

The mass media and other channels for nutrition information

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It is my brief to provoke discussion on the way the mass media handle nutrition and health information; but also to create a 'broader perspective' by referring briefly to other channels of communication, the professions mainly, and ways that eating behaviour and health can be influenced other than by nutrition education.

The mass media are made up of a number of enterprises with common and individual characteristics. They include national and regional newspapers, TV and radio and the special-interest magazines dealing, for example, with women's affairs, health, food, cookery and science. The professional and trade magazines that have a limited circulation are not normally regarded as mass media. I will be making general statements about the mass media, well aware that there are some exceptions to what I say.

The mass media are not an extension of the educational system, rather they are in the entertainment business. They are commercial operations whose primary aim is to make money (Turner, 1984).

The general public is bombarded with a mass of misleading information about food, nutrition and health. Misconceptions, which are widespread, are reinforced both by the mass media and by others such as the family doctor, relatives or friends. There is a vicious circle of misinformation (Turner, 1980*b*). Nutrition information is generally distorted, out of perspective, frequently incorrect in factual content and certainly incorrect in the impression created by skilful omissions and juxtaposition of information.

In media-reporting there is a lack of objectivity. Information is often selected to support preconceived ideas that reflect the prejudices of the journalist or producer. Such subjective, selective and highly-misleading handling of information is well described in quotations from an established editor, a journalist, and an editor-cum-journalist:

Claud Cockburn, editor: 'All stories are written backwards—they are supposed to begin with the facts and develop from there, but in reality they begin with the journalist's point of view . . . from which the facts are subsequently organized.' (Cockburn, 1983).

Patrick Marnham, journalist: '. . . the journalist decides what the story is and then "shepherds the facts", or such of them as are convenient, carefully towards the story.' (Marnham, 1983).

Tony Smith, editor and journalist: '. . . publicity is given to faddist, fashionable theories linking diet and diseases with little apparent concern for the quantity or quality of the evidence behind them . . . journalists are too ready to

give publicity to cranky, unorthodox ideas, or to concepts that conform to their own prejudices.' (Smith, 1981).

There we have it: (a) lack of objectivity and (b) selection of those 'facts' that are convenient. Imagine the chaos if research scientists and doctors were granted similar licence to deceive.

Researchers wishing to publish are required to put new findings into perspective by relating them to the main body of knowledge indicating contrary views where these exist, otherwise the piece is not published. Even advertisers are subject to controls, both self-imposed codes of practice and mandatory controls. Probably some media personnel work hard in an attempt to be accurate and reasonably objective but my impression is that the majority do not. Of course it is not only the fault of the journalists and producers themselves. Editorial policies are based substantially on the concepts of newsworthiness, controversy and sensation. For example, 'new research shows . . .' (however trivial that new research might be) 'scientists disagree . . .' (whether or not the disagreement has any substance or any relevance in the public arena). Journalists and producers have to earn a living. They soon find out what pleases their editors, when their balanced, objective and truly informative items are rejected.

Sensationalism is most evident in headlines. Typical examples include: 'The Killer Cow'; 'The Peril in Pinta on your Doorstep'. I suppose the ultimate headline is 'Food—our Poison their Profit'. Note how the emphasis is on the negative!

Editorial policies must change! Also there needs to be an end to subjective, selective reporting. Let us not use nutrition and health as vehicles for entertainment, but entertainment as a vehicle for nutrition and health education; a process I call 'incidental learning'. For example, health messages discretely introduced into popular radio and television programmes can have immense impact.

Public interest in nutrition, lifestyle and health is growing, so too is media coverage of these topics. We have a good opportunity to correct public misconceptions and, perhaps, take a significant step forward in health promotion. Equally, if we get it wrong, we have the opportunity to make matters worse, and that seems to be what we are doing.

The nutrition messages are clear despite the impression created by the mass media. There is consensus amongst scientists and doctors throughout the world on the basic principles of good nutrition and on many (but not all) aspects of the relationships between eating, lifestyle, health and disease. Agreement is so good that even government has felt able to publish dietary guidelines for health (Department of Health and Social Security, 1978). Why is the effective communication of these straightforward ideas proving so difficult?

The role of the professions will now be considered. The mass media rely on inputs from so-called experts. Because editorial policies are as they are, it is hardly surprising that it is the 'tub-thumping' extremists of science and medicine, willing to put a personal controversial view, who generally attract the attention of the

media. What we need is a better dialogue and understanding between the professional communicators and the custodians of true nutritional knowledge; people with a proper sense of perspective. It would be helpful if more true scientists would learn to express their ideas in clear, straightforward language and be more open to approaches from the mass media.

There is another point, put by Professor Maynard Smith at the 1983 meeting of the British Association for the Advancement of Science held in Brighton (Maynard Smith, 1983). He expressed concern that journalists are apparently taking over completely the presentation of science to the public with total loss of identity of the scientists themselves. He points out that this new situation creates controversy where none exists and focuses attention not on science but on the social consequences of science.

The general public obtains its nutrition and health information from a number of sources: the mass media, the professions, family and friends (Tables 1 and 2). If we are to influence what people know and believe, and especially if we are to

Table 1. *Sources of nutrition information**. (Answers to the question, 'How do you normally find out what's good for you?')

	Percentage of sample		
	Women	Men	Total†
Commonsense‡	64	53	60
Media:	53	48	50
Newspapers, magazines	37	27	
Television	16	21	
Family and friends	37	44	40
Books	29	32	30
Professions:	27	15	20
Doctor	18	11	
School	9	4	

*Based on Kraft (1978).

†Approximate value.

‡Equivalent to 'incidental learning' from many sources.

Table 2. *Claimed sources of information on food and nutrition (adolescents 15–25 years)* (Ministry of Agriculture, Fisheries and Food, 1983)

	Mentions (percentage of total mentions)
Parents	38
Friends	33
Newspapers	22
Specialist magazines	11
Other magazines	28
Television	39
Radio	7
School or college	20

Table 3. *Credibility score for sources of health information**

	Score (%)
Family doctor	75
Poster or leaflet in doctor's surgery	57
Health visitor	56
Doctor on TV or radio	56
Documentary on TV or radio	54
Local chemist (pharmacist)	44
Reference book	44
Immediate family	42
TV advertisement	38
Street poster or leaflet	34
Advertised pamphlet	33
Newspaper article	32
School project	32
Magazine article	27
Unsolicited pamphlet	27
Press advertisement	25
Friend or neighbour	24

*Based on Budd & McCron (1982).

influence behaviour (which presumably is the aim of nutrition education), information reaching people from all sources must be clear, consistent, relevant to people's everyday lives and accurate. In short, it needs to be authoritative.

Those who provide health information for the public vary in their perceived authority. The medical professions in particular are perceived by the public as authoritative (Table 3) but, in general, the professions are not well informed on nutritional matters and sometimes know less than their patients or pupils. Lloyd (1984) comments further on the need for improvements in the training in nutrition provided for the medical professions. Equally important are the catering and educational professions.

That nutrition education for the general public is the best way of influencing dietary habits, I find unconvincing, although, by promoting attitudes that permit behavioural changes to take place, it may be necessary as an adjunct to other measures. The links between behaviour, attitudes and knowledge are complex and not well understood (Turner, 1980a, 1981a, 1982, 1983; Turner & Gray, 1982). However, I am sure that nutrition education for the professions, industry, government and mass-media personnel is a good idea.

There is scope for carefully-planned and executed adjustments in the nature of the food supply, implemented by the agricultural, food manufacturing and distribution industries and, particularly, in professional and domestic catering practices. We also need a higher priority for preventive medicine. But let us not get carried away on a flood tide of reforming zeal. All dietary changes should be evolutionary not revolutionary; revolution could easily do more harm than good.

The starting point in guiding people's attitudes and behaviour is their present

beliefs, however wrong these may be, and their present practices, however bad. Our knowledge of such matters is, however, severely limited. I maintain that we need a strong bias towards sociological aspects of nutrition when deciding research priorities (Turner, 1981*b*).

There are many factors to be taken into account when planning the promotion of health through good nutrition. There is more to it than education for the general public, as I have indicated previously. Furthermore, initiatives in different sectors need to be co-ordinated if they are to be effective and if we are to avoid further confusion. We might conclude, therefore, that there is a need for an overall plan (a nutrition policy) and we could also identify a need for leadership in implementing and co-ordinating that policy.

Leadership should come initially from government, perhaps from the Committee on Medical Aspects of Food Policy (COMA). COMA does a good job in evaluating nutritional knowledge through its advisory panels and by publishing reports on nutrition topics. The Royal College of Physicians and other institutions are also active in this regard. It would be advantageous, in my opinion, for the rather secret COMA to become more accessible and, perhaps, to develop an executive arm. It is at this level that mass-media editorial policies could be influenced.

I conclude with a series of questions. Do we in Britain have an effective mechanism for: (a) initiation of relevant nutrition research; (b) integration and evaluation of research information to identify the consensus of nutritional knowledge; (c) translation of nutritional knowledge into specific health messages; (d) planned (as opposed to arbitrary) dissemination of the consensus of nutritional knowledge and specific health messages? In short, do we have the capacity to formulate a co-ordinated nutrition policy that will provide for (a) management of the flow of nutritional information to the public through the mass media and through professional channels and (b) planned evolution in the nature of the food supply?

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