueen *et al.*, 1989).

The project team chose to work with discussion *groups* rather than to conduct individual interviews because the aim was to explore how social interaction and identity affect people's understandings. For this reason it was also decided to work with pre-existing groups of people who already lived, worked or socialized together.

Because of an interest in exploring the *diversity* of audience understandings, some groups were chosen because they might be expected to have particular knowledge of, or perspectives on, HIV/AIDS. Others were chosen because, as a group, they were not necessarily expected to have any special interest in this issue. The aim also was to include participants with a range of demographic characteristics. Some groups were specifically selected to ensure that the sample included old people as well as young, English people as well as Scottish, and black people as well as white. Research sessions were conducted with groups as varied as doctors employed in the same infectious diseases unit, male workers on a gay helpline, African journalists, prisoners, school children, office cleaners, members of a retirement group in Kent and a group of women living on the same Glasgow estate (see Figure 3.1).<sup>3</sup>

Each research session lasted about two hours and, in addition to open discussions, research participants were asked individually to complete questionnaires

Figure 3.1 Groups Involved in the Study

I Groups with some occupational interest, involvement or responsibility		
Group	Number of groups of this type	Total number of participants in these groups
Doctors	1	4
Nurses/Health visitors	1	6
Social workers	1	4
Drug workers	1	5
NACRO workers <sup>1</sup>	1	3
Police staff	2	16
Prison staff	5	32
Teachers	1	5
African journalists	1	4
Community council workers	1	3
II Groups perceived as 'high risk' or with some special knowledge of, or political involvement in, the issue		
Male prostitutes	2	6
Gay men	2	9
Lesbians	2	6
Family of a gay man	1	4
Prisoners	5	28
Clients of NACRO and SACRO <sup>2</sup>	4	27
Clients of drug rehabilitation centre	1	7
Young people in intermediate treatment	1	5
III Groups with no obvious special interest or involvement in the issue		
Retired people	3	25
Neighbours	1	4
School students	3	26
Women with children attending playgroup	2	14
Engineers	2	18
Round table group	1	14
American students	1	25
Janitors	1	7
Market researchers	1	3
Cleaners	1	4
College students	3	37
Total number of all groups	52	
Total number of participants in all groups		351

Notes: 1. NACRO — National Association for the Care and Resettlement of Offenders;  
2. SACRO — Scottish Association for the Care and Resettlement of Offenders

and collectively to write their own news bulletin using a set of thirteen photographs. The photographs were stills taken from television news and documentary coverage of HIV/AIDS and were chosen to reflect recurring themes and visual images in the media coverage of this topic (see Kitizinger, 1990, for more details

*Figure 3.2 The Photograph Which Generated Discussion about 'Africa'*



of the methodology). The set of photographs included a picture of a crowd in the street, a laboratory worker looking down a microscope, a government official, a representative from the Terrence Higgins Trust, a doctor, a woman holding a child, a person looking ill in bed, as well as the photograph in Figure 3.2.

Data directly relevant to this chapter were primarily triggered by (i) this photograph, (ii) questions in a questionnaire asking about the prevalence of AIDS in different parts of the world and (iii) debate about where HIV 'came from'.

## **Results and Discussion**

### *Audience Belief: The Power of the Media*

Among our research participants the most popular belief about the origins of HIV was that it came from Africa. Not only was Africa most likely to be identified as the source of HIV but it was also most likely to be identified as having a particularly high prevalence of AIDS. Of the 258 respondents who identified any part of the world as having a particularly high number of reported cases of AIDS, 128 named 'Africa', 28 specified a particular country in, or an area of, Africa and 37 referred to 'the Third World' or the 'underdeveloped world'. According to them, their primary source of information for this belief was the media, in the form of

television, newspaper or radio reports (for a detailed presentation of these figures, see Kitzinger and Miller, 1991).<sup>4</sup>

In addition to claiming that the media were their source of information, many participants specifically recalled the ways in which early reporting of AIDS linked it to Africa, Haiti or the Third World.<sup>5</sup> For many people, this sort of reporting was their first encounter with 'the AIDS story'. Asked when he first heard about AIDS, a respondent in the prison sample replied:

*Resp. 1:* It was when I was reading it in the paper round about '84

*Int.:* What roughly did it say? What did it convey?

*Resp. 1:* Something about Africa and AIDS.

(Prisoner, Group 2)

Another man (a member of a 'family' group) commented,

The first time I ever heard anything about AIDS . . . was in an article about San Francisco . . . and about how Haiti had something to do with it. People from Haiti seemed to be particularly prone to it and that in some way was linked with Africa. (Family group)

Other research participants made statements such as:

I've just got this idea that AIDS is quite rife over in Africa. I've seen stories about businessmen going across and coming back from Africa with HIV. There have been media stories about it starting in Africa as well. (Lesbian, Group 1)

The first of it I heard had come from Haiti, and they say that over there there's somewhere in the region of about nearly 80 per cent have got the virus. (Retired person, Group 1)

I remember in the early days of the campaign them constantly saying that the Haitian community had been one of the first in America, they were always mentioned as one of the high-risk groups. (Market researchers)

The identification of AIDS as a disease of the '4 Hs' had particularly stuck in some people's minds, and the alliteration clearly served as a cue to memory. A gay man said:

From what I remember is that they talked about three H's there were Haitians involved, it was rife in the Haitians community, and haemophiliacs and heroin users, it must have been the four Hs with homosexuals, and they thought that poppers might play a role. I remember *that* from the programme. [laughter] (Gay man, Group 1)

A doctor commented:

*Resp. 1:* And everyone could remember the four Hs.

*Int.:* Which are?

*Resp. 1:* Homosexuals, heroin addicts, Haitians and haemophiliacs.

At which point his colleague interjected:

Resp. 2: Haitians . . . that's it. I remember now.

(Doctors)

In addition, participants often recalled detailed accounts of how the virus got from 'over there' to 'here' and were able to reconstruct media statements about 'African AIDS' which echoed media language, concepts and explanatory frameworks, and reiterated statistics, images and even presentational techniques from the television news. This will be illustrated by having a closer look at four themes and highlighting the problems in both the original media presentations and the audience reiteration of the constructs they work with.

*'African AIDS': The Construction of a Single 'Africa'*

First, we examine the tendency among many research participants to view the African continent as a single, undifferentiated socio-cultural block. As critics, such as Patton (1990) and Watney (1988), have pointed out, the media often present Africa as a homogeneous whole. This is certainly true of much of the three and a half years of television news reports examined. In these reports individual African countries *were* identified but usually only as examples of Africa in general.

In 1987 ITN broadcast a series of reports on what it called 'AIDS in Africa'. Some of the reports were introduced against the background of the graphic shown in Figure 3.3, with comments such as: 'The second of our special series "AIDS in Africa" reports now on Uganda' (ITN 1745, 6 May 1987).

Statistics were then given of HIV infection for the whole of Africa, and a map of Africa was shown with the word 'AIDS' branded across the entire continent and stamped with the words '3 Million Sufferers' (see Figures 3.4 and 3.5).

In the three and a half years of main news bulletins that were examined, the only country to be distinguished as different from the general picture was South Africa. In fact, on one occasion South Africa was described as 'holding the line' against an HIV invasion apparently threatening to surge across the border from black Africa (ITN 2200, 5 December 1986). This crude homogenization of 'black Africa' is reflected in audience statements. Of the 178 people who named the continent of 'Africa' or who talked about 'the Third World' as a place with a high prevalence of AIDS, only twenty-eight felt it necessary (or were able) to be more specific. Parts of the media and many members of the audience groups are ignoring the specific characteristics of AIDS epidemics in different African Countries. As Patton writes: 'Much political and social violence is accomplished by collapsing the many cultures of the African continent in the invention "Africa"' (Patton, 1990, p. 25). The distinctive treatment of South Africa in some television coverage might appear to run counter to Patton's argument, but in fact demonstrates that television news distinctions are often not about territorial boundaries but are based on the difference between black and white.

*AIDS as a Black Syndrome*

Although there is a paucity of images of black people in the media in general, and perhaps in health education coverage in particular, the media often use images of

Figure 3.3 AIDS in Africa Graphic, ITN, 1987

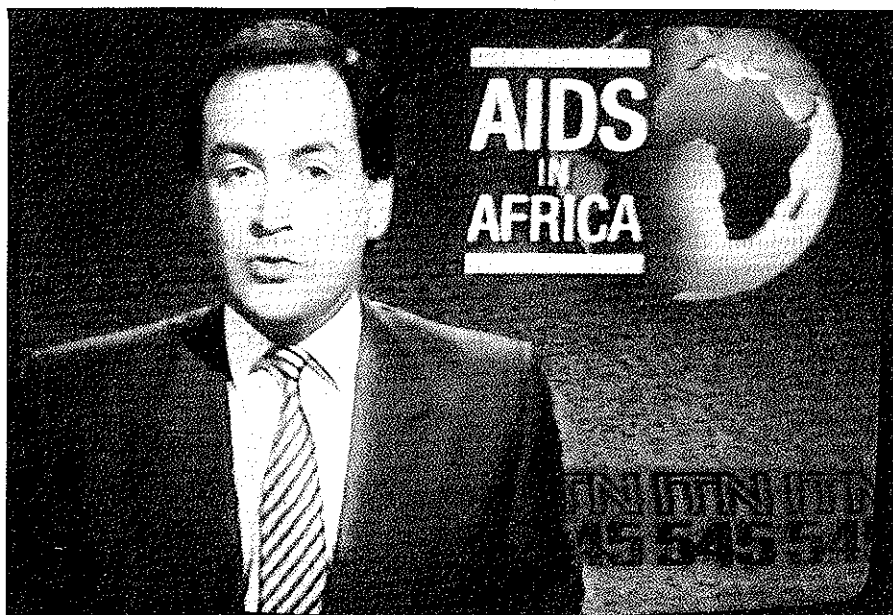


Figure 3.4 'AIDS in Africa': Now 75 Million May Die (ITN 2200, 5 May 1987)

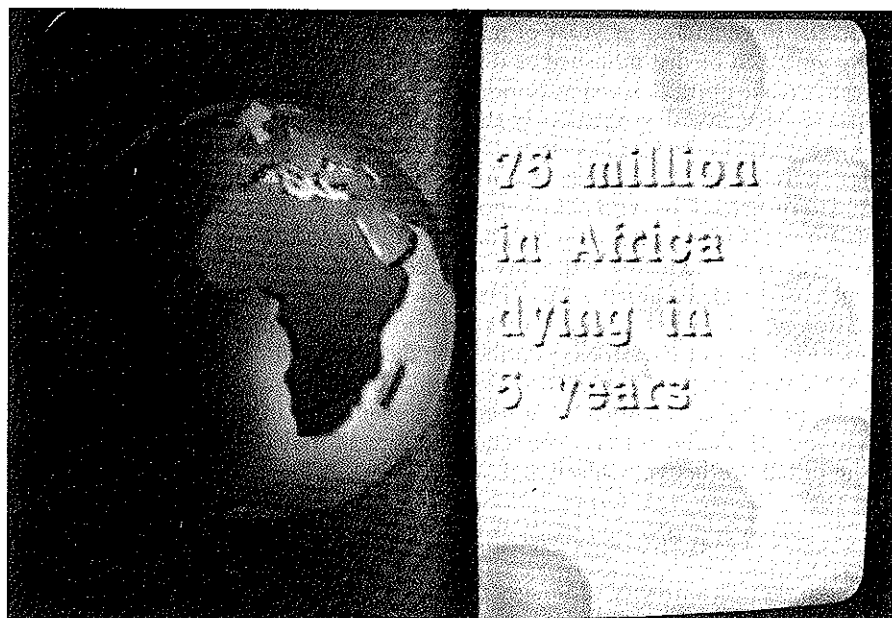
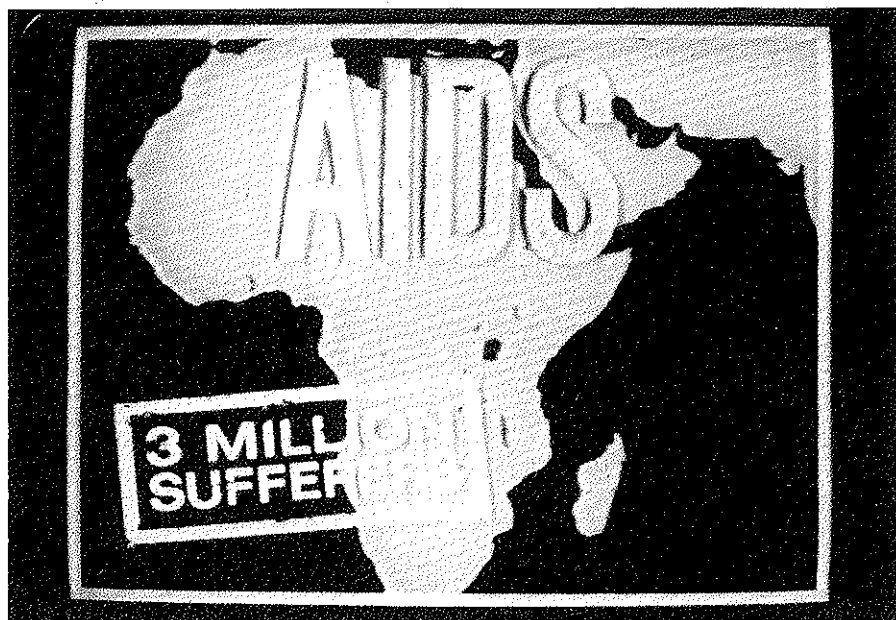


Figure 3.5 In Africa There Are Already an Estimated 3 Million Sufferers with Number of Victims Doubling Every 6 Months (ITN 2200, 2 January 1990)



black Africans with AIDS in their reports.<sup>6</sup> Most dramatically, ITN's 1986 end-of-year review used the face of a black man from the Congo to illustrate what the newscaster called 'the face of AIDS' (*ITN Review of the Year*, 30 December 1986; see Figure 3.6). Such associations were also evident in the minds of those research participants who declared that AIDS was common in 'black countries' (Prison staff, Group 2), 'black provinces' (Police staff) and 'black cities' (American student), as well as among 'the ethnic community' (Janitor). Thus the advice from one ex-prisoner that the way to protect yourself from HIV was 'Don't go near the darkies' (SACRO clients).

#### *The Proportion of People Infected*

The powerful impression made by images is not surprising in view of other media research (e.g., Philo, 1990). More unusually, however, participants could reproduce statistics about the proportion of infected people in Africa, even if they sometimes confused HIV with AIDS or occasionally exaggerated the figures beyond the range of most media statements. For example, one janitor proclaimed: 'Uganda's hoachin with it. . . . Half the people in Uganda have got AIDS.' Figure 3.7 provides an example of audience and media statements about prevalence of infection in Africa. The statistics given by the media (and the audience) vary wildly. TV news reporters do not even seem to be able to make up their minds about how many people have HIV and AIDS in particular African countries. In



Figure 3.6 *The Face of AIDS* (ITN 'Review of the Year', 20 December 1986)



April 1987, for example, the BBC reported that, in Uganda, 'one in every ten people has AIDS' (BBC1 2100, 30 April 1987). Yet by 1990 ITN was reporting, without commenting on previous statements, that HIV infection was apparently much lower. In Uganda, they said, 'one person in sixteen has the virus' (ITN 2200, 2 January 1990).

Such cavalier use of cataclysmic scenarios about the level of infection in Africa partly reflects early errors in antibody testing in Africa where false positive results were picked up from the test's reaction to malarial plasmodium. It also reflects a cavalier approach to African disasters in general where journalists can report: 'A million people may die or maybe two million, we just don't know' (Channel Four News 1900, 2 February 1987). This in turn fits into the view of Africa as a disaster-ridden continent and allows scientists to justify using Africa as a testing ground for drugs, as well as permitting the 'African tragedy' to be used as a dire warning of what could happen 'over here'.

Some audience groups constructed news reports which employed 'the African tragedy' as an example to illustrate some other point rather than focusing on Africa in its own right. In so doing, they sometimes used presentation techniques identical to those used on the news.

#### *News Presentation Techniques*

Death in Africa is routinely treated as 'a fact of life'. AIDS in Africa slips neatly into this formula, and in some ways is not even newsworthy in its own right. This was

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*Figure 3.7 Audience and Media Statements about Prevalence of Infection in Africa*

Statement from audience newsgame reports	Statements from actual TV news bulletins
'1 in 3 they say have got the virus' (Clients in drug rehabilitation centre)	'In Lusaka, researchers say one in three men between the ages of thirty and thirty five carries the virus...' (C4 News 1900, 2 February 1987)
'Good Evening this is the 6 O'clock News and I'm Trevor McDonald... In a recent survey done in the Third World, it was found out that over one million people have been infected in the past five years'. (Drug worker)	'Africa already has an estimated 3 million sufferers. In Uganda alone there are around 1 million. One in every sixteen people.' (ITN 1740, 2 January 1990)
'There have been other documentaries where they say that 30 per cent of the prostitutes in Nairobi have it.' (Teachers)	'In Africa a million people could die of AIDS in the next decade or maybe two million, we just don't know.' (C4 News 1900, 2 February 1987)
'30 per cent in Zambia are going to be dead in 5 years.' (Teachers)	'In Africa it is estimated there are 50,000 people with AIDS, twice as many as the rest of the world.' (C4 News 1900, 2 February 1987)
'In East Africa where the problem of HIV infection is now endemic with between 10 per cent and 20 per cent of population affected.' (Doctors)	'Among the adult population AIDS could become the biggest killer within 5 years. According to the latest estimates the disease has been confirmed in 18 per cent of Ugandan adults.' (BBC1 2100, 23 February 1988)

reflected in some of the audience newsgame reports. One group, for example, simply held up the photograph of black people as a visual symbol of Africa while declaring: 'This country [Britain] could be as badly affected as those abroad' (Women with children at a playground). Such reports reveal underlying assumptions: that the black photograph can represent 'Africa', that we can take it for granted that AIDS is rife 'over there', and that this is not significant in itself but only as a warning to the British public of what could happen here. They also illustrate the extent to which audiences may absorb and recall not only the content of news bulletins, but their structure and techniques, in spite of people's protests that they 'don't pay much attention to the news' or 'can't remember anything about AIDS'.

There are striking similarities between audience understandings of 'African AIDS' and contemporary television reports. The extent to which people can reconstruct media accounts, as well as the extent to which they believe those accounts, is a testament to the power of the media.

### *Audience Distrust of the Media*

It is not simply that all these people uncritically absorb, recall and accept every aspect of media coverage in general or even AIDS coverage in particular. On the

contrary, some research participants were critical of theories which were closer to home than Africa. For example, one participant reacted angrily to the suggestions that AIDS was 'a male disease', asserting that such a comment was 'Unfair. What if a woman started it?' (SACRO clients). Similarly, in a group of Scottish prisoners one man protested against the idea that AIDS was common in Edinburgh:

That's people just starting to label. That's like us saying 'Oh no, It's all that Edinburgh mob that's got it', if you're from Glasgow, or 'all that Perth mob' or 'all that Dundee mob'. . . . They're all riddled there, but nobody in *here* is riddled with it. (Prisoners)

These white, Scottish men recognized statements about AIDS being a 'male' disease or being common in Edinburgh as carrying connotations of stigma and blame, but were not critical of similar statements which were applied to Africa.

In addition to challenging specific stories about the origins of HIV, some people declared that they were sceptical about the validity of all media reports. For some participants such scepticism arose because of personal experience of events which were later reported, and distorted, in the media. There was the mother of a sick child whose case was reported in the local press:

Well, I've a wee boy with a heart condition and there was a report put into the paper about . . . this great operation he's had and how great he's going to be. . . . [But] some days I have to carry him to school all, [the coverage was] 'this is wonderful' and I felt like an idiot. . . . So I don't believe anything that goes in black and white . . . I thought if they can do that with him what can they do with other things? (Women with children at a playgroup, Group 2)

Some prison officers expressed similar scepticism because of their concern about media misrepresentations of their profession.

*Resp. 1:* My granny asked if I've beaten up any prisoners yet. . . .

*Resp. 2:* Because that's the media coverage, . . . the big bad prison officer is always beating prisoners up and then. . . .

*Resp. 1:* My granny thinks I beat up prisoners. . . .

(Prison staff, Group 4)

Similarly, a group of police officers stated that they were wary of what they read in the press because they knew how stories could be distorted in media accounts. One officer said that reporting of the Broadwater Farm riots had given the impression that the violence was very widespread, but he had been present in Tottenham as part of the police operation and knew that 'a couple of streets up a bit there was nothing.' One of his colleagues then gave an example of why he was sceptical about media reporting: 'I remember I was at the Old Bailey with a rape/abduction job and I was reading a report in the *Sun* and it was only in the very last bit of the report that I realised that it was a case I was involved in' (Police staff).

This group based their critique of media reporting on personal experience and generalized this critique to other subjects. Yet neither the readiness of some

research participants to take issue with ideas about the prevalence or origin of AIDS when they were closer to home, nor the general scepticism of others about the media led these same people to doubt the veracity of 'African AIDS'. The police workers quoted above went on to explain their view of Africa:

*Resp. 1:* They all go round doing it with one another, don't they, I mean it's accepted. . . .

*Resp. 2:* It's a cultural way of life.

*Int.:* How do you know this?

*Resp. 1:* Again like you say we've only got the media, haven't we. None of us have got personal experience from going over there.

*Resp. 2:* It's pretty well catalogued from Darwin onwards.

(Police staff, Group 2)

People may profess not to 'believe anything that goes in black and white', but at the same time argue that AIDS came from, and is rife in, Africa; and say they know this because of the media. Why does this happen; why do people reject some media messages and accept others?

*'Because It Fits': Audience Acceptance of 'African AIDS'*

This readiness to perceive Africa as the source of HIV infection is not simply a direct response to overwhelming, or even totally consistent, media statements about AIDS, but is dependent on a broader context of reporting about Africa whereby the idea that HIV came from over there 'fits' with many white people's pre-existing images of 'the dark continent'. The notion that AIDS came from, and is widespread in, Africa or 'the Third World' falls on fertile ground by drawing upon, and feeding into, overt and covert racist agendas.

The idea that '75 million may die' 'fits' with the image of Africa as a disaster zone, whereas such decimation would be, in the words of one research participant, 'unimaginable over here'. Even the media image of the person with AIDS — as thin, gaunt and wasted — 'fits' with the routine portrayal of African starvation (Watney, 1988; Patton, 1990). As one respondent put it, the enduring memory of AIDS media coverage is of 'images like Ethiopia'. The notion of AIDS as a black syndrome 'fits' with the idea of black people, and particularly black 'foreigners' and immigrants, as carriers of infection. One woman explicitly drew links between black immigration to Britain and the advent of HIV disease.

We are talking about tuberculosis and one thing and another, and we have got cures for it, maybe, but now that there's so many Asians and so forth coming over it is becoming quite rife again . . . these people are now bringing it back.' (Retired people, Group 1)<sup>7</sup>

Above all, media explanations of *why* AIDS came from or is common in Africa 'fit' with many white people's pre-existing understanding of 'the culture' of the continent. It is this issue which we will now explore in greater depth.

*Media and Audience Explanations of AIDS in Africa: 'African Culture'*

The media commonly explain HIV in Africa in terms of African culture, poverty, ignorance and promiscuity. In the period we examined, news reports on 'African AIDS' mainly gave cultural explanations for the spread of HIV infection. This allows journalists to examine the effect of poverty on health provision and to explore the 'primitive' societies in which African men won't use condoms, where 'promiscuity' is a way of life, and where people still believe in witchdoctors whose 'backward' methods help to spread HIV. The uncontrolled nature of African sexuality was a recurring theme in both news reports and audience discussions. Here ITN puts us in the picture: 'In Zambia some women's groups want to ban some of the more suggestive tribal dancing. It's one of the few admissions that a promiscuous heterosexual lifestyle is a major cause of spreading AIDS' (ITN 1745. 7 May 1987). Later the BBC tells us that the problem is the: 'traditional resistance of African men to using condoms' (BBC1 1800, 19 February 1988). Back in 1987 Channel Four News managed in two sentences to identify three ways in which primitive black Africans were 'spreading AIDS': 'The spread of AIDS is not caused by sexual promiscuity alone. . . . AIDS is encouraged by tribal doctors' traditional medicine and a widespread lack of proper medical facilities' (Channel Four News 1900, 2 February 1987).<sup>8</sup>

These were precisely the explanations offered by research participants. In fact, when asked to identify their source of information for believing in 'African AIDS', some participants simply gave an explanation for *why* AIDS was common in Africa rather than identifying a source. African values were seen as militating against the practice of safer sex. According to one white civil engineer: 'I'd heard that on a radio documentary . . . it's a macho thing, they [black men] won't use condoms' (Engineers). In addition, black people were seen as ignorant. As one prison officer declared: 'They're ignorant of hygiene. They've got lower intelligence at this end of the world' (Prison officers).

Above all, AIDS is associated with, and blamed on, an African sexuality which is presented as primitive and perverse, and associated with homosexuality and bestiality. One police officer argued that it made sense that AIDS came from Africa and was also a homosexual disease because homosexuality started off with 'The abominable crime of buggery . . . sorry, with animal bestiality. Now there are some very primitive people in Africa . . . and [AIDS] is alleged to have originated from practices which were a bit extreme' (Police staff, Group 1).

The idea that black people have sex with animals was also mentioned in groups of janitors, prison officers and ex-prisoners. Sometimes this theory was explicitly linked to media statements about Green Monkeys being a source of HIV.

You could say it starts off with the coloured people in Africa having it off with monkeys. (Prisoners, Group 4)

Coloured people have been know to have intercourse with anything. (Janitors)

*Resp. 1:* Tell us, how did it all start, I heard it was a guy had a thing with a gorilla.

Resp. 2: I heard it was a guy had sex with a bull.

Resp. 3: I heard it was a guy in Africa or something.

Resp. 1: It was just because of those black mother-fuckers from abroad, man.

Resp. 3: Had sex with a gorilla or a monkey, something like that anyway, that's why I say it was the pakis that brought it here

(SACRO clients, Group 1)

Even when not making outright allegations about black bestiality in its literal sense, other participants made it clear that they thought that AIDS was common in Africa because of the distinct (and inferior) social/sexual behaviour of black people. According to one group of white retired men and women, AIDS is common in Africa because of 'low moral standards and promiscuity . . . the Africans treat sex completely differently from the white man.'

M1: Sexual activity is not confined to one person. I mean they're promiscuous aren't they?

F1: By nature.

M2: It's their norm.

M1: They run around . . . they don't mind how many male partners they have, a women will have children by about 5 different partners, it's extraordinary. . . . It's an extraordinary set up, you need to see it to believe it.

(Retired people, Group 3)

Participants in other groups made comments such as:

They have sex all the time there. . . . They're sharing wives. (Prisoners, Group 4)

There are high amounts of prostitution in these countries. (Prison staff, Group 2)

They seem to sleep within families, i.e., fathers with children, etc. (Police staff, Group 1)

Often different notions were combined to identify Africa as an inevitable hot bed of sexuality transmitted diseases. A group of women residents on the same Glasgow estate, for example, all agreed that AIDS started in Africa because: 'They're married young' and become mature and sexually active at an early age, 'about 7' — not to mention the fact that: 'the men can have as many wives as they like' and 'there's a high risk of child prostitution in all these African countries. I seen that on "World in Action".'

It is not just that many whites are predisposed to believe that Africans *behave* in a way which spreads HIV, but that blackness and AIDS are equated in their minds. Both are associated with sexual deviance and stigmatized as dirty and alien, and simultaneously pitiful and threatening. Just as AIDS was explicitly characterized as 'The Gay Plague', implicitly it is also 'The Black Death'. According to some young people in intermediate treatment, for example, AIDS *must* have originated in Africa.

*Resp. 1:* Look at all the famine over there, all the disease coming off the dead cows and all that they die and all that.

*Resp. 2:* That's just like dirtiness and things like that.

*Resp. 3:* Dirtiness.

*Resp. 2:* Filthy.

*Resp. 1:* Blackness.

*Int.:* Blackness? What about it?

*Resp. 3:* It's black.

*Resp. 1:* Black, blackness, it's black, that's what I mean it's dirty.

*Resp. 2:* It's just disgusting.

(Young people in intermediate treatment)

Many people are predisposed to accept the AIDS-Africa link because white Western culture, often through the media, constructs images of Africa and of black people as poverty stricken and disease ridden, as immigrants threatening the purity and stability of white society, and as primitives with a dangerous, destructive and uncontrolled sexuality.<sup>9</sup> Some of these themes are implicit (and some explicit) in media coverage of 'African AIDS', but people also drew on a wide range of other media and non-media sources. In talking about why they associated AIDS with Africa, people referred to sources such as a 'World in Action' documentary about Africa, famine relief advertisements, a poster showing evolution from monkey to man and a whole range of accounts of Africa 'pretty well catalogued from Darwin onwards'.

#### *Media Can Cut Across Prior Political Beliefs*

It was not only people who articulated explicitly racist views on Africa who had come to accept key information or assumptions about the links between AIDS and Africa or black people. In some cases research participants had accepted this information *in spite* of their own expressed political views and they became uncomfortable with this once challenged by other members of the group. One group of market researchers, for example, wrote a newsgame report which identifies gays, prostitutes, injecting drug users and 'the Afro/Caribbean community' as high risk groups. It was only after re-reading the text that they expressed reservations about some of their assumptions:

*Resp. 1:* [Our news bulletin] suggested that the Afro/Caribbean community in this country was responsible for spread which isn't really true. . . . There is a problem in Africa of course but whether that makes the Afro/Caribbean community in this country any more at risk than the general population, I don't know, I don't think it does.

*Resp. 2:* As far as I'm aware, no.

*Resp. 3:* No, it doesn't.

*Resp. 1:* So we probably made a boob there.

The debate about whether or not AIDS was common in Africa, and if so *why* this was the case, was explored in depth during a discussion among three NACRO

workers, two of whom were black (Resp. 2 and 3) and one of whom was white (Resp. 1). The offices where these men worked were hung with positive images of black historical, cultural and political figures such as Bob Marley, Martin Luther King and Nelson Mandela. The white worker asserted that AIDS was widespread in Africa and commented:

*Resp. 1:* I seem to remember seeing various documentaries about it saying it's wiping out whole sort of villages, . . . some of the villages, it's a cultural thing that the men sleep around.

The two black workers, however, vehemently disagreed with this explanation. One of them declared:

*Resp. 2:* I think it's a misconception that there are people that are like uncontrolled . . . I believe the media uses that conception they bung it in people's heads for years and years and when they want to they just feed back into it.

The white man then attempted to resolve the tension between his politics, the views of his colleagues and the information supplied by the media by qualifying his answer:

*Resp. 1:* People say AIDS is prevalent in Africa but it might be only in *certain* countries or even in certain parts. To say that AIDS as a whole is present in Africa as a whole, I'm sure that's not true. And this thing I was saying about, this certain tribe, this was just a certain programme that I saw . . . I meant to clarify that it was just in that *particular* community, not for the *whole* of Africa, you know.

His colleagues went on to say:

*Resp. 2:* Well it's not just TV. As I said, through the educational system, the history books where the lie has been going on so long, when the media wants to, they can tap back into that lie, because it's come out of books. You know books, you think 'fact' OK, so naturally if the media is saying this and you remember from your school days what the books said, then it's true.

*Resp. 3:* It's the whole thing about the Third World, you know, the image of the Third World is somehow, they've got a bad name, they're not civilized or they need to catch up with Western ideas.

The tensions were finally resolved by the white man's acceptance of this alternative perspective elaborated by his colleagues:

*Resp. 1:* I would agree. I was saying about history . . . all I remember from my history about Africa is it's where slaves come from



and people live in mud huts in tribes, you know. That's the sort of image you get of what African life is about.

Such images of Africa are deeply embedded in white Western culture, being endemic in history books, science, literature, films, documentaries, famine relief adverts and in the news. But the power of the media is neither absolute nor all-pervasive; the 'fit' is not completely watertight, and the acceptance of the African-AIDS association is not inevitable. A few people rejected the story of 'African AIDS', and it is to the reasons for those rejections that we now turn.

### *Audience Rejection of 'African AIDS'*

This section explores seven main factors which influenced people to reject the Africa-AIDS association:

personal contact with alternative information from trusted individuals or organizations;

white people making links with their own experience of being scapegoated in the AIDS story (e.g. white lesbians or gay men);

direct personal experience of conditions in Africa;

exposure to alternative media accounts;

receptiveness to alternative origin theories which 'fit' with another way of understanding the world;

awareness of racism;

structural position, in particular, being black.

*Personal Contact.* We have already shown how some research participants modified their opinions during the course of discussion — after reflecting on their own assumptions or being challenged by colleagues. Other people reported incidents prior to participating in the discussion group which has caused them to alter their opinion. One gay man said he used to think HIV came from Africa but had changed his mind at a Terrence Higgins Trust (THT) conference where a black woman criticized the Trust for their leaflets saying AIDS came from Africa, and the THT 'admitted that they threw that in without actually knowing. They're not awfully sure where it came from.'

*Making Links with One's Own Oppression (as a White Person).* It was not simply exposure to such alternative information which made this gay man change his mind but the fact that people he trusted (the THT workers) accepted the woman's point and apologized for their error in promoting the African origin idea. In addition, he could readily comprehend how the African origin theory could feed into racism and linked his understanding of this directly to his own experience of oppression as a gay man.

[It's] the same with that AIDS being spread into the heterosexual population as though it's sort of 'sewer of homosexuals' are starting this disease and now are infecting the general population and it's *our* fault or *blacks* or whoever you can blame, prostitutes' fault. (Gay men, Group 2)

*Direct Personal Experience.* Another form of more direct personal experience was related by a Tanzanian research participant: he did not accept the Western media's cataclysmic scenarios about AIDS in Africa because he knew the places they were talking about: 'The Western press focuses on AIDS in Africa, as if you'd just visited Dar es Salaam or Nairobi you'd find bodies, people dying in the streets — which is not the case' (African journalists' group).<sup>10</sup>

*Exposure to Alternative Media Information.* Other participants rejected the African origin theory as a result of watching one particular documentary — 'Monkey Business' — which attacked the African origin theory and suggested that the virus could have originated in a laboratory.<sup>11</sup> This programme was screened during the period of our fieldwork and was cited in some of the subsequent groups to challenge the idea that the virus came from Africa. Several participants in the group of teachers, for example, had watched 'Monkey Business', and some of the ideas presented in this programme had confirmed earlier accounts which they recalled as 'rumours', although they were not accepted uncritically.

When one teacher asserted as fact that AIDS came from Africa, her colleagues commented that this was 'just theory'.

*Resp. 1:* There's some evidence now that it's not from Africa at all and it's perhaps a racist thing to start involving Africans in it.

*Int.:* What evidence is that?

*Resp. 1:* I saw it on Channel 4 a couple of weeks ago.

*Int.:* What did you think of that programme?

*Resp. 1:* It was very one-sided but I mean if it was true then, the evidence was there but. . . .

*Resp. 2:* The first thing I heard was the theory that it was designed in the laboratory and it was tested on monkeys — and this was a long time ago and it was all sort of suppositions — and the monkeys had escaped. This is it, it's all supposition but if that was all sort of a wishy-washy rumour that was going around 5 or 6 years ago then why is it now that people are still concentrating on this and taking it seriously?

(Teachers)

One retired man, who had also watched 'Monkey Business' a few days before the research session, referred to it in detail. His acceptance of the position taken by 'Monkey Business' was influenced both by his consideration of the evidence presented on the programme and by his view of the power of the media to manipulate public opinion.

*Resp. 1:* I don't accept that glib response from United States that it couldn't have originated here, it must have originated in these primitive tribes — the Green Monkey Theory.

*Int.:* Why don't you accept that?

*Resp. 1:* Because newspapers can manipulate public opinion. . . . They went to the source, where some people were claiming it originated among these so-called primitive tribes, where there's no evidence of AIDS at all.

(Retired people, Group 1)

*Receptiveness to Another Origin Theory Which 'Fits'.* The African origin theory is, of course, not the only theory which 'fits' with many Westerners' understandings of the world. The idea that HIV was created in a laboratory 'fits' with popular perceptions of 'mad scientists' who lose control of their inventions or have deliberately evil and unnatural intentions: 'They're experimenting with all sorts and doing all sorts, they're transferring brains and things' (Women with children at playgroup, Group 1).<sup>12</sup>

One of the teachers who had watched 'Monkey Business' commented that, in spite of reservations about the programme, the theory that the virus originated in a laboratory was credible because: 'the US government has nevertheless spent millions of pounds grafting retroviruses with leukaemia viruses and there's bound to be something strange happening from these things'.

In another group, when one gay man referred to a story about 'Americans releasing the virus', another said he believed this was 'entirely possible': 'I think the Americans are probably capable of doing such things' (Gay men). Similarly, a drug user in a drug rehabilitation centre commented: 'My personal opinion is it was germ warfare. They are still producing them, the Russians and no doubt the Americans as well, and don't know about the British. How do we know they've not released something like that and just lost control?'

The view of HIV as a laboratory invention 'fits' with what people know about other 'man-made' disasters; anthrax and myxomatosis were mentioned by research participants. The laboratory theory also 'fits' with some people's understanding of government secrecy and corruption and officials' disregard both for the truth and for public health; Bhopal and Chernobyl were given as illustrations here. A group of Glasgow women, for example, discussed the accident at the Chernobyl nuclear power station and its effects on Scottish farmers and consumers.

- Resp. 1:* They've got some farms that still can't sell their things, they're still killing their cattle, their sheep, you name it. The grass — the radiation affects the grass, the earth, we're eating potatoes and carrots and whatnot.
- Resp. 2:* They said it was alright and then later they said it could have been in the rain, it could have been carried.
- Resp. 1:* They tell you a lot of rubbish.
- Resp. 2:* Even Salmonella in the eggs that's another theory — how they covered that up.
- Resp. 1:* Also, how many of you would let your children go in the water on a beach near a nuclear power station? I mean I wouldn't.

This reflected and reinforced a general distrust of public information.

- Resp. 1:* [The government] tell too many lies and you can't trust them for nothing.
- Resp. 2:* They tell you what they want to tell you.  
(Women with children at a playgroup, Group 1)

*Awareness of Racism.* Many white participants were aware that theories about 'African AIDS' could be interpreted as, or contribute to, racism. Several groups

rejected using the photograph of black people in their news report at all because they could see only negative connotations in it.

We rejected this one [the photograph] of the black people because we actually thought it was a bit racist as well to assume that the origins of AIDS was with black people and we thought if we put that one across then people would be racist against blacks saying they've all got AIDS. (Students, Group 2)

This awareness of racism meant that in some groups participants who asserted the African origins theory were quickly challenged by friends or colleagues:

*Resp. 1:* I think somebody brought it over from Africa, you get it there.

*Resp. 2:* Shut up you.

*Resp. 1:* What?

*Resp. 2:* Blame the Africans.

*Resp. 3:* Racism straight away!

(Young people in intermediate treatment)<sup>13</sup>

*Structural Position.* The single factor common to research participants who most clearly rejected the association of AIDS with Africa was that they were black. The importance of this factor was most clearly demonstrated in our work with two groups of ex-prisoners in resettlement schemes — one in Glasgow, the other in London. Both groups were largely male and working-class. However, the Glasgow group was all white and the London one mostly black. While comments such as '[It was] they black bastards that brought AIDS over here,' were common in the Glasgow group, some of the London group produced a tongue-in-cheek news bulletin which gave quite a different message:

This is Trevor McDoughnut with the News at Ten. . . . Mr Norman Fowler [who] we spoke to earlier on today has told us that one of the ideas that AIDS may have come from is the Pentagon, a secret plan instigated by. . . . [Making sound of interference on the TV screen and then putting on a heavy American accent] . . . My name is General Lee Eisenhower and I would like to say that the Pentagon has nothing at all to do with the AIDS problem. It has nothing to do at all with us, I deny it strongly, I mean I've never been to Africa myself so there's no way that AIDS could have been instigated by us. I mean, who knows, I mean it's not my fault that they're catching it through some food that we put — oops sorry. [Returning to voice of a newscaster] Here we have Dr Tefal. AIDS — it has been brought to our attention by a certain Sergeant Pepper, has been instigated into Africa into America and into different other countries by the Pentagon as a means to control world population. In the year 2500 it has been estimated that there will be a population explosion — too many people will be living so they've decided to cut down on it. (NACRO clients)

This 'news bulletin' caused much laughter and offered an implicit critique of the 'African AIDS' story. It seems clear that the production of this critique is related

to structural rather than individual factors. As the person who read this bulletin said when asked why he did not believe that AIDS came from Africa: 'I am biased on the subject, right because I'm a black man.'<sup>14</sup>

However, structural position, awareness of racism, understanding other kinds of oppression or exposure to other arguments do not necessarily lead to criticism of images of Africa or 'African AIDS'. Some research participants reported that other black friends and relations accepted the African AIDS story and, within the groups, there were examples where people's own experience of oppression, their awareness of racism or their personal experience clearly did not lead them to reject the idea that AIDS either came from, or was rife in, Africa. A young white lesbian, for example, reiterated the idea that AIDS spread from Africa in order to absolve gay men from blame. Her news report argued:

AIDS is said to have spread through the homosexuals in America and a lot of the practices they participate in whereas in fact it could have originated from Green Monkeys in Africa, spreading from the heterosexual population over to America. (Lesbians, Group 2)

Very few respondents cited personal experience of being in Africa as a source of information about AIDS. However, the retired, white, heterosexual couple who had waxed lyrical about African promiscuity and concluded, 'you have to see it to believe it', had in fact visited South Africa. They used this experience to reinforce their prejudices and their belief in media versions of AIDS in Africa. This couple were part of a group of retired people in Kent and both were *Daily Telegraph* readers. They were confident in their knowledge that AIDS was common in Africa because:

We heard it actually from someone who was connected with the blood bank in Durban who was telling us about the tests they did on this school and out of a hundred, about a hundred tests, four were positive and one was the teacher. When you've got that sort of problem you really are in it up to here.

Awareness that the African origin theory could be interpreted as racist is not the same as accepting that it is. In a group of white staff in a London police station (the group in which one police officer had referred to the 'primitive' and 'extreme' sexual practices of Africa) a member of the administrative staff in the station explained why her newsgame team had not used the picture of black people: 'That's where it started — in the black provinces, but we didn't go in to it. You've got to watch that in case people think it's racist' (Police staff, Group 1). This concern that propounding the 'fact' that HIV started in the 'black provinces' might be *seen* as racist, rather than recognizing that the way it would be used would actually have been racist is instructive. This worry is partially explained by the case of one black police recruit who resigned from this particular station, alleging that he had been subjected to systematic racial abuse. A number of participants in this group made (half-joking) statements that they would have to be careful what they said.

## Conclusions

Our research shows both the power of the media and the pervasiveness of stock white cultural images of black Africa; it is easy to believe that Africa is a reservoir of HIV infection because 'it fits'. Journalists draw on these cultural assumptions when they produce reports on AIDS and Africa. But in so doing they are helping to reproduce and legitimize them. News reports often treat black Africa as an undifferentiated whole, use images of blackness to represent the disease, and display a cavalier attitude to statistics about the scale of the disaster. In addition, news reporters' explanations of African AIDS routinely conceptualize the problem in terms of an 'African culture'. The problem is 'traditional sexual values' or 'traditional tribal medicine', as if white Western culture had nothing to do with HIV transmission in Britain, as if white Western (heterosexual) men never resisted using condoms, and as if white Western medicine never infected thousands of people through contaminated blood products. It is almost as if AIDS in Africa is something to do with Africanness and blackness itself.

Having said this, it is clear that the media are neither an all-powerful conduit for dominant ideas nor is their output completely one-dimensional. Alternative media information does exist, and is important in facilitating access to different ways of understanding the world. We also saw how personal experience, people's own structural position, experience of oppression, or understanding of racism were all factors which meant that people could be critical of the media, although they did not guarantee that they were.

People's understandings are not entirely defined and confined by the media, and their ideas may change according to how they interpret new information. In our research sessions we witnessed people reassessing their ideas in view of inconsistencies thrown up during the discussion or after being told of other evidence by another participant, as well as in response to the pressure of what was assumed to be 'known' by the rest of the group.

Perhaps what is most important is that these openings exist, and that the winning of consent for dominant views is not simply given but is an ongoing process. Carrying out research such as that described here allows us to examine the links between media content and audience beliefs; it also enables a strategic assessment of the gaps and weaknesses of powerful ideas, images and systems of thought.

## Notes

- 1 This study is part of the AIDS Media Research Project funded by the ESRC (Award Number A44250006). We would like to acknowledge the help of our colleagues — Peter Beharrell, Lorna Brown and Kevin Williams — and the grant-holders — Mick Bloor, John Eldridge, Sally MacIntyre and Greg Philo. In addition, thanks to Frank Mosson, Lesley Parker and Linda Steele for assistance with early coding and content analysis.
- 2 The main bulletins examined were the early and late evening news programmes on ITN (1740/1745 and 2200), BBC1 (1800 and 2100) and the Channel Four news.
- 3 Both authors of this paper are white. It is clear that this common factor played some role in our research sessions, as did our different class backgrounds, gender,

sexual identities and national origins. We hope to discuss these issues in a later paper.

- 4 We did find examples of people who believed that HIV was widespread in Africa but did not associate this 'fact' with the origins of AIDS, and others who were unsure where HIV came from but saw that question as irrelevant. They clearly distinguished between the two issues, suspending belief about where the virus came from, but perceiving the issue of the world-wide distribution of the virus as a crucial basis for action.
- 5 The idea that HIV is a problem that affects 'other people', 'over there' — literally and figuratively — puts distance between the audience and the potential victims of infection. One gay man had first heard about AIDS as a problem in San Francisco and Africa. He commented: 'it's just like you are aware of malnutrition in East Africa, you are aware of the floods in Bangladesh, but if it's not relevant to you, you store it back in your mind, but it's just there for reference purposes' (Gay men, Group 1). This has direct practical consequences. One HIV antibody positive prisoner described his bitterness about the fact that he had not been aware that AIDS was a problem in Britain around the time he became infected: 'I'd heard of it, but not over here, I'd heard of it like from America and Africa and things like that. Like at the time when I caught it and most of my mates caught it nothing had been said about it being over here' (Prisoners, Group 1).
- 6 Treichler argues that photographs of AIDS in Africa:

Reinforce what we think we already know about AIDS in those regions: frail, wasting bodies in gloomy clinics; small children in rickety cribs; the prostitute in red. Photographs in a 1986 *Newsweek* story on AIDS in Africa depict the 'Third Worldness' of its health care system: in Tanzania, a man with AIDS lies hospitalised on a plain cot with none of the high tech paraphernalia of US representation; a widely reprinted photograph shows six emaciated patients in a Uganda AIDS ward, two in cots, four on mats on the floor; rarely are physicians shown. A story on AIDS in Brazil carries similar non-technological images. In contrast, African publications often run photos of African scientists and physicians, and among the photographs in a 1987 story on AIDS in the Brazilian equivalent of *Newsweek* is one of a fully equipped operating theatre complete with masked and gowned physicians and nurses. (Treichler, 1989, p. 45)

- 7 Black people were explicitly blamed for AIDS by several of the groups involved in this study. Identifying Africa as a source of contagion also 'fits' with fear of, and the desire to control, black immigration. In the words of one white retired man, the African AIDS association is: 'A marvellous platform for Enoch Powell actually. He was right, dead right, we should have kept them out' (Retired people, Group 3). It also 'fits' into overtly racist attitudes and policies towards black immigrants. In their newsgame report, one team in this group of retired people conclude: 'All immigrants coming into the country from epidemic areas are to be screened for the disease before admission into the country.' This statement was greeted by another member of the group with assent: 'Yes, that's a point' (Retired people, Group 3).
- 8 While this was the dominant picture of AIDS in Africa, there was some news information in this period which could have been used to give a different understanding. This view sees the role of the West through the lens of its colonial history and argues that Western blaming of Africa for AIDS has more to do with racism than with medical knowledge or science. What is extraordinary about these

references is that some of them are used by the journalist as further evidence of the backwardness of black Africans; for example: 'Here, where tribal doctors still have not heard of AIDS, there are deeply rooted fears and suspicions that the West somehow wants to blame Africa for the start of the AIDS epidemic' (ITN, 2200, 7 May 1987). Noting the same phenomena among the media reports she examined, Treichler concludes:

The notion that AIDS is an American invention is a recurrent element of the international AIDS story, yet not one easily incorporated within a Western positivist frame, in part, perhaps, because it is political, with discursive roots in the resistance to colonialism; the Western response, accordingly, attributes it to ignorance, state propaganda or psychological denial. (Treichler, 1989, p. 43)

- 9 Research on public perceptions of Africa conducted in the mid-1980s with young people age 14–18 reported overwhelmingly negative and condescending attitudes towards Africa. Africa was associated with poverty, hunger, dirt, suffering and crying. 'It is dirty . . . lots of flies . . . they smell.' Africa was seen as primitive and dependent on Western aid. There was a lack of understanding of the history and economic, social, political and cultural life in Africa (Van der Gaag and Nash, 1987). For further discussion of, and research on, white images of Africa, see Husband, 1975; Laishley, 1975; Philo and Lamb, 1986; Van der Gaag and Nash, 1987; Simpson, 1985.
- 10 It is not being argued that personal experience is necessarily the source of authentic truth, or that it will necessarily contradict the media. However, 'personal experience' is a powerful influence and rhetorical technique. Phrases such as 'I was there', 'I saw it with my own eyes', 'You have to see it to believe it' were often used in our research sessions to win consent for particular views.
- 11 'Monkey Business: AIDS — The Africa Story' was broadcast on Channel Four on 22 January 1990 at 11.05 p.m. The audience for programmes like this is considerably smaller than that for a television news bulletin. 'Monkey Business' was watched by 581,000 people. On the same night the audiences for the BBC's 'Nine O'clock News' and ITN's 'News at Ten' were 6,224,000 and 7,093,000 respectively (figures from BARB, 22 January 1990).
- 12 Patton argues that, 'When the West found itself beset by a deadly little virus of unknown origin, it sought the source elsewhere; nothing of this sort, it was argued, could have arisen in the germ-free west. So the best research minds of the western world set off on a fantastic voyage in search of the source of AIDS' (Patton, 1990, p. 29). However, the idea that HIV did originate in 'the germ-free West' does at least fit with the Western lay imagination's distrust of the scientific hocus pocus conducted in sterile laboratories.
- 13 Reservations about 'harping on' about the possibility that AIDS came from Africa could be independent of belief in whether or not it did in fact do so.
- 14 Belief in information depends partly on the perceived credibility of the source. For example, some research participants talked dismissively of information received from, or views expressed by, 'old women' (School students), 'my holier-than-thou-mother-in-law' (Playgroup) and 'comedy papers' such as *The News of the World*, *The Sun* and *The Sunday Sport*. However, the credibility ascribed to a source depends partly on whether or not it offers an expected or wanted viewpoint. For example, one white retired woman who had earlier expressed antagonism toward 'immigrants' and 'homosexuals' suddenly backed up her own argument that 'AIDS came from Africa' by declaring that this had been started by a black, gay man in a book she had read.



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