

# Swedish Information about HIV and AIDS

## *A Text Analysis and Reception Study*

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Sweden has a long tradition of preventive or prophylactic health information. Reaching Swedish young people with a clear and persuasive message regarding the problem of HIV and AIDS is one of the greatest challenges facing the so-called information society today. Sweden has responded to the challenge, investing considerable money and resources in a series of nationwide information campaigns, directed primarily toward youth. The prime objective of these campaigns is to inform Sweden's young people effectively, and to change their attitudes so that they adopt 'safe sex' practices and use condoms. In this connection, the messages are intended to inform without frightening, without giving rise to excessive anxiety among the target group. Another concern has been to prevent discrimination of HIV-positives and AIDS patients (AIDS-delegationen 1988).

How, then, have authorities gone about pursuing these objectives? What kinds of informative material are most effective? How should information campaigns be designed and organized so as to reach young people physically, reach them emotionally, and influence their behaviour? Previous research, Swedish and foreign, tells us that the task of informing about, and changing attitudes about HIV and AIDS has proven difficult indeed (Jarlbro 1989; Jarlbro & Lööv 1990; Brink Lund & Uldall Jepsen 1994; Windahl 1989; Cline & Johnson 1992). Despite condom campaigns and public information, very little change in behaviour when it comes to protecting oneself against sexually transmitted disease has been noted (Brorsson & Herlitz 1987; Palm 1989).

Some 260 new cases of HIV-infection are registered in Sweden each year (*HIV-aktuellt* 1/1995:47). During the fourth quarter of 1995, 64 cases of HIV

infection were registered, and 49 people had developed AIDS (*HIV- and aidsstatistik*). These figures are not as high as prognoses made in the 1980s, however. Compared with other countries, particularly certain areas in the USA and countries in Africa, Sweden and its Nordic neighbours have not been seriously affected. The World Health Organisation (WHO) has made several estimates of the number of HIV-infected in the world. A WHO report in 1994 indicated an estimated 16 million worldwide, one million of whom in Western Europe. Of the total number, three million had developed AIDS, roughly one-million of whom have died. At the turn of the century WHO predicts an annual toll of some two million lives due to AIDS. And still, we see no end to the worldwide epidemic.

In this gloomy perspective, the ideal Swedish health information activities strive to achieve is that no one in our country will be infected due to lack of access to information and knowledge.

### **The Design of the Study**

The study reported here analyzes information and communication problems relating to some of the HIV and AIDS information Swedish authorities have directed to young people. My aim has been to analyze the form and content of some of the material, and to explore the factors that most influence young people's need for, and receptivity to information about HIV and AIDS. The purpose of the study may be summarized in three objectives:

1. to describe the ideas, images and thoughts which the information about HIV and AIDS arouses in young people's minds, and to analyze the rhetoric and argumentation used in information brochures and posters;
2. to determine where young people obtain their information, to gauge the extent of their knowledge, to identify what they notice and recall, and

how they perceive the presentations of HIV and AIDS information in advertising and mass media; and

3. to study young people's communication about HIV and AIDS, how the subject impacts on their everyday lives, and whether/how awareness of the risk of infection affects their behaviour.

The study involves three sets of material (Lindblad 1995). Printed information on HIV and AIDS in the form of posters and brochures published by the National Institute of Public Health; data from a questionnaire filled out by 406 secondary school students around the age of 18 and a group of 50 adult students, all in Umeå; and data gathered in small-group interviews with 60 of the younger group. The materials studied were the official public health information in circulation at the time of the study; three brochures and four posters. The brochures (which I refer to as the Facts, Tourist, and Condom brochures) and the posters were widely diverse in terms of form and content. The latter differ in both visualization/visual impact and verbal allocation. The analysis of texts and images seeks to reveal the argumentation and rhetorical tactics used in the seven documents. Complexity, information density and coherence are other linguistic factors studied, as is the relation between text and image. I have also shown the materials to the young people I interviewed in order to observe their immediate reactions to them. I have chosen a semiotic perspective in my analysis of the content, which assumes a very active role on the part of the 'reader' or receiver. That is to say, the 'text' is born in the encounter with the reader. The analyses are then related to what the young people say in the interviews, i.e., to their opinions, interpretations and assessments of the materials.

The questionnaires (Lindblad 1995: bil.1) were collected from 406 young people, equal numbers of boys and girls, all in their last year of secondary school. Students with as many different courses of study as possible – both academic/preparatory and occupational courses – in a mix reflecting the menu of subjects offered in the secondary school, were included in the sample. This procedure provided diversity of gender and social background, based on parents' occupation. The questions mainly concerned the respondents' perceived need of information and their attitudes toward information and communication about HIV and AIDS. Questions about mass media content relating to HIV/AIDS were included in both the questionnaires and the interviews. The problem with a questionnaire survey of this kind is the

uncertainty about how honestly or frankly the respondents have answered, particularly when the questions inquire about such personal or sensitive subjects as the respondent's sex-life, knowledge and ideas about sex, and his/her willingness to use protection in sexual contacts. Judging from the responses filed, the respondents seem not to have found it too difficult to answer the questions, although less than half of the respondents were virgins and therefore did not answer the questions about their sex life.

The 60 interviews, which were partly structured, were conducted in 18 small groups. The purpose was to become more familiar with how adolescents think about and discuss the subject, and how they have integrated the problem of HIV/AIDS into their everyday lives. The interviews were recorded and transcribed. The questions focus on the young people's perceptions about HIV and AIDS, their mental images and thinking about the problem, and the extent to which their knowledge of the threat has influenced their day-to-day behaviour. Questions concerning the information material inquired about what the young people recalled of mass media content concerning HIV/AIDS, what kinds of information they expose themselves to, the kinds and forms of information they prefer, what they would like to know more about, and in what forms they would like that information to be served. The idea behind conducting the interviews in small groups was a hope that the young people would feel more secure talking about such personal matters in a group than they would in individual interviews with an unfamiliar adult. A strong impression from most of the interviews is the eagerness of many young people to talk about this subject with an adult: their interest, curiosity and thirst for knowledge imbued the interview sessions. One difference between interviewing groups of girls and boys: The girls were more frank and open in expressing their own views, whereas the boys asked more questions.

### **Assessments of HIV and AIDS Campaigns to Date**

Campaigns on the subject of HIV/AIDS have addressed mass audiences during brief periods of time. The campaigns often involve a battery of parallel communications – posters, brochures and TV advertisements/announcements (Palm 1994:3). In conjunction with the organization's global programme for the prevention of AIDS, WHO has recommended European member states to collaborate regularly with national mass media (WHO 1991:053:3). Swedish mass media have frequently carried news

reports on the AIDS threat, and have featured the disease in many other radio and television programmes and newspaper and magazine articles (Findahl 1989:8; Jarlbro & Jönsson 1991:32). Several of the programmes were documentaries. These past few years, however, media coverage of the subject has subsided somewhat. The disease is not accorded the same news value as in the 1980s. News reports in recent months have mainly concerned advances in the search for an effective vaccine.

A content analysis of 317 TV spot announcements on HIV/AIDS in 38 countries, Sweden among them, studied the language, the presence of emotional appeals and the rhetorical style used in spots (Johnson & Rimal 1994). The authors found that many of the announcements lacked a clear message and visuals; the content is often general, with high information-density. One-fifth of the announcements had no specific target audience. The authors also found other weaknesses in the messages, such as a failure to give concrete advice/recommendations. A Danish evaluation (Brink Lund & Bredegaard 1994:2) stresses the importance of learning from past experience: the knowledge gained should be used in the drafting of future information strategies with a view to making the communication more persuasive.

The weaknesses of the Swedish AIDS campaigns, according to Palm (1994:15), are that they are predicated on a static, rather than a dynamic approach to persuasion. Those who produced the material on the theme 'Love Power' in 1993 were not, for example, cognizant of the fact that the level of knowledge among Swedish young people is fairly high. The goal was still to promote a positive attitude toward sexuality; no moralizing 'lessons', but rather to stimulate dialogue on the subject. This is a worthy goal, but there is a risk that the campaign's encouragement to acknowledge one's sexual urges may drown the information about the risks of infection.

Greater effectiveness is demanded, for example, in the USA, where AIDS represents considerable costs to society (Kreps et al. 1994). There, authorities have long made use of interactive information technology, viz., a programme called CHES, to improve public health and to reduce the expenses associated with HIV-positives and AIDS patients (Gustafson et al. 1994). The computer-based interactive system was developed through a comprehensive programme of testing and evaluation; proven software is available for both HIV-positives and those who have developed AIDS. An expert panel answers users' questions via electronic mail. Users can also contact and seek the support of fellow patients, who can help them deal with emotional problems. An interview

survey of 100 students found that the CHES system was used at least once a day on average during a two-month period (Pingree & Hawkins 1994). Users were found to be more alert to symptoms, and they turn to doctors for help earlier and more frequently. The authors conclude that CHES appears to have enhanced the quality of HIV-positives' lives.

## **Psycho-Social Stumbling Blocks**

How is it that people, particularly those in various risk groups, turn a blind eye to health messages concerning the dangers of smoking, stress, HIV, etc., even though the information might save their lives? In the battle against AIDS Hayes (1991) takes his point of departure in the fact that people do not change their behaviour and asks: What is it about the human psyche and about the disease, AIDS, which makes it difficult for many people to take measures to avoid exposing themselves to the risk of HIV infection? One potent factor may be the fact that early on, AIDS was a phenomenon associated with homosexuals and needle addicts, which created a stigma. AIDS is still associated with 'deviant behaviour' even though the contagion in Sweden today is greater in the so-called 'mainstream'. Another factor is what Weinstein (1982, 1984) refers to as "unrealistic optimism", i.e., individuals' widespread tendency to believe either that they are somehow immune, or at least less susceptible than others, when they take risks. Weinstein has found this optimism to be especially common among adolescents. Their ego-centred here-and-now mentality impairs their judgement when it comes to assessing the future consequences of health-related risk-taking. Yet another problem specific to HIV and AIDS is that some young people may find it difficult to grasp that the symptoms of infection and the syndrome are not necessarily visible. Since health is commonly defined as the absence of illness, many young people find the concept of 'healthy but infected' quite alien (Brooks-Gunn et al. 1988). Even though people may perceive the risk of contracting AIDS and consider the consequences as extremely serious, they will not change their behaviour, Bandura (1990) asserts, unless they feel assured that the change will truly result in positive consequences. In the case of HIV/AIDS, moreover, it is not only a question of controlling one's own behaviour; the individual must be able to influence another person's behaviour, as well.

The effects of a campaign, i.e., the extent to which the message reaches and influences its audience, in this case adolescents, should be studied in the context of the prevailing youth culture (Markov & Power 1992:11). Young people are caught up in

their own system of norms and should be seen as part of the psycho-social setting and social realities in which they operate. They are imbued with social convictions and attitudes and a deep and widespread anxiety concerning venereal disease, including AIDS. Information about HIV and AIDS is encapsulated in a specific cultural and historical context, which affects how young people select and selectively interpret the information they find relevant to them.

The opinion-leading function of information campaigns might conceivably be used to generate social pressure among young people to help change behaviour. A reasonable strategy might be to bring young people to assume collective responsibility for the situation and see using condoms as a perfectly natural means to protect oneself and one's partner. But many Swedish young people are deeply sceptical of adults and adults' presumption to authority over them. They choose to allow themselves to be influenced only by the HIV/AIDS messages which they consider important on the basis of personal experience and societal factors in interaction. Examples of such factors are first-hand knowledge and personal risk perceptions and the social norms and beliefs prevailing in the peer group. The form of presentation and comprehensibility of HIV/AIDS information are other factors which influence young people's propensity to take note of, understand, remember, and assimilate the messages (Lindblad 1993, 1995).

### Analysis of Texts and Images

In my analysis of selected brochures and posters, which in different ways warn of the danger of HIV infection, I first characterized the message and then its structure, argumentation and rhetoric. The texts in the brochures were analyzed in classical rhetorical terms (cf. Johannesson 1990, i.a.). On the basis of the manner of address I characterize the tone of the text. In the case of the posters, I apply a semiotic perspective in order to determine the preferred reading, i.e., the senders' intentions, in each, and to explore the ways in which readers can interpret the message represented in the interplay of text and image (Eco 1977; Fiske 1990; see also the analysis of posters in Lindblad 1995:37–47). Young people's characterizations are presented in conjunction with the analyses.

The 'Facts' brochure comprises 23 pages of text. First issued by the National Board of Health and Welfare in 1990, it is still distributed via youth counselling centres and pharmacies. The argumentation is fact-based. A menacing tone enters into the text when it is noted that "nearly every day someone is

infected". Parallels are drawn to other sexually transmitted diseases such as chlamydia, chondyromia or herpes, none of which is life-threatening. One person in three is infected with one of these diseases, the text points out. Thus, the risk of being infected with HIV is associated with the risk of coming down with other venereal diseases. This link is somewhat dubious; might it not arouse inordinate anxiety? In a rhetorical analysis of advertisements in American television the authors point to the risk that advertising campaigns may only sow fear among viewers since the messages fail to inform viewers of the means at their disposal to cope with the threat and protect themselves (Bush & Boller 1991:35). One rhetorical technique used in the 'Facts' brochure is the use of expressive examples to give the fact-studded text concreteness. This corresponds to the *consultatio* of classical rhetoric, i.e., a kind of debate in which the participants raise the pros and cons of, in this case, using condoms. The form of address in the brochure is largely impersonal, with the neutral, third-person pronoun, "one" (one does this, one does that) predominating. The exception is the section on testing, where the text addresses the reader directly with the familiar "you" (*Du*): "If you think you might have been infected, you should...". All in all, however, the reader will find the tone quite neutral.

The cover of the 'Tourist' brochure is covered with pictures of condoms in the form of a palm tree, a sun, and a wave – symbols of relaxation and travel – and the words, "Bon voyage". The text of the brochure is divided between three different short-short stories. All three bear signatures, ostensibly to enhance the stories' authenticity. The rationale behind these stories is the rhetorical principle of the power of example, i.e., the notion that the concrete and illustrative is most persuasive. One of the stories is about Hugo, 17, in whose company we visit Benidorm. "*Hugo has a problem. He's the world's oldest living virgin. At least among the people who count.*" "*But soon that problem will be done and gone, for we'll be pulling into Benidorm any minute now,*" Hugo muses. The story is told in typical advertising style (cf. Vestergaard & Schröder 1985), with predominantly short, fragmentary sentences. Many of the ideas are expressed in direct quotations. The main character 'thinks aloud', i.e., we hear what he is thinking in an inner monologue. The paragraphs are extremely short. The tone is conversational, seasoned with youthful slang and expletives – the 'barbarism' of classical rhetoric, to use words in ways that contradict the rules of grammar, convention or taste: "*Shit, man. Benidorm's something else! Action 'round the clock. Stayed a week. Done for when we left. Babes, hot babes, everywhere.*" The message –

use a condom – is implicit, as are the reasons for using one. It is conceivable that readers become so involved in the suggestive theme and story-line that the implicit message is lost on them. The form is fragmentary, and leaves a fragmentary impression since there is little in the way of conjunctives and other ‘cohesive’ elements. The strength of the short-story approach is its authenticity, intimacy, and potential for identification. The idea is to arouse the reader’s imagination; each and every one can see him-/herself in a situation like that the character experiences.

The ‘Condom’ brochure is in cartoon form, with texts in English. The drawings are lightly coloured, with only a couple of lines on each page. The authors have concentrated on the message: “*Part of the fun it to put it on!*” That the text is in English has to do with the status English enjoys among Swedes, not least Swedish youth. The tone is light, humorous. The style casual, conversational with direct address. The author uses the rhetorical tactic of appealing to the reader’s emotions. Take, for example, this advice to parents: “*You love your daughter? ... Put some condoms in her bag...*”.

Most of the students I interviewed said that they would hardly read the Facts brochure of their own accord; it was far too long and difficult to read. Some acknowledged that such a brochure would give them the most information. They might read it if it were assigned reading, for example. The girls thought the Tourist brochure was worthwhile and entertaining reading; the boys were less enthusiastic. Almost everyone liked the comic-strip Condom brochure, and they leafed through it during the interview. Many commented that they would read just about any comic book, provided it is fun/funny.

Briefly, the analysis of the posters found that young people are critical and selective in their attitudes to the texts and images (for details, see Lindblad 1995:36–47). The message does not always get across to the young people; reactions like “hard to understand”, “too indirect” or “too slick” brought them to conclude that they would not be influenced.

## Knowledge and Ideas

Previous Swedish studies of what young people know about HIV and AIDS have found relatively high levels of knowledge (Jarlbro 1987, 1988, 1989, i.a.). In the present study, the questionnaire included two questions intended to measure the respondent’s knowledge. The first is a multiple-choice question about how HIV is transmitted, with the alternatives: sexual intercourse between homosexuals; sexual intercourse between heterosexuals; through blood and

blood products; from mother to child during pregnancy; through bodily contact and embraces. Second, respondents were asked how many HIV-positives they thought there were in Sweden (a choice of three alternatives). Three levels of knowledge were established: high (all correct responses), medium (1–2 errors), and low.

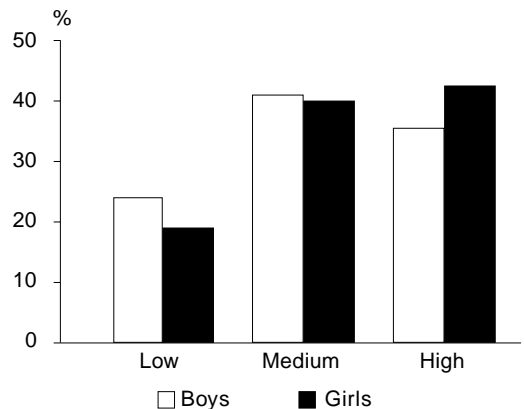
**Table 1.** *Young People’s Level of Knowledge (percentage distribution)*

Low	20.9
Medium	40.4
High	38.7

N=406

As Table 1 indicates, one respondent in five showed poor knowledge of the subject, including about how HIV is communicated. Nearly four in ten show a high level of knowledge, and a roughly equal number are on an intermediate level. It is hard to say whether these questions are an adequate measure of good or sufficient knowledge, but they do show that most know how HIV is communicated and have a good idea of how many HIV-positives there are in Sweden. In that sense, at least, knowledge is fairly good. Still, as many as 20 per cent show a low level of knowledge. Who are these young people?

**Figure 1.** *Young People’s Level of Knowledge by Gender (per cent)*

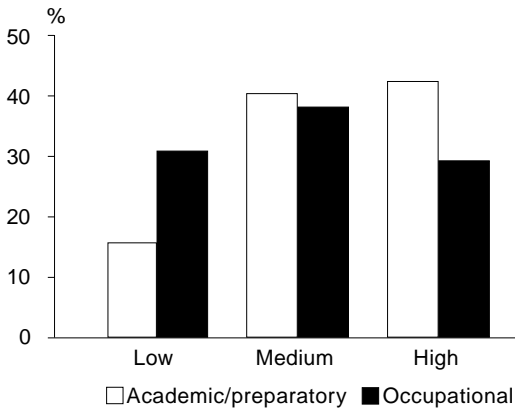


The differences are most apparent at the ends of the continuum. A larger share of the boys show a low level of knowledge, and a larger share of the girls show a high level. The girls in this study show a higher level of knowledge about HIV/AIDS than the

boys. This may well be due to the young women's deeply engrained consciousness of the risks of unwanted pregnancy. Girls are generally more receptive to information about preventive protection, and this knowledge may give them clearer insights concerning the risk of HIV infection.

What pattern emerges when we consider the students' courses of study?

**Figure 2. Young People's Level of Knowledge by Course of Study (per cent)**

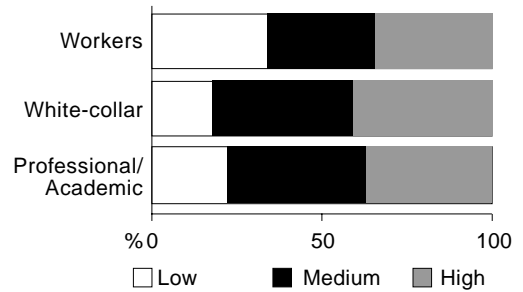


As Figure 2 indicates, there are fairly sizeable differences in knowledge between students in academic and occupational courses of study. Only one-third of those in occupational courses of study show a high level of knowledge, compared to nearly half of those in academic/preparatory courses of study. Thus, we may say that girls in academic courses of study show a relatively high level of knowledge, and boys in occupational courses a relatively low level.

When we consider the students' socio-economic background, based on their parents' occupations, we find that the children of professionals and white-collar workers show a somewhat higher level of knowledge than those with working-class backgrounds. The difference is not great, but the tendency is clear (Figure 3).

The question is, what do these findings mean? Are the differences noted confirmation of the well-known theory of information and knowledge gaps, in this case relating to health (Freimuth 1990)? Do they mean that those who already are well-informed on the subject and have good all-round knowledge are more likely to assimilate information about HIV and AIDS? Do the differences in knowledge follow the same differences in socio-economic background which give rise to the skew recruitment of young people from different social groups to higher educa-

**Figure 3. Young People's Level of Knowledge by Parents' Socio-Economic Status (per cent)**



tion? One interpretation which presents itself may be that young people who have chosen an academic or preparatory course of study may be more accustomed to, and proficient at, reading and processing information. That would mean that they to a greater extent may have exposed themselves to information from Swedish health authorities and the material carried in Swedish mass media.

Most probably, many factors combine to explain the differences in knowledge noted between students in academic/preparatory and occupational courses of study. Other factors might, for example, be differences in attitude to the threat and different risk perceptions. It is conceivable that some circles may develop an exaggerated idea of the risk of infection, whereas others underestimate it.

The interviews with the young people opened with questions about their ideas and thinking about HIV and AIDS. To explore their associations I asked them what crossed their minds when they heard mention of HIV/AIDS. Some responses:

Death. Just sitting there waiting and then wasting away. I think of someone shrivelling up and dying. A grisly thought. Someone on his death-bed, sweaty and all. An awful scene. It scares me when I think about it. (boy, Telecommunications)

Incurable. That you die, I mean, you don't live very long, a few years or so. As long as you just have HIV, but that's only as long as it [AIDS] hasn't broken out. Once it breaks out, you're a goner. You might just as soon go find yourself a gun. (boy, Restaurant Cookery)

Ugh. Something awful. I think of what I've seen in documentaries. Someone lying there in bed, just wasting away. That's when they're dying. I think that if I had AIDS, I'd probably start hurting all over right away, get really sick. I think I probably could imagine it all, if I developed any symptoms. (girl, Engineering)

It seems that television documentaries have made a strong impression on the young people. Their ideas about HIV and AIDS have been strongly coloured by the coverage of infected and sick people on Swedish television. They express strong feelings about these programmes. Some have internalized nightmare-like images from them. It may well be that these documentaries exert a stronger influence than public health authorities' targeted campaigns. When they watch television, they seem to be able to identify with an AIDS victim, yet maintain a perspective on the direct, personal contact. Perhaps this is what allows them to relate to the surrounding information which the documentary imparts.

### Sex-life and Perceived Risk

Has awareness of the danger of HIV affected Swedish young people's sexual behaviour, particularly with respect to the use of condoms and safe sex practices? As the study focuses on young people around the age of 18, it is not surprising that some are not yet sexually active. Nearly one-third (30%) say they have not yet had a sexual partner; 50 per cent have had one partner, and 20 per cent have had more than one partner. Of the 70 per cent who are sexually active, 214 say they often use protection, 45 that they sometimes do, and 14 seldom or never. Most respondents are anxious to avoid unwanted pregnancies. It is difficult to say to what extent the use of protection is motivated by that anxiety or the risk of HIV or other venereal infection. That there is still a group who appear to live dangerously with respect to both unwanted pregnancy and the risk of infection is, of course, the result of many factors, and it is virtually impossible to explain the behaviour in a study of this kind.

How do the young people protect themselves? Do a majority use condoms? Of those who say they use protection in sexual intercourse, 183 say they use condoms, whereas 139 rely on 'the pill'. This latter figure may be somewhat disconcerting, when we consider that the pill offers no protection whatsoever against HIV. On the other hand, most of those who rely on the pill are in stabile, long-term relationships.

Answers to the question, whether awareness of HIV and AIDS has influenced their behaviour, vary:

Sure, it's changed me. It'd be strange if it hadn't. It makes you think twice before you jump into bed with a new girl. It's like the Plague of our times. (boy, Engineering)

No. I don't think about it very much. It's mostly older people who get it. I've got that impression,

anyhow. Young people don't get it as much. You suddenly think about it, maybe, now and then, but you never really believe it can happen to you. Only other people. (girl, Consumer Studies)

Yes, definitely. Yes, it's a big thing now. It didn't used to be. But it depends. It's not so up tight any more. We don't really get around an awful lot, but I don't think that anyone makes their sexual debut later just because we know about AIDS. I think AIDS is something you talk about in the daytime, during the week, but when you're in the situation like you're thinking about going to bed with someone, then I don't think you think about HIV at all. It just seems so unrelated. Even if you know a lot about AIDS, I don't think you think about it just then. You put all that sort of thing out of your head. You don't have it in mind just then. (girl, Consumer Studies)

How aware of the risk of HIV are the young people? Do they think about it at all? Most of the sexually active respondents say they occasionally think about the risk of infection. A small minority (10%) think about it often, whereas a majority (56%) say it seldom or never occurs to them. What does this mean? Is it logical?

The risk of infection was a recurrent theme in the interviews. Since young people do not know what the actual risk of infection is in their home town, Umeå, the risk may reasonably seem both abstract and uncertain. They wonder whether their risk-perceptions are proportionate to the risk they face. The question came up repeatedly. They wanted to know the exact number of HIV-positives in the local population, a subject not included in most official information material today. Such information may, however, have to be included in future material for the sake of campaigns' credibility. As things stand, many young people in this study do not perceive the problem of HIV and AIDS as relevant to them in their everyday lives.

You think that something like that is in Thailand and maybe a few people in Stockholm. Down south. Addicts and homosexuals. For up in these parts there isn't anything to worry about. (girl, Consumer Studies)

HIV and AIDS, I think it feels pretty far away. You think, like, well, if it happens to me, it's really rotten luck. It's something that happens, something so unlikely, it shouldn't really be possible. Like in a blood transfusion or something like that. I have a hard time believing it can happen to me any other way. (boy, Telecommunications)

That many young people have an exaggerated fear of being infected via a blood transfusion, as evidenced in the interviews, has to do with media news coverage. Cases of infection due to contaminated blood have figured in the news in all media. This particular group of patients has received widespread coverage, much more than needle addicts, and those infected as a result of sex, whether homo- or heterosexual. The students voiced considerable anxiety about having to go to hospital and needing a transfusion. There was frequent mention of a case some years ago in which a young boy had been infected by blood received in transfusions. Some of the interviewees said they would refuse a transfusion if such treatment were proposed. Many of the young people were not aware that all blood used in Swedish hospitals today has been screened. Here we have a prime example of how the media can lead to exaggerated perceptions of a risk that is presumably non-existent today. One reason for the young people's anxiety may be the fact that in this particular situation they would have little or no control over their fate; anything beyond one's control tends to be perceived as a greater menace. Even if the risks (1) that a blood transfusion may be necessary, and (2) that contaminated blood might conceivably find its way into the system cannot be excluded entirely, the young people's anxiety was in no way proportional to the likelihood of such a thing happening. Here they may be said to be victims of a form of misinformation (albeit inadvertent) in the current discourse on HIV/AIDS.

### Information Needs

The Swedish media have devoted considerable attention to the problem of AIDS since the subject surfaced in the 1980s (Findahl 1989; Palm 1994). A series of campaigns has been undertaken, and information material has been distributed by numerous institutions, including school health clinics, youth counselling centres and travel bureaux. Do young people of today feel they have been sufficiently informed?

**Table 2.** *Young People's Sense of Being Well-Informed (per cent)*

No	29.8
Yes	47.8
Don't know	21.4
N=406	

Nearly half the respondents in the questionnaire survey feel they have received enough information

about HIV and AIDS. Three in ten are not satisfied with the information they have received, and two in ten cannot form an opinion. If we interpret the "Don't know"-response as a sign of uncertainty, i.e., the feeling that there is information they have not come in contact with, we may conclude that half the young people of Umeå consider themselves well-informed.

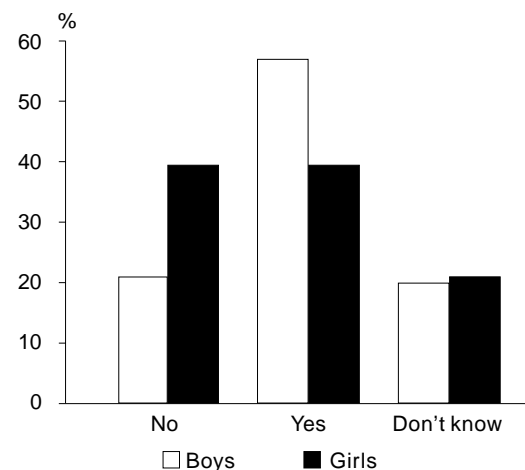
As indicated in Figure 4, paradoxically, girls know more, yet feel less well-informed. A majority of the boys, on the other hand, say they have received enough information. A somewhat greater number of girls than boys are not sure. What information do they miss, and why has this information not reached them? Or, is information actually the problem? Consider the following comments:

Well, I don't know much about it, right? I know there's no cure and that it's catching through blood and sexual contact and that HIV and AIDS, well, you die of it. That's about all I know. (girl, Restaurant Cookery)

There's a risk that it's just too much. Information and more information! And then the scale just tips over in the other direction. You turn a deaf ear to it. There mustn't be too much. It's better in class, where you can discuss it than to hear it on the radio and TV all the time. Then you just think: Well, it's an ad. I might as well go pee. (boy, Engineering)

What kind of information do the young people feel they need? A majority say they would like to know more about where the virus comes from. Nearly half

**Figure 4.** *Young People's Sense of Being Well-Informed, by Gender (per cent)*





the respondents want to know more about how AIDS develops out of HIV. The extent of the virus in Sweden and calculations of the risk of infection are other frequently mentioned topics. The adult students want to know the same things. But only 5 per cent of the young people say they need advice about how to protect themselves. Information campaigns have focused (and still focus) on advice about protection, not only against HIV, but against other venereal diseases, as well. This information has apparently got across. Thus, we find that the information on HIV and AIDS repeats some superfluous information, while it leaves out some points that the targeted receivers feel a need to know. Consider the following comments:

I'd like to know more about how it develops. I know that first you get HIV and then become ill, but what happens then? And where did it come from in the first place? I don't have the slightest. It must have come from somewhere. I think someone was abroad and then brought it home with them. But how did they get it out there? Then, you hear a lot of stuff about mice and things. Maybe it comes from monkeys; they're a lot like people. (girl, Restaurant Cookery)

What are the chances of being infected? You hear so many different things. Some say there's a big risk, others hardly any. We'd like to know what the risk is here in Sweden. In Africa, we know, it's hopeless. But what about here? (boy, Industrial Engineering)

I'd like to know more about its spread. What's the situation here in Sweden? It would also be good to hear what's happening in research. I don't know enough about the symptoms. How do you know if you've caught it? (boy, Industrial Engineering)

It's pretty hairy. Scary. There's way too little information. Okay, there's information, but it doesn't tell you where it comes from or how it has spread. You know what it is, but still, you don't know. We ought to get more specifics. (girl, Consumer Studies)

Ignorance breeds anxiety. And there is a great demand for more precise information among Swedish youth. Is the information offered too general? Are young people not being told some things for fear of causing unnecessary alarm? Swedish authorities, such as the National Institute of Public Health, are chary of using 'scare tactics' for a number of reasons. They do not want to arouse unfounded anxiety; nor are such tactics considered effective. The ques-

tion is if perhaps the information offered is too general, too bland – and thus less credible.

One should bear in mind that the subject is of a very complex nature, and consequently, it is very difficult to attain a satisfactory level of information throughout the target audience. One may even wonder if it is at all possible to fill the need for knowledge young people express through information. HIV and AIDS are sensitive problems for a group who stand on the threshold of adulthood with its relationships, sexual urges, the possibility of unwanted pregnancy – and now a contagion that leads to incurable illness.

That young people have information needs that have not been satisfied may, nonetheless, be due to faults in the information offered to date. They ask for information that has not been offered – e.g., more precise descriptions of the spread of the disease in their region – as a basis for making their own judgments as to the risk they are taking. The question is, what effect such information might have. Is it possible that people quit worrying about protection altogether if they are told that the risk is small where they happen to live? On the other hand, might people in high-risk areas become unduly worried? The young people in this study say that they can make their own decisions concerning protection if they are given the relevant data.

## **The Accessibility and Effects of Information**

From what sources do Swedish young people gather information about HIV and AIDS? Do they mainly consult official sources or the texts and programmes carried in mass media? The answer is mass media. The young people in this study have especially mentioned television as their prime source. This is not surprising; young people watch television quite a lot, and HIV/AIDS has been given quite a lot of exposure on Swedish television (Findahl 1989). Judging from the interview data, television documentaries about people infected with HIV have made the strongest impression on the young people.

In this connection, however, we note a difference between youth and the adult students: 80 per cent of the older group cite television as a source, compared to 65 per cent among young people. More young people (19%), on the other hand, cite newspapers than the older students (10%). The two groups' media habits differ. They do not read the same newspapers and magazines, and to some extent they also watch different television channels and programmes.

It is likely that the periodicals and television programmes which target young audiences have carried

more, and more extensive coverage of subjects relating to HIV and AIDS than those which address older readers and viewers. Even if articles contain photos and emotionally charged texts, print media do not have the same impact as television. The aura of authenticity surrounding the medium makes a strong impression on young viewers. Among the young students only 10 per cent say they have gathered information from brochures, and 3 per cent from posters. This may come as a surprise in view of the time and resources Swedish authorities have invested in information campaigns. In response to a question as to anything they particularly recall, the greatest number, 17 per cent, mention documentaries shown on television. Many of those who have particular recollections of information recall more than one television programme or several media; e.g., posters, brochures and television spots. Several of the interviewees have vivid recollections of documentary material, which testify to considerable empathy, sometimes so strong that it has led to denial:

It's awful. When you watch television, you just see films about, say, a boy and his life. And then he dies and there's nothing more. It's like a drama, a movie. You cry when you see how the boy or girl just wastes away, and then you see the parents sitting there talking about it all. And you cry, just sit there and weep. Then you turn off your TV, and it was just like a regular movie. A 'sob story', like. (girl, Consumer Studies)

A number of the students (12%) recall spot announcements from commercial television channels. This is relatively many, considering that not all students have access to more than one commercial channel (i.e., they lack access to cable/satellite). Judging from the comments in the interviews, the impact seems largely due to the quality of the spots. Well-known actors and 'idols' of youth culture put the message across. The short, effective text, reminiscent of 'MTV-culture' in form, has appealed to young viewers, caught their attention and quickly and effectively got the message – the importance of using condoms – across.

Has information about the risk of infection with HIV alarmed or had a calming effect on Swedish young people? Do young people mention any information as being particularly alarming or reassuring, and if so, what? Half the students mentioned causes of alarm: that the contagion continues to spread, that the disease remains incurable, that some people have been infected through transfusions. The circumstance that these latter victims have received more media coverage than people infected in other ways may be related to the fact that they are innocent victims and feel free of the stigma otherwise associated

with the virus. Gender differences in the material concerning causes of alarm are small. Girls are somewhat more concerned about whether kissing can be risky; they are also somewhat more concerned about blood transfusions than boys.

What, if anything, has been reassuring? Three-quarters of the respondents have not answered the question, which may be taken as an indication that there has not been much in the way of reassuring information. The most common themes among those who did answer are the knowledge that the risk of infection is there, and the advances of medical research. Other factors are knowledge that the risk of infection here in Sweden is relatively small, and that the contagion is not spreading very fast. Knowledge that bodily contact per se is not a danger, and that so many people are aware of the problem has also been reassuring to a smaller number of students.

### **HIV and AIDS as Topics of Conversation**

Do young people discuss HIV and AIDS amongst themselves? Do they talk about it with their parents? I asked these questions in both the questionnaire and the interviews. I wanted to know whether HIV/AIDS was a topic of everyday conversation, or whether young people considered it so distant that they hardly ever talked about it. Four young people in ten talk about the subject 'rather seldom', 'hardly ever', or 'never'. A majority talk about it 'fairly often', and some even 'very often'.

We talk about it quite a lot, but then I guess you can't talk about it enough. Maybe some people are a little too scared, but that's probably a good thing. Or else we'll all turn into some kind of eunuchs, maybe. (boy, Industrial Engineering)

Not very often. Sometimes you think about it. But it's unreal, it's not like it's going to happen to you. But you never know. You have it somewhere in the back of your head, but you don't do very much about it. You don't protect yourself, really. (girl, Restaurant Cookery)

Yeah, we talk about it, but not right then. I mean, when you've found a girl, you don't think about it then. There's so much else you're thinking about. Maybe you've had a little too much to drink, and you don't think that far ahead. You're really awfully shortsighted. It's usually when you're out on the town. But afterwards, first then, you think, Aagh, maybe I ought to go get tested. (boy, Restaurant Cookery)

Of the young people in my sample mostly girls say they often talk about HIV and AIDS with someone in their surroundings. One possible reason may

be women's propensity to talk about relationships and intimate subjects, including the risk of venereal disease. Comments in the interviews indicate that the subject is discussed fairly frequently, but not in crucial situations, i.e., at the start of a sexual relationship. It does not yet feel natural for the young people to broach the subject.

With whom do they talk about HIV and AIDS? Mainly their friends. Hardly any of the students have discussed the subject with school personnel. One-third say they discuss it with their partners. One student in five discusses the subject with his/her mother, whereas very few talk about it with their fathers or sisters and brothers.

Comparing those who study occupational courses of study with those following academic/preparatory courses, we find that the former report discussing the subject with friends less frequently than the latter group. Thus, those who discuss HIV/AIDS the most and who are most well-informed about the subject are girls studying academic subjects. The adult students say they discuss HIV and AIDS about as much as the younger students do.

It was my impression during the interviews that many young students feel a great need to discuss the threat HIV and AIDS pose, a threat which they perceive as serious, yet abstract. The interviews took on the character of a conversation; I asked the students questions, but they had many questions for me, as well. They regarded me as something of an expert on the subject, and inasmuch as they had no other mature person with whom they could discuss this sensitive subject frankly, they took advantage of the opportunity to talk with me.

## **Discussion and Conclusions**

That it is not easy to reach Swedish young people with information about HIV and AIDS is clearly evidenced in the criticism of brochures and posters young people raised in the interviews reported here. An evaluation of Danish authorities' efforts points to the importance of being explicit, of presenting the facts without beating about the bush (Brink Lund 1991). One fault in the Swedish material which young people cite is the failure to provide information on the estimated risk of infection in their particular 'here and now'. The absence of such information gives rise to considerable uncertainty, which may in fact reduce the credibility of the information authorities do offer. One conclusion of the present study is that information campaigns should be drawn up in closer collaboration with members of the targeted group. The messages in text and images should be clear and straightforward, unequivocal, and better adapted to the youth culture in which they occur.

A second conclusion is the importance of adapting the content of the campaigns so that they offer the information young people feel they need. Instead of unilateral advice on how to protect oneself against infection, campaigns should take young people's thirst for information about the spread of the contagion and about current research findings seriously. Young people want to be persuaded rather than told what to do. They want the facts they need in order to make their own judgements and plan their behaviour accordingly. They react strongly to the paternalism many public communications exude. In short, information should be more descriptive, and less prescriptive.

Bringing about a change in attitudes on 'safe sex' and the use of condoms may take some time. Authorities' information efforts should therefore be combined with more involvement on the part of the schools. A report issued by the National Board of Education (Skolöverstyrelsen 1991:21) some years ago outlined the responsibility of the schools in the effort to combat the spread of HIV and reported the results of a survey of schools throughout the country. The survey found a major need for training of teachers to provide the necessary information and advice. (A Danish study of about the same vintage also found that school personnel did not talk enough about sexual behaviour or the risk of HIV infection (Koch & Jensen 1991:7).) Several of the students I interviewed expressed disappointment in the passivity of the schools and wished they gave more information and time for discussion to facilitate the kind of attitude change which the new situation requires.

Television documentaries about HIV-positives and AIDS patients have had a strong impact on Swedish young people, and such programmes should be aired more frequently. The programmes have aroused young viewers' sympathy and empathy. Some of the young people I interviewed credit these programmes with having changed their way of thinking far more than "sermons telling me, Thou shalt and shalt not", as one student put it. He said that the programmes were what brought the consequences home to him. Advertising spots featuring popular artists were another form of information which appealed to Swedish youth. On the other hand, they rejected some posters which they perceived as no more than ads for condoms, a message that did not call to mind the risk of HIV and AIDS.

We cannot turn our backs on the danger of the contagion. We have to discuss how to go about meeting the threat with young people themselves. In the interviews I inquired after ideas about appropriate strategies. The young people said they would welcome more opportunities to talk with professionals – nurses, etc. – face to face, to hear their experiences

and insights. A frequent suggestion was to arrange meetings with HIV-positives in their own age group, young people who could tell them what it is like to live with HIV. They say that such a confrontation would make the risk real to them, and would most probably dissolve their resistance to informing themselves about HIV and AIDS.

An abiding impression I have got from my contacts with young people in this study is that many

find themselves somewhat at a loss vis-à-vis HIV and AIDS as they stand on the threshold of adulthood. I have also developed a great respect for their manner of approaching the responsibility which sexual relations demand of them. They have given me every indication that they are prepared to take the risk HIV poses seriously. What they are asking for is adults' support and, above all, confidence in their ability to deal with the problem. Let us not fail them.

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