Medicine and the Media

Scottish attitudes to AIDS

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Introduction

Over the last 12 to 18 months many approaches have been used to educate the public about human immunodeficiency virus (HIV) infection and the acquired immune deficiency syndrome (AIDS). The impact of various campaigns and interventions is difficult to measure, but some indication of the cumulative effect can be monitored over time. We report the results of such a study carried out in Scotland by our unit in which the general public's awareness of and attitudes towards HIV and AIDS were measured in July 1986 and again one year later.

Methods and results

The information was collected using a commercial market research agency's "omnibus survey." This is a regularly repeated survey among a representative sample of a relevant population, where questionnaire space and data processing facilities are sold to clients on a cost per question basis. In this case representative samples of the Scottish adult population aged 15 and over, selected through multistage sampling, were interviewed in person by trained interviewers. Questions were asked about the seriousness of AIDS relative to other problems, general views about AIDS, and attitudes towards specific issues. Although all conventional sociodemographic variables were recorded for each respondent, age was the most important discriminator. The results therefore concentrate on age.

The table shows that in 1986 nearly half of the 988 respondents thought that AIDS was a serious problem, and a third thought that the problem was likely to get worse in the future. There was no clear age pattern. One year later both proportions increased by 10% overall. This increase, however, varied according to age, with younger people tending to be more concerned than older people. For example, in 1987 roughly two thirds of 16-24 year olds saw AIDS as a serious problem compared with just under half in 1986.

The next question explored knowledge about AIDS, using an open ended approach where respondents were asked: What can you tell me about AIDS? (table). In both 1986 and 1987 AIDS was associated most often with sexual behaviour (including homosexuality) (1986, 61%; 1987, 52%), followed by drugs (including abuse and needle sharing) (1986, 28%; 1987, 25%) and blood disease/transfusions (1986, 32%; 1987, 20%). In 1987 fewer people mentioned sexual behaviour (down from 61% to 52% overall), and more young people mentioned drugs (up from 27% to 35% among 15-24 year olds). The most notable change from 1986 to 1987 was the large reduction in the proportion who associated AIDS with homosexuals (down from 46% to 17% overall).

Prompted knowledge and attitudes about AIDS were assessed by inviting agreement or disagreement with a predetermined series of statements (table). In 1986 two thirds of respondents wanted more information about AIDS. This request tended to come more often from young people and was even more pronounced in 1987. For example, over the two years the request for more information rose slightly among 15-24 year olds but decreased

appreciably among 55-64 year olds. Over the two years there was also an increase among both young people and the total population in those who thought that AIDS could spread easily through the general public. There was a corresponding decrease in the proportion of those who agreed that only certain groups get AIDS (1986, 44%, 1987, 35%). In both 1986 and 1987

Response to survey of attitudes and views about AIDS in Scotland (Numbers with percentages in parentheses)

		Age (years)					
	Total	15-24	25-34	35-44	45-54	55-64	65+
<i>Concern about AIDS:</i>							
AIDS is a serious problem in Scotland today							
1986	474 (48)	94 (45)	71 (40)	83 (52)	72 (52)	77 (56)	77 (46)
1987	576 (58)	135 (64)	120 (67)	96 (60)	77 (55)	82 (59)	66 (39)
AIDS will get worse in the next five years							
1986	312 (32)	67 (32)	53 (30)	62 (39)	48 (34)	50 (36)	32 (19)
1987	417 (42)	107 (51)	95 (53)	71 (44)	51 (37)	54 (38)	39 (23)
<i>Spontaneous knowledge about AIDS:</i>							
1986: AIDS is associated with:							
Sexual behaviour	598 (61)	122 (59)	118 (67)	111 (70)	83 (60)	80 (58)	83 (50)
Homosexuals	458 (46)	92 (44)	90 (51)	77 (49)	61 (44)	67 (49)	72 (43)
Drugs	279 (28)	55 (27)	57 (32)	55 (35)	44 (32)	29 (21)	39 (23)
Blood	318 (32)	60 (29)	64 (36)	59 (37)	54 (39)	45 (33)	36 (21)
1987: AIDS is associated with:							
Sexual behaviour	519 (52)	117 (56)	111 (62)	95 (59)	77 (55)	72 (51)	47 (28)
Homosexuals	172 (17)	29 (14)	37 (21)	33 (20)	32 (23)	24 (17)	16 (9)
Drugs	248 (25)	74 (35)	68 (38)	43 (27)	33 (24)	25 (18)	7 (4)
Blood	199 (20)	34 (16)	47 (26)	42 (26)	30 (21)	34 (24)	13 (7)
<i>Prompted knowledge and attitudes about AIDS:</i>							
(1) I would like to know more about AIDS:							
1986	642 (65)	151 (73)	126 (71)	106 (67)	85 (62)	86 (62)	85 (51)
1987	540 (54)	158 (75)	119 (66)	86 (54)	71 (51)	52 (37)	53 (31)
(2) AIDS could spread very easily among the general public:							
1986	525 (53)	118 (57)	77 (43)	93 (59)	68 (49)	71 (51)	97 (58)
1987	622 (62)	139 (66)	109 (61)	93 (58)	93 (66)	86 (61)	102 (60)
(3) Only certain groups of people get AIDS:							
1986	439 (44)	72 (35)	58 (33)	64 (41)	75 (54)	87 (63)	82 (49)
1987	348 (35)	51 (24)	55 (31)	52 (33)	46 (33)	56 (40)	87 (51)
(4) I find the whole idea of AIDS very frightening:							
1986	741 (75)	141 (68)	128 (72)	132 (84)	108 (78)	106 (77)	128 (76)
1987	759 (76)	169 (80)	140 (78)	128 (80)	116 (83)	90 (64)	117 (69)
(5) Drug misusers can spread AIDS by sharing needles:							
1986	—	—	—	—	—	—	—
1987	959 (96)	207 (99)	176 (98)	154 (96)	135 (96)	135 (96)	151 (89)

Note: Base numbers do not add up to total numbers in all cases as a weighting process was applied during analysis which resulted in marginal rounding error.

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three quarters of the population thought that AIDS was "very frightening." This varied considerably according to age, with fear among young people increasing from 68% in 1986 to 80% in 1987. Finally, nearly all of the population and 99% of 15-24 year olds understood that AIDS can be transmitted by drug misusers sharing needles.

Discussion

Three trends emerge from the surveys. Firstly, there is evidence of increasing awareness about the broader risk from AIDS to the general public as well as to high risk groups of drug misusers and homosexuals. Thus although almost everyone knows that behaviour such as injecting drugs can spread AIDS, fewer people associate the syndrome with specific groups only. Secondly, it is clear that there is still great concern about AIDS, with increasing proportions of the population seeing it as a serious social problem. This anxiety is most evident and is increasing among young people, eight out of 10 now claiming to find AIDS "very frightening." Thirdly, there is a demand for more information about AIDS, especially from young people.

Knowledge of the broader risk to heterosexuals from AIDS therefore seems to be getting across, although it is clear that there is now considerable anxiety about AIDS, particularly among young people. The next step is to help people resolve the anxiety, which can best be done by giving them information on how to reduce their own risk from AIDS. In particular, information on safe sex needs to be targeted at young people. Because people are acknowledging their need for information about AIDS there is a great opportunity to do this successfully, although such material must be carefully designed to meet their specific requirements.¹ The government's latest media campaign dealt with the important issue of drug injection and AIDS and was aimed at subgroups at risk in the

community, but did not include broader education. It is reassuring that the Health Education Authority will focus on relationships in its future AIDS publicity.

The findings also suggest that any campaign whose objective is making the public aware of the connection between drug injection and AIDS is unnecessary, as almost everyone knows this already. Indeed, our past research showed that this was one of the first things people learnt about the syndrome,² and subsequently much effort was required to communicate the broader risks involved.

The results also show that there is little to be gained by trying to induce fear or anxiety to reinforce existing knowledge of the connection between drugs and AIDS to deter potential intravenous drug users. There is clear evidence of considerable and increasing anxiety about AIDS, especially among young people. Reinforcing such anxiety by arousing fear is widely acknowledged in advertising to have little long term effect since it merely induces defensiveness and with it rejection of the personal relevance of the message.

Finally, there is a need to address the fact that some people inject drugs despite their knowledge of and fear about the risk of AIDS. Media campaigns are notoriously bad at dealing with this type of knowledge-behavioural inconsistency where the behaviour is so emotionally entrenched. Face to face methods are more effective, and the opportunity now exists for work to be carried out in this area.

References

- 1 Hastings GB, Scott AC. AIDS publicity: pointers to development. *Health Education Journal* 1987;46(2):58-9.
- 2 Hastings GB, Leathar DS, Scott AC. AIDS publicity, some experiences from Scotland. *Br Med J* 1987;294:48-9.

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Current Topics

Focus on performance indicators

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Performance indicators are statistical data that allow comparison of all district health authorities. The government announced last week that it wants these indicators to be given much more attention—nationally, by regional and district health authorities, and by the public and members of parliament. Soon after Easter each district health authority will receive a package showing how its indicators compare with those of other authorities over the past four years. This information will also be published. The districts will be asked to analyse their results and make the analysis widely available—to, for instance, the public, members of parliament, members of community health councils, and local newspapers. Regional health authorities will also be asked to analyse the indicators, declaring

whether they are satisfied with variations across their regions and with progress being made to improve performance.

Mr John Moore, the Secretary of State for Social Services, last week addressed the British Guild of Newspaper Editors and sold performance indicators hard. "We are," he said, "the first country in the world to publish such a comprehensive set of comparative information. . . . People from outside the NHS can look at and evaluate how individual health authorities are doing. . . . The indicators place the emphasis on the critical examination of services. They raise questions, provide a means of helping to diagnose problems and then suggest possible solutions to those problems."

So what are these performance indicators, how should they be used, and, importantly, what are their limitations? This article addresses these questions, while on p 999 a distinguished surgeon, Mr R M Kirk, describes how he has fallen foul of the indicators.

The Department of Health and Social Security began working on performance indicators in 1981, producing the first package in 1983.¹ Much of the early work was done by the Health Services