Negotiating HIV/AIDS information
Agendas, media strategies and the news

David Miller and Kevin Williams

INTRODUCTION

The interaction between the news media and the social institutions they report is a key issue for the sociology of journalism (Schlesinger 1989a: 283). What appears in the news is the outcome of a process of negotiation between the reporter and the source of information. In the 'dance' between reporters and official sources some see the officials as leading (for example, Cohen 1963; Hall et al. 1978), while others argue that reporters do (for example, Hess 1984). However this dance is subject to a number of agendas, personal, organizational and political, that are brought to bear on the reporter and the source within their own organization. Although we are aware of the factors that shape the behaviour of the reporter within his or her organization, we are less aware of the factors that determine source behaviour. What we do know about the latter is often based on accounts provided by those in the media and hence these are coloured by their perceptions of source's activity. In our work on HIV/AIDS we have started to examine how such agendas have shaped media-source interaction from the point of view of the source as well as the reporter.

Studies of news media coverage of HIV/AIDS have found that the portrayal of the infection has been limited and distorted (see, for example, Albert 1986; Baker 1986; Naylor 1985; Watney 1987; Wellings 1988). Explanations usually focus on two general areas: first, that media representations of HIV/AIDS are dominated by 'official' definitions and perceptions of the disease; and second, that the workings of the media result in inaccuracy and sensationalism in the reporting of HIV/AIDS. What these explanations share is a tendency to treat 'the news media' and official accounts in an undifferentiated way. Consequently, there is little discussion of the social struggles that take place around meaning in the process of production prior to the 'moment of definition' (Schlesinger, Tumber and Mardock 1991: 398).

However, the news media 'do their work in differing ways at different times, depending, among other things, upon the topic, political circum-
stances and ... the alternative social and discursive pressures exerted at a given time' (Bruck 1989: 113). Official sources do not always succeed in setting the news agenda. It has been shown that 'resource poor groups' face many problems in gaining news coverage (Goldenberg 1976), and compromises and accommodations may have to be made for such groups to gain access to the news media (Girfin 1980). However, there has been little systematic study of the production process to obtain some idea of how and why dissonant or alternative perspectives can appear in news media accounts. It should not come as a surprise that official perspectives tend to dominate news accounts, but what is of interest is how this task of reproduction is accomplished and what factors are at work when it fails (Bruck 1989). Besides building up a more complete picture of the workings of the news media, such analysis is of practical value. It helps those wanting to provide alternative opinions to 'arouse the chances for, and measures of, effective work through the mass media' (ibid.: 112).

News is not a reflection of a world 'out there' but, as Molotch and Lester have said, is a product of the 'practices of those who have the power to determine the experience of others' (cited in Schudson 1991: 148). This chapter is a preliminary discussion of how such 'practices' have shaped and influenced news media accounts of AIDS.

Our central argument is that the process of media production is an arena of contest and negotiation in which official sources cannot always take it for granted that they will be able to set the agenda. This is why powerful organizations such as the Department of Health actively organize media strategies to influence relevant agendas. However, even when official sources do organize media strategies, they can be hampered by a number of factors in gaining access to the media. In our research on AIDS we focused on the Health Education Authority (HEA) because, since 1987, it has had the main statutory responsibility for HIV/AIDS public education in Britain and Northern Ireland. In the first section of this chapter we consider some of the difficulties the HEA faced in putting its media strategy into practice, as well as some of the factors which allowed non-official bodies to use the media.

In the second section we look at some of the negotiations within media organizations which illustrate the impact of media factors on source accounts and show that the process of negotiation does not always run smoothly once information is fed into the media system.

SOURCE FACTORS

The HEA's campaign placed great emphasis on the mass media. Its strategy for using the mass media as part of its education efforts involved two components: advertising and press and PR. The HEA recognized the importance of targeting individual media outlets, editors and reporters to
create a positive climate to support its advertising campaign. This was spelled out in the ‘Total public communication strategy’ drawn up for the HEA by the advertising agency Boase, Massimi, Pollitt (BMP). A proactive public relations campaign was envisaged which sought to ‘brand’ the HEA as the ‘most useful source of AIDS information’ (Boase, Massimi, Pollitt 1988). However, the implementation of this strategy was influenced by several factors, including health educators’ distrust of the mass media, the HEA’s relationship with the Department of Health (DoH) and the low status of health education in the eyes of the mass media.

Distrust of the media

Health educators have tended to be suspicious of the media, resulting in a certain reluctance to deal with journalists. As Holmes has noted they regard the media as ‘untrustworthy’ and ‘sources of conflict and misinformation’ (Holmes 1993: 18). This suspicion of the mass media was illustrated by the way in which some health educators in the HEA reacted to enquiries from journalists. A public affairs division employee said that for many health educators: ‘Their idea of a journalist was somebody from the Sun. . . . A journalist to them was a b**ch of the lowest order.’

Because of this suspicion the HEA’s public affairs division – who were responsible for formal relations with the press through its press office – had to educate many of its senior staff on the need to be open and accessible to journalists. Attempts were made to encourage them to read the newspapers and watch TV regularly in order to gain some understanding of the differences between media outlets. But, as one member of the HEA said, ‘there was a resistance’ from health educators.

Public affairs personnel told us about having to impress on health educators the importance of prompt responses to media enquiries. According to some HEA members this distrust, compounded by the bureaucracy of the HEA, resulted in it taking ‘a long time to get the simplest piece of information’. The cautious approach of many HEA staff influenced journalists’ perceptions of the HEA’s usefulness as a source of both HIV and health education information. Although many correspondents had what they described as valuable informal sources inside the HEA they would refer disparagingly to formal contacts. As one tabloid medical correspondent said: ‘They never really had anything I wanted.’

Inside the HEA a tension existed between those with a media or advertising background and those with a research or health education background. This meant that the public affairs division, which dealt with advertising and publishing as well as press relations, was often at loggerheads with the AIDS division – and other programme divisions. The former director of the AIDS division, Susan Perl, has characterized the differences as a ‘clash of cultures’ in which the public affairs personnel were concerned with ‘impact’ while the health educators were concerned with ‘sensitivity’ (Perl 1991: 15). The differences resulted in the drawing up of the ‘ten commandments’ which governed what could and could not be said in advertising, with the objective of avoiding ‘victim blaming, stereotyping and stigmatizing’ (ibid.: 14).

Such internal differences and suspicions of the media emphasize that the time and energy of the press office – the formal point of contact between organizations and the media – can be devoted as much to dealing with internal matters as it is to handling enquiries from journalists.

HEA/DoH relations

Another factor influencing the development of the HEA press and PR strategy was its relationship with the Department of Health. The HEA took over responsibility for HIV/AIDS campaign information from the department which did not look favourably on the HEA trying to establish itself as the ‘most useful source’ of HIV/AIDS information. The department, according to some HEA sources, got ‘shirty’ about this strategy, being unwilling to give up its ‘expert’ role. These concerns were formalized in a ‘Memorandum of Understanding’ drawn up between the DoH and the HEA in 1990. While accepting that the HEA has a right to give advice in public and private where appropriate, the document circumscribes the conditions under which the HEA can put out public statements.

The HEA was not established to be, nor is funded as, a campaigning ‘pressure group’, although it is conceivable that issues might arise on which it would attempt to influence strongly the direction of government policy through ‘pressure’ and be seen to be doing so. It must judge such instances carefully. It is important that Ministers, through the Department, are informed in advance of advice to be given in public. (DoH/HEA 1990: 7; emphasis in original)

Clearly, this had implications for the HEA’s information strategies. For example, it was almost impossible for the HEA press office simply to put out a press statement. Press releases had to be checked by administrative civil servants and clearance to put out a statement was often delayed. Quite often a ‘terribly straightforward and anodyne press release’ which the HEA press office wanted to get out quickly would ‘disappear down a black hole in the Department of Health’. Sometimes, according to a former employee of the public affairs division, ‘press releases didn’t get out at all’.

Such delays discouraged the issuing of statements by the HEA press office. The pithy quote wanted by journalists to bolster a good story was not always forthcoming from the HEA. As one senior member of the HEA told us, it was:
A very hard part of my job to give interesting quoteworthy comment, which wouldn’t have the government down like a ton of bricks. It was a very difficult line to tread. Sometimes I ered on the side of being too bland, and sometimes I ered on the side of finding a ton of bricks on my head.

The lack of quotable material and the restrictions placed on the HEA in making firm statements on AIDS policy made it difficult for the HEA’s press office to establish effective relations with journalists who despised of what they saw as the authority’s ‘fence sitting’.

Status of health education

Health education as a profession has relatively little status (Ling 1986). Health educators are near the bottom of the journalists’ ‘hierarchy of credibility’. Doctors and scientists have much greater authority and therefore credibility for journalists. As Karpf points out:

It seems as if being part of the scientifico-medical establishment is itself sufficient in the media’s eyes to make you a medical expert, even on an issue on which you have no specialist knowledge. Leading doctors and medical researchers become ‘Anything Authorities’.

(1988: 111–12)

Because journalists have no objective standard for verifying what they are told they value authority and status over other criteria in assessing the reliability of information they receive (Lett 1986). In spite of the particular problems the news media face in sorting out the disputes or uncertainties around HIV/AIDS, health educators, with their low degree of perceived authority and status, have difficulty in being included in news accounts.

Credibility

There have always been disagreements among doctors and medical researchers on the aetiology of AIDS as well as the best form of prevention. Media professionals are often criticized for their reporting of conflicting claims. Wellings (1988), for example, complains about the reporting of Royal College of Nursing (RCN) figures predicting 1 million AIDS cases by 1991. The problem here is the high credibility of the source – the RCN. In reporting the figure the journalist made his or her assessment on the basis of who is telling, not on what is being told. Thus journalists can defend themselves on the basis that they were only reporting what they were told.

Who does the telling

Sources of AIDS information have a highly developed understanding of the importance of who does the telling. The official response to AIDS was hampered by division inside government and the cabinet over what course to take. The Department of Health and Social Security (DHSS), in the early days prior to the HEA inheriting the education campaign, was involved in much coalition building to surmount cabinet and prime ministerial objections to discussion of anal intercourse and condoms in the public education campaign. The media played an important role in their efforts. Berridge notes that Peter Jenkins was briefed by a ‘very senior government official’ as to the ‘catastrophe’ posed by AIDS (Beridge 1992: 18). The resulting column, which appeared in the Sunday Times on 9 November 1986, is now seen as having played an important part in the government’s emergency response to AIDS. We found on occasions the Department of Health would use or encourage pressure groups or others to say what it felt it could not. One clinician said:

When there were things they [DoH] couldn’t deal with because of their position they would ask, would you do this broadcast because the CMO [Chief Medical Officer] can’t do it and we want you to front it because we know you could put across the message that we would like.

The HEA also found itself in a position where it was difficult to comment. What it did was to prime other sources who were sympathetic to the HEA line and use them to talk to journalists. One HEA official said: ‘Very often when a story was breaking I’d set people up and say OK if the press are going to call me I’m not going to answer and I’ll put them on to you.’

It is not only official organizations which recognize the importance of who does the telling. Voluntary sector AIDS organizations are sometimes happy to see more activist groups (whether specifically AIDS organizations such as ACT UP or more broad based lesbian and gay groups such as Outrage! or Stonewall) stage actions or make statements that might damage their credibility. One voluntary sector worker said about the demonstrations and sit-ins outside news organizations: ‘We tend to assume ACT UP are going to do those . . . ACT UP is so important because it can do things we can’t do, just as we can do things the government can’t do.’

Organizations, therefore, which have differences over AIDS policy can and do negotiate or co-operate with each other in developing strategies to use the news media. Such activities do not often show up in media coverage, but they do represent part of the negotiation process of agenda building.
Self-publicity

Sources which may be used as experts by the media can use their credibility with journalists to push their own agendas. It is often forgotten that even eminent scientists and doctors sometimes can be their own best publicists (Check 1987). One senior AIDS doctor talked of having used his authority as an 'expert' to use the media to 'exert leverage on the government'. He also said that media interventions in the early 1980s were very effective, not in getting money personally for research or anything, but in getting money put into health education and into services'. Berridge points to the media not always being receptive to the advances of the AIDS experts (1992: 17). However, while media practitioners do complain about certain experts receiving too much coverage we found that these complaints were usually overridden by other assessments of a source's value.

Other factors

Other criteria that can play a part in assessment of sources' worth include the need for quotable material, presentable interviewees and personal empathy. One medical correspondent told us what he found useful about a doctor who, while not a HIV/AIDS specialist, was a widely used source comparatively early on in the HIV/AIDS epidemic: 'He was fluent, articulate, always ready with a good quote and prepared to speculate in a way more careful scientists weren't.' Such factors allow alternative sources to have some input into news media accounts. Within 'alternative' organizations there is a debate about the efficacy of using the media (see Goldenberg 1976). Some feel that the mainstream media is always antithetical to their efforts. Others argue that by packaging and presenting their message they can have some influence. Peter Tatchell of Outrage! has argued that gay organizations can establish greater credibility with the news media by the quality of information they provide: 'We produce very good quality press releases that back up what we say with hard facts and statistics. It makes it much easier for people to take us seriously' (cited in Garfield 1991:5).

The success of an organization may also be affected by the image it presents. In the view of one voluntary sector spokesperson several factors contributed to successful intervention in the media:

'I'm not threatening in a way. I am 35, I'm middle class, I speak in BBC type English, I'm very acceptable. I am the kind of homosexual you'd want to take home to your mother and that is a great relief to them, especially the ones who are desperately trying to show their liberalism.'

The Terrence Higgins Trust (THT), for example, established itself as a key source of AIDS information partly through a creative information strategy even though initially it lacked credibility as an authoritative source. THT, along with other voluntary bodies representing the needs of people with HIV and AIDS have had an influence on news media coverage. One THT spokesperson argued:

'One of the important things that we've done is... we've created, or helped to create, a three-way debate about what the past would have been sooner as a medical issue and would often have been debated between an interviewer... and a doctor and we've always managed to make that four-way debate in which you've had an interviewer, a doctor and somebody affected one way or another by HIV.'

The THT has not found itself, in the words of one AIDS worker, 'coming up against a brick wall of silence in the media'. In fact the trust's success with the media proved a problem for the organization. As a THT spokesperson said:

'One of the problems that we suffered from, particularly around 1987, was that the public image of the Trust was much bigger than we were as an organisation. And the common sense and dignity of Tony Whitehead and the other people we put up to talk meant that we were rapidly established as a sensible organisation to go to and I haven't had to go around pushing the Trust at all.'

The success of the trust has not, however, been even. It has clearly had more impact on television and the quality press where, it can be argued, a more developed sense of 'social responsibility' exists than with the tabloid press with its more overt political agenda (see Chapter 9). What can or cannot be said does not only vary according to the news media outlet; it is also a product of conditions at a given time. The governmental response to AIDS has, as Berridge and Strong point out, gone through a number of stages: the initial period between 1981-6 saw no formal co-ordinated government response to the disease; 1986-7 was a period of 'wartime emergency' when, with the first government advertising campaign, tackling AIDS became a national priority; and since 1988 there has been a period of normalization of policy (Berridge and Strong 1991). The policy arena during each stage posed a different set of circumstances and political configurations for the interaction between the media and the social institutions charged with responding to the disease. The access of the THT was at its height during the period of 'wartime emergency' in 1987 when the pressure for more open programming and information about the disease was at its greatest. During the period of 'routinisation' established in the wake of the emergency there has been a reining in. Nevertheless, it can be said that there has been a long-term impact on the media's discourse on sex and sexuality. According to a voluntary sector spokesperson:
We managed to do things that never happened on television or radio before... talking about masturbation on Women’s Hour... or about sex on TV and radio a great deal, to the point where certain things such as Sex Talk would never have been possible without the kind of things we did on Open Air and others did elsewhere on the need to talk about safer sex.

The strategies of source organizations are not the only factors affecting news coverage. Journalists too have their own agendas. They may select sources according to the particular story-line they are taking or the political line of their organization. Sources not fitting the preferred line can be excluded from an account. One medical correspondent told us why she had dropped a particular doctor as a source of HIV/AIDS information. He had been:

very, very helpful but later on he got a funny bee in his bonnet – it had all been started off deliberately in laboratories and it was either the Russians or the Americans – at which time we decided he’d gone completely over the top, and left him alone.

However, sources themselves can help to bring in or keep an issue at the forefront of the news. It has been noted that if sources do not continue to draw the media’s attention to an issue, that issue can become invisible (Cheek 1987). The decline of the news media’s interest in HIV/AIDS in late 1990 was not simply the responsibility of the media. One British Medical Association (BMA) press officer argued that AIDS had become less fashionable because we’ve stopped parading it as an issue. It’s become less fashionable because the Department of Health has deliberately run it down as an issue, and therefore it is not so much guaranteed a good run as far as journalists are concerned. So yes, we unwittingly conspired to downgrade a subject that matters to us very much indeed.

Finally, the influence of sources is not necessarily indicated by their appearance in news texts. A distinction should be made between formal and informal influence. Often alternative or oppositional sources, while not appearing directly in media accounts, can influence those accounts through contact with journalists. Most of the correspondents to whom we talked have a small circle of trusted sources they talk to regularly to check out information or to trawl for ideas for stories. These circles include people inside official organizations such as the Department of Health or the HEA, doctors as well as representatives of alternative organisations whose influence may not be commensurate with their appearance in the reporting.

MEDIA FACTORS
It is important to distinguish between different types of journalists and media outlets. Many have co-operated with health educators over HIV and AIDS, defining their reporting in terms of social responsibility. Among these one HEA employee classed ‘people who write for women’s magazines, which are very influential, and the agony aunt, and the whole pop culture which has been very supportive of us, music magazines’. We should also distinguish between specialist reporters covering health and medicine and general reporters. Meldrum (1990) notes that specialist correspondents have been appalled at some of the antics of general reporters or national press stringers. Our interviewees made similar distinctions seeing them as important in dealing with the news media. As one Department of Health press officer saw it:

Health correspondents were very responsible and good but because AIDS became a headline story you got a lot of general reporters who really didn’t know what they were writing about... and just went for the easy line and they didn’t bother to check with us.

Journalists are often wary of accepting that their job has great effect on the formation of public knowledge, preferring instead the mantle of disinterested observer dependent on influencers of opinion (Loskak 1986). But, significantly, some medical or health correspondents have a much more committed view of their role. They recognize that what they write may affect their readers (either with or without HIV), and regard themselves not simply as reporters but as socially responsible educators. Consequently, some medical correspondents have rejected the central ideological motif of impartiality which for many other types of journalist remains a strategic legitimator. One broadcast medical journalist defined her role in this way:

Certainly it’s always first to inform. I think we do have a strong public health role in this one, probably more than anything else. Well maybe in the same way that we do with smoking... as a smoker I am diligent about writing stories about how pernicious, disgusting and unhealthy it is.

This role definition allows the journalist to play a more active part in the construction of news accounts than the professional ideology of neutral reporter of fact would allow. Thus when Lord Kilbracken was reported by the Sun as confirming that ‘Straight sex cannot give you AIDS – official’ (Sun, 17 November 1989) the problem for concerned journalists whose
Editors followed this line as best to counter it. One such tabloid journalist told us the strategy was to ‘try and get as many experts on the phone to rubbish it. You can’t just sit there rubbish it yourself, you’re a reporter of other people, but you’re selective about who you’re picking up the phone to get’.

Although many specialist medical and health correspondents would stress their social responsibility in covering an issue such as HIV/AIDS the occupational culture of journalism provides a countervailing pull. For example, the difference between an ‘AIDS victim’ and a ‘person with AIDS’ was lost on one otherwise sympathetic journalist whose concern focused on the news account being ‘watered-down’: ‘I mean they are AIDS victims if they’ve got the disease and they’re certainly suffering if they’re carrying that virus and knowing it. Victim is an over-used word but you can’t water it down too much.’

Other problems stem from personal reasons. We found that some male medical journalists seemed to have great difficulty relating to out gay men. One gay voluntary sector spokesperson told of a TV journalist who ‘just doesn’t understand at all’. The journalist asked him:

‘Were you born homosexual, because I’ve got two young children and they’re coming up to 13, 14 and it does worry me one of them might be gay’... and this is the man who’s done programmes in which he’ll show a throbbing disco floor and talk about the homosexual underworld. That’s who you’re dealing with. So of course there are going to be problems there.

News values

Fears that news accounts would lose their impact are closely connected with another criterion of journalistic action – news values. If a story is ‘newsworthy’, goes the argument, then journalists are powerless to prevent themselves writing it. This concept of news values may run counter to a conception of journalists as educators. One tabloid journalist explained how she saw the difference between being an educator and a ‘reporter’.

‘Being a reporter doesn’t always help other people. That’s a terrible thing to say isn’t it? If something happens... there could be someone whose whole family has got AIDS or something. Well that is an amazing story. That wouldn’t really educate people. But it is a good story that should be told. Or you could look at it with your halo on and say ‘Oh yes it will because it can educate people that they are all at risk.’ But you wouldn’t really be telling 100 per cent the truth.

Journalists will often appeal to news values when challenged on their coverage although there may be conflict between newsworthiness and other conceptions of their role.

Subs and editors

News accounts are the outcome of a process of negotiation between reporters, the news desk and the editorial line of the news organization. The news desk is responsible for what goes in the newspapers or programme everyday. It is the ultimate guardian of what is considered the ‘news value’ for the particular media outlet. The versions of news values which media outlets operate combine conceptions of what is an appropriate style of address for their audience and the editorial priorities of the paper. The health or medical reporter’s input is only part of the equation. Andrew Veitch won a THT award for his reporting of HIV/AIDS when he was the Guardian’s medical correspondent (Guardian, 23 November 1989). He highlighted the failure to educate newsdesk about HIV/AIDS:

I think that we, in turn, have failed to get through to the people who really make the papers – the editors, the sub-editors, the guys who decide what goes in the pages, the guys who write the headlines you hate so much.

(Veitch 1986: 128)

The failure to make a distinction between medical and health correspondents and others involved in the news production process was acknowledged by those responsible for the HEA’s press and PR strategy. A senior HEA official said:

I think we make a mistake in the sense of always talking about journalists because it is the people who control what is actually printed who are crucial and this is an almost shadowy group we don’t get to in the normal course of events.

Besides the news desk there are the subeditors whose job it is to write the headlines and cut a journalist’s copy to fit the space available in the paper. This often means headlines which are markedly different from the text beneath them. Because of their smaller area of news coverage the subs on tabloid newspapers tend to intervene more in news stories. Yet even on broadsheet papers there are clear tensions between journalists and subeditors. Andrew Veitch spoke of his experience at the Guardian. I’ve been trying to use the words ‘anal intercourse’ for two years now and I can’t get them in to the newspaper. The usual reason I am given it’s too boring. So I try the words ‘coitus interruptus’ to get a bit of flavour into it and my editors say ‘What’s that?’ I think next time we will try ‘buggery’ and see what happens.

(Veitch 1986: 128)

In considering the use of language in HIV/AIDS stories news editors and subeditors depend on the conceptions they have of their audience. Edgar,
Hammond and Freimuth (1989) note that in early HIV/AIDS coverage editors considering using direct language would always ask themselves whether their subscribers would like to read this or that at the breakfast table. Answering questions like these resulted in inconsistencies within media outlets as well as between them. As Veitch pointed out:

We have another rule. You can get ‘fuck’ into the Guardian as long as it is on the arts page and the theatre reviews and it is artistically justified. So you can say ‘fuck’ to your readers over the corn flakes in the morning but you can’t say ‘anal intercourse’. It’s a bit of wonderful hypocrisy.

(Veitch 1986: 128)

It is not only supposedly self-evident ‘news values’ or considerations of space and lay-out which determine what an editor sees as important. Political considerations also intervene. One tabloid reporter found that following the Kilbracken row, the news desk was keen on the ‘straight sex is safe’ line pursued by the Sun. The reporter said:

He [Kilbracken] did a lot of damage because a lot of people were only too willing to believe that man and you find yourself here saying, ‘It’s garbage . . .’. You’re trying to tone down the coverage and [the news editor says] ‘Yes but it is a story’. . . . So you have this, I won’t say conflict, but differing interests.

The intensity of these contests and their resolution varies between media outlets depending on the influence of the specialist correspondent. A number of factors come into play including the personality and status of the correspondent, the tradition of the news outlet, the importance of the health ‘beat’ and the attitude of the editor. Ultimately the pressure for the correspondent to conform is considerable. As a member of the AIDS division at the HEA found out when they phoned a medical reporter to complain about an article which:

was one of the worse pieces of gay bashing and junkie bashing that you can imagine, and I called up [the journalist] and said ‘what the hell is this about’? . . . she said, ‘It was that or my mortgage because the editor . . . said, ‘I am not having any more of your gay loving, junkie loving pieces. We are going to tell it like it is.’

A feature of the reporting of HIV/AIDS has been the tension between news desks and specialist correspondents over the representation of illness.

CONCLUSION

In this preliminary discussion of our research we have tried to identify some of the factors that have shaped the production of news media messages on HIV/AIDS. We argue that in order to understand the routine news coverage of HIV/AIDS it is necessary to examine both the strategies formulated by sources of information to influence and use the news media as well as the strategies deployed by the news media to gather and process information about HIV/AIDS. To explain the output of the news media it is necessary to examine not only the nature and process of negotiation between the reporter and his or her sources of information. This examination has to be located in the context of the competition between sources as well as the organizational pressures on the reporter and the political-economic context of media production.

Our study of the process of source–media interaction over HIV/AIDS information suggests that the media strategies of official sources do not automatically succeed. There were a number of factors that shaped the nature of the media messages that the HEA sought to communicate to the public. There were also a number of sites of contest in the production process, on the source side as well as within the media, which influenced the outcome. Conversely, the strategies of less powerful groups do not automatically fail. Alternative voices were able to intervene at different points within the production process to impact on the messages the public received on HIV/AIDS. Their degree of influence depended on a number of factors including the professional and political climate, their knowledge and expertise, their understanding of media practices and their personal contacts with media practitioners.

We would not disagree that powerful sources play a crucial role in determining the output of the news media. However, we would argue that if there is a wish to shift the balance of the debate and actual policy in favour of people with HIV and of preventive campaigns then there is a need to formulate media strategies which recognize the variations within and between the media and the process by which their representational practices are shaped.

ACKNOWLEDGEMENT

We would like to acknowledge the help of the ESRC and of our colleagues, Peter Beharrell, Lorna Brown and Jenny Kitzinger and the grant holders – Mick Bloor, John Eldridge, Sally Machlustry and Greg Philo.

NOTES

1 This discussion is based on a series of interviews carried out between 1988 and 1991 as part of an ESRC-funded project based at Glasgow University – the AIDS Media Research Project (award no. A4425006). The project is a study of the production and content of media messages on HIV/AIDS and their reception by audiences. To examine the production of HIV/AIDS information over ninety interviews have been carried out with medical correspondents, news editors,
health educators, press and information officers, market researchers, advertisers, civil servants, researchers, doctors, TV producers and executives, voluntary sector workers and pressure groups. These interviews were done to inform a content analysis of the new reporting of HIV/AIDS by the press and television between 1986 and 1990. The study describes and analyses the nature and sources of specific statements on 'risk groups' and their activities, routes and modes of transmission of HIV and methods of prevention. Throughout this chapter quotations come from our interviews unless otherwise specified.

2 This approach has recently been criticized as 'media centric' (Schlesinger 1990) although some researchers have started to document the 'strategies' which source organizations use to influence media (see, for example, Cook 1989; Ericsson, Barzuck and Chan 1989; Schlesinger and Tumber 1991).

3 We have also carried out research at the HEA's related national bodies in Scotland and Wales (the Health Promotion Authority in Wales and the Scottish Health Education Group, now renamed the Health Education Board for Scotland). We were refused an interview with the newly-created Northern Ireland body.

4 This view raises the problem of what constitutes alternative or oppositional perspectives on HIV/AIDS. Our discussion is simply an attempt to outline some of the sites of struggle over meaning around HIV/AIDS rather than a celebration of the success of any particular alternative view. The predominant response to the HIV epidemic has been the promotion of 'safer sex' including the use of condoms. To advocate this approach clearly involves a degree of explicit discussion and description of sex and sexuality in public. This has meant AIDS workers together with journalists and programme-makers have had to struggle against media hierarchies reluctant to breach conventions on describing and discussing sexual acts (cf. Diamond and Belluto 1986; Kinella 1989 for similar processes in the USA). The debate around the representation of HIV/AIDS has predominantly been shaped and described as the opposition of a moral absolutist perspective which is sometimes referred to as an 'anti-sex' position with a 'radical', 'sex positive' approach (Segal 1989: 136). In this struggle the groups representing the 'anti-sex' position have had relatively little success in influencing the media agenda on HIV/AIDS. Groups such as Family and Youth Concern or the Conservative Family Campaign are particularly critical of the lack of media response to their calls to cut off funds to the THF. Meanwhile, some of the insights derived from the feminist debate on pornography and representation tend to be marginalized. Some writers have criticized AIDS public education materials for their failure to challenge dominant accounts of (hetero) sexual practice (for example, Wilton 1992). Thus Bea Campbell has written that some HIV/AIDS campaigns contain little more than 'penetration propaganda' (Campbell 1987).

REFERENCES


Check, William (1987) 'Beyond the political model of reporting: nonspecific symptoms in media communication about AIDS', Reviews of Infectious Diseases 9(5) (September-October).


Department of Health and Health Education Authority (1990) Memorandum of understanding', June.


Loshak, David (1986) 'Medical journalists in society', THS Health Summary, February.

