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Fear, complacency and the spectacle of risk: The making of HIV as a public concern in Australia

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Fear, complacency and the spectacle of risk: The making of HIV as a public concern in Australia

Abstract
This paper explores how HIV is constituted as a matter of public concern in Australia, where – unlike much of the rest of the world – there is a continuing low incidence of heterosexual transmission. In this context, it is timely to explore how the media contributes to the ongoing mobilisation of public interest in HIV, and how heterosexual audiences are brought into focus as the imagined ‘publics’ of mainstream debates on HIV. This paper identifies three approaches to generating public concern in HIV news stories published in The Sydney Morning Herald between 2000 and 2005 as well as in academic media analysis and HIV education and advocacy. Reflections on fear revisit the early years of the epidemic, distinguishing a generation of Australian audiences shaped by the Grim Reaper campaign. Encounters with complacency focus on an apparently widespread lack of concern about HIV in the present. And projections in risk forecast a multiplication of HIV risk environments, despite confusion about who should be personally concerned about those risks. Together they construct Australian publics as passive, vulnerable, unaware and potentially uncaring, yet do little to engage the mainstream as more than spectators of public concern about HIV.

Keywords: HIV; heterosexuality; discourse; print media; complacency
Introduction

Since the first cases of what would become known as acquired immune deficiency syndrome (AIDS) were diagnosed in 1981, HIV/AIDS (hereafter ‘HIV’) has moved in and out of focus as an issue of public concern. While HIV continues to escalate around the world, including in the Asia-Pacific region, the history of the management of the Australian epidemic is one of measured success, with relatively low prevalence across the population, and the highest impact continuing to be experienced by gay men in major urban centres (NCHECR, 2006). This raises questions around how HIV is constituted as a matter of public concern in Australia, where – unlike much of the rest of the world – there is a continuing low incidence of heterosexual transmission. What approach do media and other key players take in generating and regenerating public interest in HIV as a topical issue? And how are heterosexual audiences brought into focus as the imagined ‘publics’ of mainstream debates on HIV?

To address these questions, this paper identifies three prevailing approaches to constituting HIV as a public concern as evidenced in the mainstream print media. It is critical to explore media texts in relation to contemporary health issues because the media provide an arena for the production and circulation of knowledge and in doing so contribute to the constitution of social frames which help shape how people make sense of health, illness and medicine (e.g. Seale, 2002). Our previous research on community-based HIV media – published in this journal (Newman, Persson and Ellard, 2006) – inspired us to consider these broader questions about the representation of HIV in the context of the mainstream media. Mainstream media reporting on HIV is also likely to be
the major – or perhaps the only – source of HIV information for the broader population not targeted by HIV prevention campaigns (Timmins, Gallois, McCamish and Terry, 1998).

Background

Most of the literature on the discursive constitution of HIV has focused on the news media. News coverage in the western media in the eighties and nineties was well documented (Crimp, 1989; Treichler, 1999; Watney, 1987), including in the Australian context (e.g. Aroni, 1992; Lupton, 1994; Tulloch and Lupton, 1997). Despite a decrease in HIV media scholarship in the last decade, some important insights have been published in recent years. For example, in a literature review on western press coverage of HIV, Cullen reported that most researchers have observed a ‘cyclical pattern of reporting’ characterised by an early reticence to address HIV, followed by a flurry of interest in heterosexual risk of transmission, and a more recent ‘routinisation’ in which ‘only sensational stories such as new vaccine trials or wonder drugs hit the headlines’ (2003: 66). Others have observed a consistent decline in the amount of HIV content in various western media sources (Bardhan, 2001), with small peaks in HIV coverage in the US media associated with key ‘news-generating events’, including initial reports of ‘gay pneumonia’, debates over the safety of the US blood supply, Magic Johnson’s disclosure as HIV positive, the introduction of various HIV treatments (from AZT to combination antiretroviral therapy), and international AIDS conferences (Brodie, Hamel, Brady, Kates and Altman, 2003).
A central concern of media research on HIV has been the stereotyping of people affected by HIV as either ‘innocent’ or ‘guilty’ of behaviours leading to infection (e.g. Aroni, 1992; Lupton, 1994, 1999; Seale, 2002). In the early years the ‘AIDS carrier’ was typically embodied as a gay man, injecting drug user, sex worker or ‘promiscuous’ heterosexual. Innocence was reserved for the ‘AIDS victim’, usually children, the white middle-class female partners of infected men, and recipients of donated blood products. But towards the latter part of eighties, the media increasingly began to acknowledge that ‘everyone is at risk of HIV/AIDS, regardless of their gender or sexual proclivity’ (Lupton, 1996: 99). In much of the media research on HIV, heterosexuality is understood as socially produced through a process of ‘othering’, that is, the systematic and recurrent marking out of foreign, diseased or morally corrupt ‘others’. Certainly, early HIV media reporting was preoccupied with stories of people located ‘outside’ the parameters of normative heterosexuality. Then as the late eighties witnessed the first period of ‘heterosexual panic’ about the potential for ‘ordinary’ people to acquire HIV, the central narratives of HIV risk became splintered. As Nelkin observes:

On the one hand sensational stories and headlines warn of everyone’s vulnerability… On the other hand, many reports reassure the public by framing AIDS in terms of ‘high risk’ groups. AIDS is a disease for others: gays, drug users, Haitians, those who are somehow immoral (1991: 300).

Media interest in HIV receded during the nineties, and the newsworthiness of the idea that ‘everyone is at risk’ receded along with it, particularly since a generalised HIV epidemic did not eventuate in Australia. The ‘normalisation’ of HIV following the introduction of new treatment options in the mid to late nineties (e.g. Newman et al.,
2006) and the associated reconceptualisation of HIV as a chronic illness as opposed to a ‘death sentence’ (Rofes, 1998), may also have contributed to an impression within Australian public discourse that HIV is becoming less and less a matter of concern.

**Approach**

The media material examined for this paper arises from a study of HIV news stories published in *The Sydney Morning Herald* between 2000 and 2005. The study focused on this period because sufficient research had already been conducted on Australian HIV media coverage in the previous two decades of the HIV epidemic. Launched as a four-page weekly news sheet in 1831, *The Sydney Morning Herald* is currently published by Fairfax six days per week1. This broadsheet newspaper has a reputation for providing quality, credible journalism on topical issues, and is widely available across the state and in some parts of the rest of the country.

*The Sydney Morning Herald* is a source of accessible research data via the Factiva electronic database, an online repository of published articles. An archive of media articles was compiled by searching Factiva with the keywords ‘HIV’ and ‘News and Features’. The full text of all 542 results was retrieved and downloaded to a local computer for analysis. Articles were sorted by removing any that were not news stories, and any articles not specifically concerned with HIV as a key topic, that is, if they only mentioned HIV in passing. The revised total number of articles was 265. The full text of each article was entered into an NVivo 7 database and a preliminary analysis conducted to identify what Deborah Lupton has described as ‘major topics and surface themes’
(1993: 310). With our initial interest in media coverage of HIV and heterosexuality in Australia, several key features soon became apparent which influenced our subsequent analysis. One was that personalised stories of heterosexual HIV transmission tended to focus on criminal cases involving HIV-positive immigrant African men. This led to an exploration of how the idea of criminal intent converged with the symbolic weight of black sexuality and African origins in this media to produce a ‘monstrous’ masculinity, conjuring an imagined Anglo-heterosexuality at once vulnerable to and safe from HIV in a globalised epidemic (Persson and Newman, in press). Another was that the significance of HIV as a threat to the health of Australian audiences was continuously being restated. It is this latter feature which is the focus of this paper, with a particular interest in how HIV is constituted as a public concern in relation to the past, present and future of heterosexual audiences.

In addition to exploring media representations, this paper also incorporates analysis of commentary from educators and advocates working in the field of HIV prevention in Australia, who have consistently contributed to public discourses on HIV. This material has been gathered from policy or opinion pieces published and circulated within the local HIV sector. The value of bringing together these different forms of cultural ‘data’ is that they can each provide a different perspective on how public discourses are formed in response to a contemporary issue such as HIV and mobilised across a diversity of environments, communication modes and audiences.
The conceptual focus of this paper is the ‘social framing’ (Rosenberg and Golden, 1992) of HIV as a public concern in these various discursive contexts. This approach adopts a Foucauldian interpretation of discourse as ‘practices that systematically form the objects of which they speak’ (1972: 49). This makes it possible to conceive of heterosexuality and HIV, for example, as discursively constituted through such social environments as the popular media. To this end, this paper is inspired by research that integrates the fields of media and cultural studies, the sociology of health and illness, and critical public health, envisioning the media as actors in the social production of ‘health’ as a concept, experience, market and politics (e.g. Seale, 2002), and HIV as a site of intensive negotiation of and between science, bodies, practices, politics and economies (e.g. Treichler, 1999; Waldby, 1996).

**Reflections on fear: a grim past**

There have been two national broadcast media campaigns in the history of the Australian HIV epidemic: the 1987 ‘Grim Reaper’ campaign, targeting the general population, and the 1988 ‘Beds and Feet’ campaign, targeting young heterosexual people (Tulloch and Lupton, 1997). Of the two, the Grim Reaper campaign has undoubtedly had the most enduring cultural impact. Broadcast on Australian television over a three week period, this campaign continues to be cast in contemporary journalism as a pivotal moment in the development of national public health interventions. One HIV educator claims that contemporary HIV prevention continues to exist: ‘in the long shadow cast by the “Grim Reaper”’ (Batrouney, 2004: 1). In 1997, John Tulloch and Deborah Lupton asked: ‘Why has the “Grim Reaper” advertisement proved so memorable? … What were the “after-
effects” of this short-lived campaign? What were its cultural resonances?’ (1997: 136-7). These questions are just as pertinent today, twenty years after the original campaign was broadcast and ten years after Tulloch and Lupton explored these questions.

The Grim Reaper campaign was the first (and to date the only significant) national intervention focused on raising heterosexual awareness of HIV in Australia. As Lupton argues, this campaign suggested that ‘AIDS was no longer simply a disease of the “other”, but a disease which threatened to decimate the population’ (1992: 14). The campaign was commissioned by the National Advisory Council on AIDS (NACAIDS) and funded by the Commonwealth Government at a cost of around three and a half million dollars. Both television and print advertisements were produced, based upon the central image of a black hooded Grim Reaper carrying a scythe and bowling ball. In the television commercial, individual figures representing ‘ordinary’ Australians such as a little girl, football player and housewife are knocked down by the bowling ball (for a full description, see Lupton, 1993: 311). In this way, the figure of the Grim Reaper metaphorically links HIV to the threat of untimely death (e.g. Cullen, 2003: 70). As Lupton suggested, ‘the grotesque and medieval figure of the Grim Reaper thus became the definitive sign of AIDS, bringing with it its older meanings of death, famine, plague and divine retribution’ (1993: 313). This imagery was intended to provoke highly emotional responses in its audiences. Tulloch and Lupton recalled: ‘Many audience members responded … with a frisson of fear, with a shiver, recognising and responding to these elements in ways that lodged in their memories’ (1997: 146).
In news stories drawn from the media archive collected for this paper, the Grim Reaper campaign is represented as a turning point in the history of the Australian epidemic, marking out a generation of Australian audiences who were ‘exposed’ to its fearful imagery. For example, in an article about declining fertility rates, Ruth Pollard suggests that the sexual practices of a generation of Australians were directly shaped by this imagery: ‘These are the people who, at the tender age of 16, first watched a group of men, women and children skittled by the Grim Reaper in a ghostly bowling alley, as a voice-over delivered a doomsday warning about HIV transmission’ (2003). Reflecting on the significance of the Grim Reaper campaign evokes the notion of a shared Australian cultural memory. Lupton writes: ‘The commercial ran for only three weeks on television but has become one of the most controversial and well-remembered advertisements ever shown on Australian television’ (1993: 312). Evidence for this claim is sourced from an audience study conducted in the two years following the campaign, in which: ‘Seventy-three per cent in 1988 and 72 per cent in 1989 still had unprompted recall’ of the campaign (Bray and Chapman, 1991: 111).

The impact of the campaign is perceived as even wider than its original broadcast. Vitellone has suggested that many Australians continue to identify the Grim Reaper campaign as ‘a distinctive moment in the history of HIV/AIDS in Australia, particularly in relation to heterosexual awareness of HIV/AIDS – even by those who were children at the time of its broadcast’ (2001: 33). And according to HIV educator Colin Batrouney (2004: 1), although the campaign was aimed at heterosexual audiences, young gay men
also refer to the Grim Reaper as ‘the last campaign that they remember and certainly the last campaign that they believe had any significant effect in terms of HIV prevention’.

This suggests that the Grim Reaper campaign is ‘remembered’ much more widely than its original scope, which would only be possible through a continuous and active process of public reflection. Certainly, the recent twentieth anniversary of the campaign inspired a range of commentary, including a web-published video satire called ‘The Glam Reaper’ produced by the AIDS Council of New South Wales (Davis, 2007).

One of the possible reasons for this ongoing process of ‘Reaper-remembering’ is that there has been no other national HIV prevention campaign of any significance since that time. In fact, rather than continuing to target the ‘mainstream’ population, government policy subsequently shifted to focus on those groups at higher risk of acquiring HIV: ‘largely gay men, then sex workers and intravenous drug users’ (Whelan, 2000b).

Because of the relative success of this strategy (Kippax and Race, 2003), this focus on high risk groups has not changed, despite some agitation amongst an older generation who are fearful for young people who are perceived as ‘unmarked’ by the Grim Reaper. An example is articulated in this piece by Judith Whelan:

Safe sex always using a condom during penetrative sex with a new partner seemed to have become an axiom of modern life since the Grim Reaper cut down whole families in the first massive public campaign sparked by the emerging horror of AIDS … But anecdotally, sexual health doctors say it is clear the safe sex message has been diluted, not least because every year young people, who
were never exposed to the campaigns of a decade ago, start having sex (Whelan, 2000b).

This concern about the vulnerability of young people is fuelled by public commentary on the potential for a heterosexual epidemic in Australia, following patterns in the global epidemiology of HIV (Pollard, 2004b). This has led some to call for a new national approach to HIV prevention, particularly in light of growing rates of other sexually transmissible infections (e.g. Dow, 2003; Horin, 2005).

In October 2006, an increase in the number of annual HIV notifications was recorded in the state of Victoria, leading state Health Minister Bronwyn Pike to speculate in a wire article reproduced in The Sydney Morning Herald and The Age: ‘Twenty years after the Grim Reaper ads, it appears people have become complacent about the dangers of HIV’ (AAP, 2006). Pike goes on to make a political argument in favour of recapturing public attention through a national intervention along the lines of the Grim Reaper campaign; an argument which is countered later in the article by HIV activist Paul Kidd:

He said advertising campaigns like the Grim Reaper were not the answer. “The Grim Reaper was extremely effective in demonising gay men and making people fearful of gay men and increasing the stigma of HIV. I don’t think scare campaigns work and I don’t think that would be the right thing to do in that situation” (AAP, 2006).

Kidd argues that a return to fear tactics as a mechanism for HIV prevention has the potential to also return audiences to a culture of blame, stigma and stereotyping.
Despite these concerns, fear campaigns continue to be heralded as the answer to even minor rises in HIV infections (for a critique of this position, see Batrouney, 2004; Slavin, Batrouney and Murphy, 2007). While multiple fields of inquiry claim an interest in understanding how audiences respond to public health campaigns, little has been proven about how fear works in this context. Some measurable effects have been observed in the area of HIV media campaigns more generally, such as increased testing (Vidanapathirana, Abramson, Forbes and Fairley, 2005) and improved levels of knowledge about HIV prevention (Bray and Chapman, 1991). Yet unintended effects have also been observed, including an extreme example from Finland, where the broadcast of ‘frightening’ campaigns has been linked to the onset of a psychological condition described as the ‘unfounded fear of AIDS’ in people who are at extremely low risk of acquiring HIV, which can lead to ‘mental breakdown and even suicide’ (Vuorio, Aarela and Lehtinen, 1990: 410). Other researchers have claimed that exposure to news programs about HIV/AIDS can decrease public tolerance of people living with HIV/AIDS (Moatti et al., 1992). As this suggests, the effects of media campaigns are complex, multifaceted and unpredictable (Kitzinger, 1998). Thus, although the cultural understandings about HIV held by many Australians may have been shaped by contemporary reflections on fear, this does not necessarily mean that what was done in the past would be successful in foregrounding HIV in the present.

**Encounters with complacency: a naïve present**

In the early nineties, Deborah Lupton focused a series of research publications (e.g. 1992; 1993; 1994; Lupton, Chapman and Wong, 1993) on the results of a study which analysed
HIV/AIDS news reporting in the metropolitan Australian press between 1986 and 1988. A central theme of this analysis was that early media coverage indicated an initial ‘complacency’ about HIV by ‘representing AIDS as a risk only to homosexuals and intravenous drug users’ (1992: 9). This complacency was then torn asunder by the Grim Reaper campaign, ‘generating panic-stricken articles suggesting that everyone was now threatened’ (1992: 9). After several months of panic, media coverage generally returned to the initial mode of reporting (Lupton et al., 1993). The implication of Lupton’s thesis is that when the media downplays the significance of HIV by either providing little coverage or only focusing on ‘bizarre stories’ or ‘stigmatized and deviant minority groups’ (Lupton, 1992: 19), they are perpetuating a false sense of security for their audiences, and legitimating public ‘complacency’ about HIV. This notion of complacency continues to play a central role in public discourse on HIV, and is particularly evident in The Sydney Morning Herald media archive as a rhetorical tool for generating – or perhaps more appropriately, regenerating – public concern about HIV.

There are several key ways in which the contemporary representation of HIV complacency differs from that operating in the late eighties. Most importantly, it is not contained to heterosexuality. For example, complacency is a dominant theme in media reports of rises in the number of new HIV infections in gay men that have occurred in several Australian states in the last few years:

Health authorities say complacency about the need to practise safe sex is responsible for a 41 per cent increase in HIV infections in Victoria … Nearly 90
per cent of those newly infected are men, mostly homosexuals or bisexuals aged between 20 and 40 (Robotham, 2001).

Media coverage of these developments weave together narratives of responsibility and awareness. The social imperative of individual responsibility (to have safe sex) is collapsed into a critique of the lack of effective HIV education: ‘Dismaying, foolhardy and irresponsible as it is, the decline in safe sex practices by some Australian homosexuals must be faced. As the third decade of HIV begins, a renewed campaign to rekindle lost awareness seems necessary’ (Editorial, 2001). In 2004, a further increase in HIV infections was reported, leading Adrian Lovney, the president of the AIDS Council of New South Wales, to voice concerns about a ‘backlash against gay men and their organisations’ including the potential for ‘accusations of complacency and irresponsibility from hostile sectors of society’ (Cheetham, 2004). As these extracts suggest, the idea of complacency is powerful when employed in public discourse to either critique government policy (i.e. publics are complacent because not enough has been done to wake them up) or – more worryingly – to demonise particular groups as ignoring their civic responsibilities.

In addition to this coverage of HIV in gay communities, many media articles in this archive featured a perceived increase in HIV complacency in heterosexual Australians, suggesting: ‘Perhaps there are perceptions of a lesser risk, maybe a weariness in the community about using condoms. Maybe there is a perception that HIV is not so serious because the treatments are better’ (Whelan, 2000b). Heterosexual Australians are represented as unfathomably acting against their own best interests, despite presumably
having some understanding of HIV risk. Local Sydney medical ‘experts’ are quoted to back up this line of argument:

But in the general community is an acceptance that AIDS is not their concern, and an apparent complacency about other sexually transmitted diseases. Julian Gold, the director of the Albion Street Centre, says he sees women at the clinic, infected with HIV through heterosexual sex, who had never considered they could contract the virus. “Because they think it is not a problem in the general community, they don’t think it is a problem for them” (Whelan, 2000b).

Behind these statements is the more general suggestion that heterosexual audiences may be unwilling to perceive HIV as relevant to their lives: ‘a silence has descended over Australia on this issue since the HIV epidemic abated, and heterosexuals came to believe they had escaped its threat’ (Horin, 2005). Yet there is little acknowledgement that the individual risk of acquiring HIV through heterosexual contact remains low in Australia. [Around 18% of new HIV notifications each year are currently associated with heterosexual transmission (NCHECR, 2006)]. The enduring message is that heterosexuals are generally unwilling to acknowledge their potential for acquiring HIV, yet there is little recognition of the multitude of other social factors that shape risk practice in sexual contexts.

Media debates about the contemporary threat of HIV in Australia pivot upon an anxiety about increased complacency in young people, reported in this media archive as a worrying trend in both global (Morris, 2002a, 2002b) and Australian contexts (Whelan, 2000a). For some, the problem is that young people do not sustain a vigilance about safe
sex over time: ‘There’s certainly evidence ... that young people have safe sex for their early sexual encounters but that safe sex drops off after the relationship develops’ (Alexander, 2005). And yet for others, complacency is linked to a decline in levels of knowledge, due to a perceived lack of HIV education:

[The Secondary Students and Sexual Health 2002 survey showed] knowledge of HIV transmission had also declined ... “More than 15 per cent did not know that someone who looks healthy can pass on HIV, and more than 10 per cent did not know that HIV can be transmitted during sex between men.” (Bradley, 2003)

Other articles suggest that young people have had little or no personal experience of the devastating impact that HIV had on some sections of Australian society in the past:

Professor John Dwyer, the founding president of the AIDS Society of Asia and the Pacific, said in Sydney that although infection rates among Australian youth were low compared with the rest of the world, they were disturbing. Australian youth appeared to ignore the warnings because they had not been touched by death. “They know about the epidemic but haven’t themselves been in a community where people are dying around them”’ (Morris, 2002a).

Similarly to the concept of a generation who are ‘unmarked’ by the Grim Reaper, younger Australians are represented in these extracts as dangerously naïve because they have not had to live through the hard realities of older generations. This approach collapses multiple narratives into a simplistic rendering of complacency. Heterosexual young people are seen to suffer from a lack of awareness due to being ‘abandoned’ by the public health and education systems, as well as from a lack of responsibility and a general (but unforgivable) naivety or innocence. Among the many disturbing assumptions built in
to these representations are that older Australians had a uniform exposure and response to HIV in the eighties, and that younger Australians are equally at risk of complacency.

**Projections in risk: an uncertain future**

Risk has become a central theme of social theory in recent years, particularly in relation to new political and cultural imperatives shaping neoliberal subjectivity, such as reflexivity and responsibility (e.g. Beck, 1992; Higgs, 1998; Petersen, 1997). While the word ‘risk’ is clearly evident in public discourse on HIV, a broader approach to mobilising public concern in relation to risk is also evident in subtle but nonetheless significant ways in this material. For example, rather than focusing on the most common modes of HIV transmission in Australia – primarily unprotected sex and, less so, sharing needles – public concern is generated through media stories about risky new trends and environments for HIV transmission. The discursive constitution of health risks in the media has been linked to broader political moves to devolve responsibility for health and welfare: ‘Since the mid-1970s, there has been a clear ideological shift away from the notion that the state should protect the health of individuals to the idea that individuals should take responsibility to protect themselves from risk’ (Petersen, 1997: 194). So the circulation of HIV risk narratives can be seen as one more site for ‘responsibilising’ citizens in regard to HIV risk. And yet this mechanism is complicated by an ambiguous relationship between risk narratives and audience representation in that it is not clear which audiences are being asked to feel personally concerned about HIV.
In The Sydney Morning Herald, around half of the news stories collated for this study addressed the ‘international’ contexts of HIV. In these stories, the local threat of HIV is mediated through a frame of observing the ‘outside’, that is, reporting on patterns of infection occurring in other countries and making minor connections to the Australian context. For example, in neighbouring countries such as Papua New Guinea, heterosexual groups are identified as most at risk of acquiring HIV: ‘In PNG, HIV is mostly transmitted through heterosexual sex, but the subject is still taboo. Remote tribal villagers have never heard of AIDS, let alone a condom’ (Morris, 2002b). Although this description of a local heterosexual epidemic provides some evidence of the sociocultural context of HIV, it clearly employs an ‘othering’ mode of reportage. Australian audiences are presumed to be more informed (they have heard of condoms) and less easily influenced by cultural beliefs (they are not bound by ‘taboos’ or ‘tribal’ customs), which exploits a symbolic distance between this regional example of heterosexual HIV and any local Australian comparison.

A particular feature of the international media coverage of HIV is the identification of ‘vulnerability’ along the lines of gender and age. Many different forms of evidence are presented to demonstrate the vulnerability of women to HIV. For one editorialist – an immunologist and Professor of Medicine – this vulnerability is both physical and social: After all, 20 per cent more women than men are infected with HIV in Africa, vaginas being more vulnerable than penises to HIV. Yet 90 per cent of all the women infected with HIV in Africa have only experience of one sexual partner: their husband (Dwyer, 2000).
For the head of UNAIDS, Peter Piot, promoting abstinence as a method of HIV prevention in Africa is entirely inappropriate for women, ‘because of sexual violence, lack of empowerment and a culture of men using sex workers’ (Pollard, 2004a). In a more local context, the chairwoman of the Regional Steering Committee Asia Pacific spoke about ‘the vulnerability of women in the regional epidemic, particularly those from rural or island areas’, arguing that their social environments ‘tend to be more traditional and conservative, which limits their ability to break away from their prescribed gender roles’ (Pollard, 2001). As these extracts suggest, a complex range of arguments is developed in this media about gender relations in different social contexts, with a common thread being that women are less able to protect themselves from HIV due to their social position. While there is some appreciation of the social construction of gender here, only foreign women are seen to be bound by gender roles.

Yet there are some key local stories of HIV transmission that are apparent in this media archive. In particular, two criminal cases stand out as typical of a growing anxiety about the risks of ‘betrayal’ for heterosexual women. Both received a significant amount of media coverage in The Sydney Morning Herald. The first involved a Sydney woman suing two general practice clinicians for not disclosing the HIV status of her fiancée. One article reports that, ‘the man apparently forged a laboratory report, deceiving his fiancée that he was also negative’ (Lamont, 2003). She subsequently seroconverted and the court awarded her several hundred thousand dollars compensation. In the second case, a man was charged with two counts of ‘knowingly infecting a person with HIV’ after having unprotected sex with two women, described as backpackers from Ireland and Germany,
who both acquired HIV from their relationships with the accused. The man was represented as a continuing threat to society: ‘A married man accused of deliberately infecting two women tourists to Sydney with HIV was refused bail by a magistrate yesterday because the risk was too great that he might infect even one more woman’ (Kennedy, 2004). He was eventually sentenced to a minimum of nine years in prison (Jacobsen, 2005).

More detail is provided of the ‘betrayal’ in the second case. The Irish woman recalls that: ‘he convinced her not to use condoms, saying: “I would never do anything to hurt you. I don’t have anything ... because I go back to the Congo so much, I get tests”’ (Wallace, 2005). Similarly, the German women explained: “He told me a long story about why there was no need to be worried [about HIV]. In the end he put me under so much pressure, twisted my head until he got what he wanted, to have unprotected intercourse” (Jacobsen, 2005). While both quotes are attempting to prove criminal wrongdoing, they also provide evidence of how this figure of the heterosexual male ‘betrayer’ is constituted discursively. He is an expert manipulator, deliberately ‘twisting’ the situation until his unhappy victims submit to his wishes. Importantly, in both cases the men originated from African countries – Ghana and the Congo – which has considerable bearing on how their betrayal is understood, since they carry with them the symbolic weight of the imagined ‘hypersexuality’ of black men and the increased ‘infectivity’ associated with high HIV prevalence countries (Persson and Newman, in press).
Australians are also represented in this media archive as putting themselves in danger of HIV through participation in global travel cultures. Medical tourism is singled out in *The Sydney Morning Herald* as a particularly risky practice: ‘survival rates are far inferior to those in Australia and some patients are being exposed to viruses such as HIV’ (Maley, 2005). Travellers to Australia are also represented as acting in risky ways, with a study of overseas backpackers visiting Sydney and Cairns reporting that:

- 39 per cent had casual sex with someone they had first met that day or night …
- [and] 1 per cent of the backpackers surveyed admitted to be HIV positive and half to having sexual intercourse in Australia without a condom (Murphy, 2004).

The implication of these media reports is that both Australians and travelers to Australia are coming into contact with people from various cultural backgrounds, increasing their risk of HIV infection. For medical tourists, submitting to medical procedures in a foreign country is seen to open them up to the risks of different standards of medical care. For backpackers, having sex with other travelers means entering a world of cultural difference and the potential for exposure to a greater range of sexual health risks.

The reporting of HIV risk is a central mechanism for generating public concern about HIV and it contributes to the representation of an uncertain and potentially fearful future for mainstream Australia. New trends and unusual cases are heralded as worrying dangers to watch out for. Yet the heterosexual subject is also somehow understood as outside of or exempt from these risks, or at the very least, absolved from feeling personally concerned. This is partly because news reporting as a genre is so dependent on stories of the new and bizarre rather than mundane and everyday. Thus, the persistent ‘othering’ of
risky behaviours such as sex with foreigners, medical tourism, cultural taboos, relationship betrayal and so on shifts much of the focus away from the central themes of the public health response to HIV.

In epidemiological terms, this othering may be consistent with the fact that since 36% of new HIV diagnoses attributed to heterosexual contact between 2001 and 2005 were acquired through heterosexual contact in high prevalence countries and 21% through contact with a partner from a high prevalence country, that is predominantly immigrants from sub-Saharan Africa or South East Asia (NCHECR, 2006: 25). This would suggest that for the vast majority of heterosexual Australians, the risk of acquiring HIV may indeed be low and, at the very least, most directly associated with sexual contact with ‘other’ populations. Nonetheless, this media continues to provide ample (and perhaps excessive) evidence of the ‘future’ of HIV risks, constituting heterosexual audiences as fascinated spectators rather than subjects of public concern. Heterosexuality is understood through the marking out of boundaries around what is normal, safe and protected from HIV. While a wide range of potential dangers are identified, a complex relationship is established between the local, domestic and familiar and the global, exotic and unusual. In this way, heterosexual normativity is protected from the flows of risk practices that move around its peripheries, making possible the idea of a sexuality that is exempt from the potential for viral contamination.
Conclusions

This paper has explored three prevailing approaches to the constitution of HIV as a matter of public concern in the mainstream Australian print media. Each pivots on the question of how to generate or regenerate a sense of urgency around HIV as a topical and relevant issue for Australian publics. Reflections on the past distinguish different generations of Australians either marked or unmarked by the fears associated with the Grim Reaper campaign. Encounters with the present are dominated by accusations of complacency, representing the broadest population of Australians as naïve about their potential vulnerability to HIV. And projections for the future expand the conventional risk repertoire to incorporate new trends such as medical tourism or criminal cases of relationship ‘betrayal’. These three different approaches may have been shaped by broader historical shifts in the epidemic: fears around the onset of a new disease, a return to complacency following the introduction of effective treatments and a broadening risk profile associated with a global heterosexual epidemic. Similarly, they may each be biased towards past reflections, present encounters or future projections, but together these three approaches represent the same contemporary moment in the history of public discourses on HIV. Together, they construct Australian publics as passive, vulnerable, unaware and potentially uncaring. And yet ‘mainstream’ audiences – and young heterosexual people in particular – are suspended somewhere between the twinned narratives of ‘everyone is at risk’ and ‘only others are at risk’, becoming the spectators rather than the subjects of public concern about HIV. This has clear significance for the future of HIV prevention in Australia, in responding to changing dynamics in the global and local epidemics.
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Notes

1 At the end of 2005, weekday circulation of The Sydney Morning Herald was estimated at 211,337 with a readership of 854,000. The larger Saturday edition has a circulation of 353,852 and readership of 1,200,000 (Herald Adcentre, 2006). These are impressive numbers in Sydney, a city of approximately four million people.
References


