

Medicine and the Media

Public knowledge about AIDS increasing

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We have previously shown that in Southampton the public is reasonably well informed about the basic facts of the acquired immune deficiency syndrome (AIDS) but that the newspaper advertising campaign conducted by the Department of Health and Social Security in the spring of 1986 had had little effect on knowledge.¹ These findings attracted some attention, and in the week of their publication in October 1986 the government set up a special committee chaired by Lord Whitelaw to investigate methods of transmitting information about AIDS. This drew the attention of the media, and there have since been innumerable references to AIDS in newspaper articles and television programmes as well as several further newspaper advertisements. In January 1987 the government announced that it would start a television advertising campaign and simultaneously deliver information leaflets to all households. As the television campaign was based on the assumption that the level of knowledge about AIDS was still insufficient we decided to monitor the level of knowledge before the campaign to see whether the increased attention by the media had increased public knowledge and to give a baseline from which to judge the campaign.

Methods

Three hundred questionnaires about AIDS, together with covering letters and stamped addressed envelopes, were posted in Southampton in early December 1986. The recipients were chosen by a 1 in 500 systematic sample from the Southampton electoral roll. The method of sampling and certain key questions (table) were identical with those used in the previous two surveys in February and June 1986.¹ The initial response rate was 61%. Reminders were sent in January, and these brought the eventual response rate to 69%, but as the distribution of reminders overlapped with the distribution of the leaflet and the start of the television campaigns we could not use the later replies in the analysis.

In the table the answers to question 1 were judged to be correct if the respondent mentioned immune deficiency. In question 9 the ranges given were 0-99, 100-499, 500-999, 1000-1999, and ≥ 2000 ; the answer was judged to be correct if the 500-999 range was ticked (in contrast with the June survey, when the 100-499 range was correct). Questions 1-8 (answered explicitly in the newspaper campaign) were scored 1 for a correct answer, 0 for a don't know or missing answer, and -1 for an incorrect answer.

Results

The mean score was 5.67 (change from June 1986 +0.52, $z=2.31$, $p=0.02$, 95% confidence interval 0.07 to 0.97). Though the response rates were not identical, the results seem to indicate a small overall increase in knowledge about AIDS.

The table shows some interesting changes from the June survey. It is encouraging that the message that AIDS is a virus for which there is no cure or vaccine has sunk home. More people now realise

Percentage of subjects who replied true, false, and don't know/missing to questionnaire in December 1986 (change from June 1986) (n=182)

	True	False	Don't know/ missing
1 What do the initials AIDS stand for?	36 (+2)	4 (-3)	60 (+1)
2 AIDS is caused by a virus	70 (+8)	8 (-9)	22 (+1)
3 There is a cure for AIDS	2 (0)	89 (+5)	9 (-5)
4 There is a vaccine against AIDS	7 (-3)	80 (+14)	13 (-10)
5 The infection may be caught from blood and blood products	86 (-7)	3 (+3)	11 (+4)
6 All blood donations are tested for AIDS	82 (-6)	13 (+13)	4 (-8)
7 The infection is readily caught by sharing washing, eating, and drinking utensils	4 (-10)	76 (+12)	19 (-4)
8 The infection may be transmitted by sharing needles and syringes	92 (+3)	1 (0)	7 (-3)
9 How many cases of AIDS have there been in Britain up to now?*	30 (+2)	53 (+4)	17 (-6)
10 The infection seems to be transmitted principally by sexual intercourse between male homosexuals*	81 (-2)	6 (-3)	13 (+5)
11 Women are at much less risk of catching AIDS*	10 (-25)	68 (+34)	22 (-9)

*Not covered by DHSS newspaper campaign.

that the infection cannot readily be caught by sharing washing, eating, or drinking utensils, but public uncertainty about whether it can be caught from blood or blood products and whether donated blood is tested for AIDS seems to be greater. There was a 34% increase in the number of people who believe that the statement "Women are at much less risk of catching AIDS" is false, and the recent publicity states that all promiscuous people are at risk, though most cases to date are still in homosexual men.

Additional questions ascertained that 94% of the respondents thought that the government should advertise the facts about AIDS on television, 62% thought that television advertisements should contain explicit language, 55% thought that television advertisements should contain explicit diagrams, and 89% thought that education about AIDS and how to avoid it should be given in schools. About 10% thought that doctors, dentists, and nurses were at high risk of catching AIDS, but 9% failed to recognise that drug abusers who share injection equipment were at high risk and 20% failed to recognise that the sexual partners of drug abusers were at high risk. None of the official literature actually describes the symptoms of AIDS, and this was reflected by the fact that 44% of the respondents could not name a single sign or symptom.

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Discussion

Our results suggest that, even before the government's leaflet and television campaigns, the publicity surrounding AIDS had increased the public level of knowledge about the disease. In view of the danger of social isolation of AIDS sufferers it is encouraging that 76% now believe that the infection is not readily caught by sharing washing, eating, or drinking utensils. A Market of Opinion Research International (MORI) poll, conducted at about the same time as our survey but comprising face to face interviews with 1093 adults aged 18-54, also found that people were becoming more knowledgeable about AIDS.² In the MORI poll the one question on which the answers of young single adults differed from those of the total sample was on the possibility of catching AIDS from saliva; half of the total population believed that this was not possible compared with 72% of young single adults. This is one subject on which there has been some controversy.³

Our questionnaires were returned by only two thirds of the sample population, but they allowed us to monitor changes in knowledge. In view of the recent survey that showed that possibly seven million people in Britain have difficulty in reading a

simple fire warning⁴ there may still be many who are impervious to written advice. The form of the television advertisement also needs to be considered. One respondent whose first language was not English, who was later interviewed after the first television advertisement, thought that AIDS was associated with the use of pneumatic drills! Even before the television advertisements, however, the intense media coverage of AIDS seems to have resulted in an increase in the level of public knowledge. Our findings suggest that there is much support for further health education.

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References

- 1 Mills S, Campbell MJ, Waters WE. Public knowledge of AIDS and the DHSS advertisement campaign. *Br Med J* 1986;293:1089-90.
- 2 Market of Opinion Research International. *AIDS Quickie*, 27-29 December 1986. London: MORI, 1986.
- 3 Smith JWG. HIV transmitted by sexual intercourse but not by kissing. *Br Med J* 1987;294:446.
- 4 Vulliamy E. Illiteracy is up to 7 million, team finds. *Guardian* 1987;Feb 3:3 (col 1).

THE CONSULTANTS' platitude, "If you're not happy as a houseman you never will be in medicine," is as transparently ridiculous as telling schoolchildren they are enjoying the happiest days of their life. The houseman is a combination of dogsbody and God. He practises in a web of hospital relationships, generally spun from barbed wire.

Colin Douglas's enviable two part *The Houseman's Tale* (BBC 1 21 and 28 March), shot in an averagely squalid district general hospital near Glasgow, with actors just out of drama school playing doctors just out of medical school, was authentic and sympathetic, eventful if episodic, splendidly entertaining, and flattening to the viewers.

Colin Forsythe's Dr Campbell dourly expresses the houseman's swiftly acquired aplomb in sorting the bloody luggage of everyday hospital traffic—drunks in A & E, bitchy sisters, failed resus, risk of hepatitis B, grieving relatives, pushy researchers, and diagnosing your staff nurse's acute appendicitis (when in bed with her, "Your breath smells of ketones, love.") He learns to turn the hand nonchalantly from a case of paraphimosis complicated by piety to a lady whose leg they are progressively amputating dropping dead during Christmas dinner—this time resuscitation works, and the old dears in funny hats break into "For He's a Jolly Good Fellow!"

Dr Campbell must shrug off the strictures of his waffly consultant (the eternally enjoyable Cyril Luckham), miffed at remaining unsummoned when some dim GP sends in a 90 year old with an abdominal aneurysm and diagnosis of slipped disc—he was one of

Scotland's great poets, to the ill lettered houseman now just another source of ash cash. Also the pompous and peremptory surgeon (wonderfully done by Richard Leech), insisting on referring a depressed mastectomy to a psychiatric colleague who committed suicide eight years ago. Equally, the sister who goes bananas when he accuses her enthusiastic purgation of emptying the beds of MIs. He has no choice. The houseman cannot carp about the system, no more than the subaltern about the generalship.

Julie Graham as the staff nurse looks absolutely lovely, all over. Such a pity the BBC cut lots of equally delightful views in miserable deference to the Gilbertian guardians of our public morals. The sad sister—"Twenty eight and 10 years of nursing, I've had all the experience going"—enjoying it on the mess snooker table for a change would have made diverting voyeurism. We see only a shed pubic hair, ruining a houseman's potting the pink.

The mess moot an identity parade to find the culprit. *The Houseman's Tale* suffers no Pecksniffian insensitivity to the humour that sustains mankind against the horrors of hospitals or wars. "I saw the gallantry that made a man greet the prognosis of death with an ironic joke because he was too proud to let those about him see the terror of his soul," noted Dr Somerset Maugham, who drew more perceptively from the wards of St Thomas's in 1897 than others who have made the same professional switch.

Alastair Reid's direction is brisk. The colours of the jaundiced and cyanosed are spot on accurate. Though God knows what the public made of the ever technical dialogue.—RICHARD GORDON.

THE *Open Space* programme "From Cradle to Grave" (BBC 2, 23 March) focused mostly on those with direct experience of perinatal loss. The continuity was provided by a recently bereaved mother who pleaded for understanding of her reactions and needs, but contributions came from other mothers who had suffered losses at different stages of pregnancy, and from fathers, siblings, and medical and nursing professionals.

Any human suffering evokes our instinctive sympathy, and this documentary was no exception, though it avoided sentimentality. There were many lessons to be learnt from the direct comments of those interviewed. A mother who lost her twin pregnancy at 16 weeks experienced grief, guilt, and anger as great as any of those who lost pregnancies at a later stage. The cumulative load of personal and vicarious grief felt by a bereaved father and the direct, natural acceptance of truth by young bereaved siblings gave powerful support to the practical advice given by Sister McDonald, a bereavement counsellor. The need for professional training in giving support through the time of loss and grieving was emphasised

by the nurses interviewed and by the description of couples' experiences when in utero death was identified. Unfortunately, little reference was made to community professionals as sources of help. Those who had come through such tragedies recommended active self help group support, gave advice to the timid afraid of doing the wrong thing, and pointed out a few "comments to be avoided."

Overall, this programme made further inroads into the socially unmentionable subjects of death, bereavement, and grief. The filming was unobtrusive though fewer hospital corridor and more labour ward scenes would have been better. The honesty and courage of the parents were striking, and the subsequent access offered to phone line advice should yield information about parent (or patient) needs. The information may provide not only background for further documentaries but also an indication of where our professional counselling and support services should direct their efforts.—U MACFADYEN, consultant paediatrician, Leicester.