

ANSWER

(AIDS News Supplement, CDS Weekly Report)
Prepared and presented as a professional service by the
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EDUCATING THE PUBLIC? HIV/AIDS MASS MEDIA INFORMATION CAMPAIGNS IN BRITAIN

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It is often said that as long as there is no vaccine or cure, the only way of halting AIDS is by public education campaigns. The disappointing results of trials with AZT, and the continuing lack of a vaccine must strengthen this view. But are conventionally conceived education campaigns really the answer? In our view they can be only one element in the struggle against AIDS.

Our study of AIDS and the media examined the production of public education campaigns and the way that factual and fictional media reports were constructed. We also conducted an extensive analysis of national press and television coverage over an 18 month period and investigated how media messages were understood by the public.

Public education campaigns are often taken to mean simply mass media advertising or information leaflets. It is assumed that they make 'the facts' unproblematically available to the public. If some people 'misunderstood' or are 'confused' by health education campaigns, then the problem is often diagnosed as something being wrong inside people's heads. In our research we were concerned to find out why some people apparently had 'mistaken' ideas about HIV or AIDS. We conducted discussions with groups of people who might be expected to have special interest in HIV and AIDS, such as gay men, IV drug users and doctors. We also conducted a larger number of discussions with 'general population' groups who were not necessarily expected to have any special knowledge of the issue, such as office cleaners, retired people, or a group of neighbours living on the same Glasgow estate. We found that much of the apparent public 'confusion' could be traced either to the shortcomings of the campaign itself, or to rational interpretations and evaluations based on other sources of information or personal experience.

1. Contradictions within the Campaigns

Decisions about the content of AIDS advertisements have often provoked intense arguments within government departments. Some ministers and civil servants were concerned that the campaign should include a 'moral dimension'. This led to the scrapping of many advertising ideas and the shredding of teaching materials on government orders. Moral messages about monogamy were also inserted into the content of some adverts [Miller and Williams, 1993a; 1993b]. Thus the adverts sometimes included 'mixed messages' about 'safer sex'. For example, the message 'if you're not 100% sure about your partner, use a condom', conflated two messages. One that condoms should always be used and the other that being 'sure' of your partner was enough.

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Public Confusion

Such confusions and conflicts directly affect public understanding and were echoed by people who participated in our group discussions about AIDS. For example the very flexible notion of being 'sure' about your partner was used by some people in preference to taking practical precautions. They didn't need to use a condom because: 'I trust him' or 'she isn't like that'. Some people seemed to feel that leading, what one participant referred to as, a 'clean life' made them immune to the virus. Morality was seen as a far better prophylactic than any condom. This led some members of 'general population' groups to underestimate the risks they were taking because they felt 'sure' of their partner. At the same time, they sometimes overestimated the risk status of other people. When sin is seen as a way of 'catching AIDS', it is not surprising that lesbians are (mistakenly) perceived to be highly at risk. As one young man told us; 'God made two kinds of sex, male and female. They go together. He didn't mean males to go with males and females to go with females. That's how they got (AIDS)'

The official campaign also contributed towards the marginalising of people with HIV by seeming to ignore the possibility that some of their audience might be HIV anti-body positive when they addressed the 'general population'. The 'AIDS carrier' is positioned as a threat to the uninfected reader. One early advertisement produced by the Department of Health and Social Security, for example, consisted of a reflecting surface bearing the words 'Now you know what a typical AIDS carrier looks like'. The accompanying text assumes an HIV anti-body negative reader: 'Up until now, the AIDS virus has been confined mainly to small groups of people, but it's spreading all the time ... And in the future, the more sexual partners you have, the greater chance you have of catching it'. The message is that 'you' (the assumed anti-body negative reader) need to protect yourself against the threat of infection from other (HIV anti-body positive) people who look just like you or me. More blatantly later advertisement produced by the Health Education Authority displayed a photograph of a stereotypically 'attractive' woman with the words: 'If this woman had the virus which leads to AIDS in a few years she could look like the person over the page'. The following page shows an identical picture with the new caption: 'Worrying isn't it'. The rhetorical question is very clearly aimed at the HIV negative viewer; such images are unlikely to 'worry' anyone who knows that they have the virus; on the contrary, they might be reassured by the information that they may remain healthy for some years to come. This contrasts with initiatives in Switzerland which have acknowledged the importance of countering prejudice and discrimination against people with HIV, as a key part of the struggle against AIDS.

2. The context of reception

Even supposing complete unanimity within government on the content of public information advertisements and a clear translation into practice, education campaigns face many problems. Perhaps the most obvious of these is the potentially overwhelming impact of general coverage in the mass media. This is often misleadingly referred to by health educators as 'background noise'. In fact it was health education campaigns which were often perceived by our respondents as background to their dominant sources of information: TV news, current affairs and fictional programmes and newspaper reporting.

Many campaigns tend to work with simple 'hypodermic' models in which ideas are straightforwardly injected into people's heads by advertisements. By contrast, our research explored the diversity of audience understanding of HIV and AIDS and looked at what people brought to their interpretation of advertising campaigns. As well as drawing extensively on the mass media for information people actively interpret media and health education accounts. This can lead to mass media messages undermining or confounding health education advertisements and to people 're-reading' information in the context of pre-existing cultural understanding.

A. Mass Media Overwhelm Health Education

The mass media continually bombard people with many different messages. Sometimes these messages can undermine or even invert health education campaigns. This was clearly the case for some people's reading of one specific AIDS advert which featured the words 'TWO EYES NOSE MOUTH' arranged as the features of a face with the slogan 'How to recognise someone with HIV'. This advert was intended to convey the message that people with HIV do not look any different from the rest of the population. We found that many people accepted this intellectually, but persisted in behaving as if you could tell by looking whether or not someone was infected. Other people actually thought this advert meant that people with HIV looked very odd: 'they're black under the eyes', 'their hair drops out', 'they drool at the mouth'. We traced this 'misreading' to the wider mass media context, in which 'risk groups' are stigmatised so that people, prostitutes or injecting drug users look 'different', and in which the press and television continually exploit dramatic images of people with AIDS looking very ill [Kitzinger, 1990].

B. Interpreting the Media - Lack of specificity and the wider cultural context

Both within the campaign and in the wider mass media there has been some reluctance to describe the details of transmission in accessible terms. Editorial and marketing concerns about 'offending' the readers or viewers often intervene. For example, the *Guardian* followed the practice of not using the term 'anal intercourse' for a number of years [Miller and Williams, 1993a]. Across the media, such sensitivities mean that the term 'body fluids' tends to be used in preference to spelling out 'blood', 'semen' and 'vaginal secretions'. Of all the news items in our sample, blood was mentioned in 4% of cases, but semen was only referred to in 0.5% and the risks or non risks of saliva were mentioned even less often [Beharrell, 1993]. This left some people in our audience groups thinking that saliva must be a route of infection. They explicitly referred to media messages about the risks of 'mixing body fluids' and concluded that saliva must be dangerous because 'it's a body fluid is it not?' [Kitzinger 1993].

Given all the confusions highlighted in mass media and health education accounts of HIV, it is not surprising that some people are confused. But we also found that interpretations of media messages were linked with the culture and background of our respondents. Many (apparently heterosexual) respondents accepted mass media stories which inferred that gay men were 'guilty victims' because of the anti-gay culture of much of British society. Just as many white participants found it easy to believe media accounts that AIDS originated in Africa because of their cultural preconceptions about black people and 'the dark continent'. One retired person told us that the reason AIDS is widespread in Africa was, because "sexual activity is not confined to one person. I mean they're promiscuous aren't they?" to which others in the group added "by nature" and "it's their norm". Similarly a group of young people argued that AIDS came from Africa with the following comments given in quick succession "Look at all the famine over there, all the disease". "Dirtiness", "Blackness", "Black, Blackness, it's black, that's what I mean it's dirty" "It's just disgusting". On the other hand, the awareness of such attitudes led some black respondents explicitly to reject the African origin theory as racist [Kitzinger and Miller, 1992].

We would argue that the media can have a strong influence on people's beliefs and views, but that this depends in part on the topic being discussed as well as on the beliefs, experiences and culture people bring to their interpretation of media messages. In particular we found that knowing someone who was openly a prostitute, an IV drug user, a gay man or someone who was HIV-positive was very important in allowing some members of the 'general public' to reject both stigmatising media portrayals and the idea that you can 'tell by looking' who is likely to be infected. One doctor told us how her mental image of prostitutes had been changed by meeting with women prostitutes at their work. "Before I worked here I always thought I'd know a prostitute on sight... But they don't all have dyed blond hair, and short skirts." Alternatively, positive and personalised coverage of people (especially heterosexuals) with HIV, such as that of Mark Fowler, in the storyline of the BBC soap opera *Eastenders* was also important in allowing some viewers to identify with people living with the virus and to develop a more complex picture of their own risk status. The disclosure that Mark was HIV-positive was

followed by more people than ever before having HIV tests [PHLS, 1993]. The irony is that the stigma and legal sanction imposed against 'high risk groups' ensures that many members of the general public remain in ignorance of the fact that some of their friends or acquaintances might be gay, work in prostitution or inject drugs. They can therefore maintain the belief that they could tell a 'deviant' on sight and that HIV could not affect anyone they know.

Although the mass media advertising campaigns can be important, 'information' alone is not enough. Our research suggests that there is a need for more positive representations of stigmatised groups (such as gay men) in the media generally and that there should be an increased role for community health promotion (where misconceptions can be challenged and worked through by people directly affected by HIV or by health educators).

Given the impact on people's beliefs of knowing someone from a 'high risk group', it is important that we remove the structural and legal barriers which prevent gay men or prostitutes, for example, 'coming out'. First steps would include the decriminalisation of prostitution and the withdrawal of Section 28 of the Local Government Act which prohibits the 'promotion' of homosexuality as a pretended family relationship. Such decisions undoubtedly make an important contribution to AIDS education. The recent cutbacks in funding for crucially important organisations such as the Terrence Higgins Trust suggests that the government is unlikely to move in this direction in the near future.

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