

The Impact of Moral Panic on Morbidity of Sexually Transmitted Diseases in SR Croatia at the Beginning of the HIV/AIDS Pandemic

One of the important indicators of the success of the modernisation process in socialist Yugoslavia was the decline in morbidity and mortality from infectious diseases, which by the 1960s created the basic prerequisites for a pathogenic transition to the so-called ‘man-made diseases’. Although the decline in the morbidity of infectious diseases was continuous and stable, the structural dynamics of this decline was not uniform: the specific trend of decline of sexually transmitted diseases lagged behind the general trend until the 1980s, when, after 1983, the general and specific trends abruptly equalized. This paper connects this change with the emergence of the HIV/AIDS pandemic and discusses it within the theoretical assumptions of the concept of moral panic.

Introduction

The prevalence of mortality from infectious diseases in the general mortality rate is an indisputable indicator of social development. Therefore, public health measures aimed at combating infectious diseases were an important aspect of the modernisation process in the transitional societies of the 19th and 20th centuries. This process was not uniform in the nascent Yugoslav state and depended on the degree of integration of the different areas into the broader modernisation trends, but it was completed by the 1960s by the suppression of tuberculosis, the most widespread infectious disease of the interwar period, as the dominant cause of death. Some severe, previously seasonal epidemic diseases (such as smallpox) were completely eradicated, and most others show a steady decline in incidence and negligible mortality.

The decline in the morbidity of infectious diseases during the first half of the 20th century was mainly influenced by two aspects of the health policies of modernising societies. The first aspect concerns health education, which was carried out systematically and programmatically through the education system, and the second aspect involves the so-called “public health schools”, which promoted new knowledge in the field of public health and mainly targeted rural areas. The aim

of this educational activity was to create hygiene standards that would serve as an basic barrier to the spread of infectious diseases, especially endemic diseases, which mainly affected children in seasonal waves and caused imbalances in the natural population movement. In the western, more developed parts of the Yugoslav state, where educational activities were better organised and started earlier, the results of the educational campaigns were already visible in the interwar period. After the Second World War, the same model began to be applied intensively and relatively successfully throughout the wider Yugoslav area, representing the initial basis for the modernisation efforts of the new Yugoslav state.

Another crucial aspect of health policy during modernisation was the construction of the health infrastructure and its social democratisation. The first significant steps in this regard were taken as early as the early 1930s, when free treatment for tuberculosis patients was legalised in order to combat tuberculosis as the greatest epidemiological challenge of the time. However, the scope of these efforts remained limited due to insufficient hospital capacity and the general distrust towards doctors by the rural population. Only extensive and systematic investments in health infrastructure and the development of a general health care system in the socialist period enabled a continuous decline in incidence and mortality from infectious diseases and ultimately their eradication as the dominant cause of death.

However, one aspect of the modernisation process that was not directly related to public health system, but played an important role in combating infectious diseases was socialist urbanisation. From the mid-fifties, and especially during the sixties and seventies, the intensive urbanisation of the socialist period began. This colossal transformation process was based on planned settlement and planned housing, construction that guaranteed modern hygiene standards. Urbanisation was thus accompanied by a social and demographic transition, indicating that the era of high-mortality infectious diseases has passed.

Due to the increase in hygiene standards, mass vaccination of the population and the increasing availability of penicillin drugs, especially antibiotics, the morbidity of all infectious diseases in SR Croatia had declined rapidly, especially since the 1970s. However, although the downward trend was general, certain typological deviations are evident in the dynamics of this trend. Particularly striking is the significant lag in the decline of the number of sexually transmitted diseases, which remained almost stagnant until the early 1980s. It was only after 1983 that the trend started to decline and converge with the general average morbidity from infectious diseases.

This change significantly coincides with the emergence and spread of the HIV/AIDS pandemic, a then still mysterious sexually transmitted disease known as the "plague of the 20th century". Therefore, the question arises whether the reasons for the sharp decline in the morbidity from sexually transmitted diseases in SR

Croatia in the 1980s can be traced to the emergence of an HIV/AIDS pandemic. To answer this main research question, we theorise that fear and hysteria as accompanying phenomena of the pandemic influenced changes towards more responsible sexual behaviour that led to a decline in the incidence of sexually transmitted diseases. For this reason, we employed the conceptual insights of moral panic, which provide a solid basis for understanding the mechanisms of this influence.

The concept of moral panic, as conceived by Stanley Cohen in the late 1960s, is a specific, often exaggerated reaction to a perceived, not necessarily real, social problem that leads to social mobilisation and can trigger social and/or legislative change.¹

On this basis, Goode and Ben-Yehuda in the mid-1990s articulated three typical models for the emergence of a moral panic. The first model, the so-called grass-roots panic, is based on the thesis that the fear spread in the media and in politics can transcend their boundaries and affect a broad spectrum of society and shake deeply held beliefs. The second model, i.e. panic triggered by an interest group, presupposes the (un)deliberate reaction of a particular group that constitutes a specific moral “evil”. The third model involves a skilfully orchestrated moral panic through a propaganda campaign aimed at avoiding the solution of a problem if the solution would undermine the interests of the elite. Although the authors themselves note that these models are not ideal and rarely manifest themselves within clearly defined boundaries, but rather are interwoven², recent theorists of moral panics warn that these theorists reduce the phenomenon of panics to “types”, thus narrowing the concept and disabling its flexibility.³

Therefore, new generations of theorists increasingly invoke Cohen as the father of the theory and the one most credited with popularising the concept in the early 1970s. Cohen believes that all societies occasionally fall victim to a moral panic when a condition, episode, person or group of people takes on a pejorative meaning and is perceived as a threat to societal values and interests. The nature of the perceived threat is portrayed in a stylised and/or stereotypical manner, usually through the mass media.⁴ Moreover, it does not matter whether the object of panic has only recently emerged or has existed for a long time but has only now come into the community’s focus.⁵ That is why Cohen emphasises the lability of conceptual boundaries, pointing out that the object of moral panic can be new and part of the daily routine, lurking imperceptibly on the moral horizon, or it can be old, camouflaged in traditional, well-known evils. Moreover, the object

¹ ROHLOFF & WRIGHT 2010: 404.

² Goode i Ben-Yehuda according to ROHLOFF & WRIGHT 2010: 407.

³ Ibid., 408.

⁴ COHEN 2002: 1.

⁵ Ibid., viii.

of moral panic can be simultaneously harmful itself, but it may also be merely an indicator of a deeper and more serious situation. For this reason, panics are sometimes short-lived and quickly forgotten, while in some cases they can have long-term repercussions and trigger changes in legislative and social policies, and in extreme cases even cause self-reflection in society.⁶

Of course, significant changes in mentality occur gradually, which is why Cohen distinguishes four phases of moral panic. The first involves the initial detection of a problem that poses a long-term threat to society and/or social values, and the association or identification of the problem with an event, condition, occurrence or group of people. The second phase is related to the media and their amplification of the perception of the problem through outrageous and piquant rhetoric with the aim of creating social groups that need to be controlled by a morally driven majority. In the next stage, the public monitors and encourages social anxiety, which turns into fear, resulting in the demand for a social reaction to the problem. The final, fourth phase of moral panic ends with institutional intervention, i.e. major legislative, social and political interventions aimed at containing citizens' concerns.⁷

Such a broad framework allows for the parallel existence of distinctive moral panics that do not enjoy the same status in another society. For example, contemporary moral panics related to dangerous challenges spreading through social media or networks, migrant crises or violent computer games do not resonate equally in Western countries (and their various social strata), let alone in Asian, African or South American countries.

Although political, cultural or social differences complicate the practical application of the theoretical concept, the HIV/AIDS pandemic offers an excellent basis for the consistent application of the moral panic paradigm. Moreover, due to the complex epidemiological, social, political and legislative changes brought about by the HIV/AIDS pandemic, but also because of the changes at the individual level of human existence or destinies, we could say that this pandemic provides an excellent opportunity to apply the concept of moral panic.

Moreover, the HIV/AIDS pandemic is characterised by the fact that the moral panic united several earlier social fears - the fear of disease, the fear of homosexuals, the fear of sex workers and the fear of drugs, each of which was in itself a source of moral panic for society at the time. The analytical approach is based on the analysis of the dominant discourse in media coverage of the HIV/AIDS pandemic in Croatia and Yugoslavia in the 1980s. The analysis includes articles about the pandemic published in the most widely circulated and influential do-

⁶ Ibid., 1.

⁷ Cohen according to MANNION & SMALL 2019: 679.

⁸ Enciklopedija Jugoslavije, s. v. „Jugoslavija“, 573.

mestic newspapers *Vjesnik*, *Večernji list*, *Večernje novosti*, *Slobodna Dalmacija*, *Borba*, *Politika*, *Ilustrovana politika*, between March 1983 (the beginning of media coverage in Croatia) and June 1991 (the disintegration of the state). During the research phase, a total of five hundred newspaper articles were analysed, of which approximately eighty have been included in this paper.

According to the standard of UNESCO, it was considered that 100 daily newspapers sold per 1000 inhabitants was the minimum for a satisfactory level of awareness of the current situation. Although this level of awareness was never officially reached, Yugoslavia came closest to achieving this goal in the early 1980s when 95 daily newspapers were sold per 1000 inhabitants.⁸ However, it should be borne in mind that the actual readership of newspapers in the socialist period was several times higher than the number of newspapers sold, as it was common practise to pass the newspapers on to friends and family after reading them. In fact, according to the information of some newspaper editorial boards at the time, each daily newspaper passed through 6-8 pairs of hands, which means that in 1984, when the three largest evening newspapers - *Večernje novosti*, *Večernji list* and *Politika ekspres* - had a circulation of about 2 268 000 copies,⁹ the potential effect was significantly higher. Especially if we add newspapers such as *Politika* or *Vjesnik*, or other newspapers/magazines like *Polet*, *Danas*, *Borba*, *Arena*, *Start* and *Svijet*, which were published less frequently but had a specialised readership that may or may not have overlapped with the aforementioned publications.

2. "The Plague of the 20th Century"

The HIV/AIDS pandemic is one of the deadliest pandemics in recent human history. It was first described in the United States in 1981 as a disease of homosexual men, but quickly spread to the heterosexual population, causing widespread panic worldwide due to its uncontrolled spread.

Although modern research has shown that HIV was present in the human population decades before the 1980s, AIDS was not observed until the spring/summer of 1981 on account of the asymptomatic nature of the first infections and various opportunistic infections. Namely, on that occasion, unusual cases of Kaposi's sarcoma, a severe skin disease manifesting as multiple dark growths, were observed in groups of young men in New York and San Francisco.¹⁰

Crucial to the observation and preliminary speculation about the appearance of a new disease was the occurrence in atypical development of the disease and the fact that all patients were homosexual men. According to this key, the first European cases were soon discovered.

⁹ Ibid.

¹⁰ GRMEK 1996: 18.

When they read about a new disease in the USA, Danish doctors retrospectively recalled a patient who had died in September 1980 and who turned out to have direct links to the first patients in the USA¹¹. After this discovery, Danish epidemiologists soon realised that four more patients with a similar clinical picture had been admitted between August 1980 and December 1981. Doctors in other European countries soon came to similar conclusions. According to the World Health Organisation, 36 cases of infection were known in Europe at the end of 1981 (in France 17, Belgium 6, Switzerland 5, Denmark 3, the United Kingdom 2, the Federal Republic of Germany 2 and Spain 1).¹²

From this it became apparent that the virus had been spreading imperceptibly in Europe for several years, and because of the long incubation period it was almost impossible to predict its true extent. Since it was a disease of unknown cause with a high mortality rate among patients, with initially pronounced external symptoms, without the possibility of estimating the number of infected people, but also without reliable tests for early detection of the disease, the media interest in this disease was extremely high. The public pressure conveyed via the media soon prompted the political establishments to address the epidemiological threat and to take measures to contain the spread of the disease.

3. Yugoslav authorities and the HIV/AIDS pandemic

There is a disagreement in the literature in assessing the role of the political and health structures of the Socialist Republic of Croatia in dealing with the HIV/AIDS pandemic in the early 1980s. Some authors believe that the relatively successful containment of the HIV/AIDS epidemic in SR Croatia was mainly due to timely prevention measures initiated before the first cases were registered.¹³ Thus, Borčić and Gjenero Margan note that as early as 1983 a special AIDS Commission (*Komisija za sidu*)¹⁴ was formed at the Federal Institute for Health Care with the task of making the first recommendations on diagnosis, treatment and epidemiological research in the case of AIDS or a suspicion thereof.¹⁵ Also by November 1983, the Republican Committee for Health and Social Welfare, in consultation with the Commission for Infectious

¹¹ Ibid., 32-33.

¹² Ibid., 34.

¹³ ALERAJ 2003: 159.

¹⁴ In other sources a different name is mentioned: „National AIDS Committee“ (LATINOVIĆ & SARDELIĆ 1991: 12), „Yugoslav AIDS Commission of the Federal Institute of Public Health“ (KOROŠEC 1985(c): 32). „AIDS Commission“ is used in this publication, as this was the name most often used in the media.

¹⁵ BORČIĆ & MARGAN 1996: 243.

Diseases, decided to harmonise the diagnostic criteria at the republican level and to ensure control over the occurrence of the new disease. Thus, it was decided that for SR Croatia, any diagnosis or suspicion of HIV/AIDS would be confirmed at the Infectious Diseases Clinic “Dr Fran Mihaljević” in Zagreb, which, with the help of other health facilities, will conduct all necessary clinical and immunological tests.¹⁶ It is also envisaged that the positive test results will be sent in a sealed envelope (as was the practice for other sexually transmitted diseases) to the epidemiological department of the Institute of Public Health of the Republic of Croatia.¹⁷

Alternatively, Jureša, Posavec, Musli and Petrović state that it was only with the emergence of the first AIDS patients in Croatia that prevention work was organised to curb the spread of HIV infection and to educate about AIDS, primarily among health professionals, schoolchildren and young people, but also in the circles of other professions and in the population as a whole.¹⁸ Meaning, that the preventive measures started at the same time as the epidemic, between 1985 and 1987,¹⁹ when the first cases of HIV/AIDS occurred in SFR Yugoslavia and SR Croatia.

The actual situation was halfway between these two points of view. Namely, Yugoslavia, in fact presented itself at international forums with the Federal Strategy for the Prevention of AIDS, which, however, was not adopted until 1987. Nevertheless, it was emphasised, that the document contained strategic decisions that had been implemented since 1983, which would have made Yugoslavia one of the earliest countries to take action against the epidemic. A particular emphasis in this strategy was on the prevention of infection through: sexual intercourse, the use of insufficiently sterile medical needles (for blood products or drugs) and perinatal and prenatal transmission.²⁰ Also, since the Strategy focused on two main areas of disease control - medical prophylaxis and education - the authorities propagated that this education is in fact “medical enlightenment” with special emphasis on young people.²¹

Educational enlightenment was conducted through ubiquitous images in the print media and in public spaces,²² film and television adaptations,²³ public lec-

¹⁶ -. 1983. Sindrom stečene imunodeficijencije (AIDS, SIDA). Epidemiološki vjesnik, November 1983, 3-4.

¹⁷ Ibid.

¹⁸ JUREŠA and other 2009: 90.

¹⁹ Dzeletovic also believes that more serious efforts should rather be dated to 1987. See: DZELETOVIC 1999: 15.

²⁰ Sorok vtoraja sessija 1990: WHA 42/1989/REC/3, 264.

²¹ Ibid.

²² [Croatian State Archive] HR-HDA-2031, VND, DZS 233, box 2447, „Letak o sidi“, nr. 542936

²³ -. 1987. Informativno obrazovni film SIDA. Epidemiološki vjesnik, April 1987, 3.

tures,²⁴ professional and popular books.²⁵ educational films and other forms of information designed to raise public awareness of the HIV/AIDS epidemic. In 1989, a postage stamp was issued in order to raise citizens' awareness of the pandemic.

There is no doubt that these comprehensive measures resulted in the number of people living with HIV/AIDS remaining low until the late 1980s, which contributed to the perception of SR Croatia, and later the Republic of Croatia, as a low-risk country.

However, although the population was "bombarded" with information about HIV/AIDS, the question arises as to the time frame in which the measures could be properly implemented and whether they can be correlated with the postulates of educational and natural sciences for the purpose of implementing health education, or the so called "medical enlightenment".

Reading the political reports of the time, as well as medical publications, one gets the impression of a clearly coordinated, systematic and successful response to the threat of a new disease. However, if we dig a little deeper and factually review the historical sequence of some insights that may have influenced the experts and only then major gaps appear in this interpretation.

To begin with, it is controversial to claim that successful efforts to combat the epidemic in Yugoslavia were made as early as 1983. This was not possible because at that time there was still not an indisputably isolated cause of the disease. Since the viral/bacterial/toxicological agent was still debated,²⁶ it would be illusory to assume that quality measures had been taken against the disease. Moreover, the then still current theory of the 4H group as the exclusive carriers of the disease, was not an incentive for social mobilisation in the fight against the infection. Although the first articles on the HIV/AIDS epidemic appeared in the *Epidemiological Journal* in March and November 1983, the initial aim was to recognise only a scientific interest in the new disease, not epidemiological measures to combat it. To that extent, these texts testify to the involvement of the Croatian academic community in contemporary scientific trends, but they cannot be seen as efforts to combat the epidemic. In this sense, things will change when it becomes clear that the disease affects all social groups, not just the marginalised.

It is also disputable to claim that the education of the population begins with the technical determination of test points and reference centres, and individual publications in professional journals or the media. The educational process is far

²⁴ HR-HDA-2031, VND, DZS 233, box 2447, „Neznanje – najveći saveznik SIDE“, nr. 540809.

²⁵ MAODUŠ (ed.) 1987: 4; -. 1990. AIDS u Hrvatskoj krajem 1990. *Epidemiološki vjesnik*, September 1990, 3.; Sorok vtoraja sessija 1990: WHA 42/1989/REC/3, 264.

²⁶ -. 1983. Sindrom stečene imunodeficijencije. *Epidemiološki vjesnik*, March 1983, 3-4; -. 1983. Sindrom stečene imunodeficijencije (AIDS, SIDA). *Epidemiološki vjesnik*, November 1983, 3-4.

more complex and comprehensive than presenting theories and information to the public. Among other things, the reach of professional articles is extremely narrow, while articles in the newspapers may be insufficiently based on science. As far as technical details are concerned, testing and analysis of results cannot be carried out without professional staff.

Therefore, serious and effective preventive actions had to be preceded by professional education of the medical milieu so that they could properly apply and spread their knowledge (e.g. teachers whose job would be to educate young people about the new disease). However, as one of the key figures in the Commission AIDS, Dr Nikola Georgijevski, admitted, such a cadre was virtually non-existent in Yugoslavia in 1985.²⁷ This is supported by a commentary in the *Epidemiological Journal* in 1985, which states that the forthcoming epidemiological measures have not yet been worked out in detail, but depend on “future education”.²⁸ In other words, education and thus its benefits have been postponed. This means that even two years after the alleged first educational efforts, there was still no consensus on the disease among professionals in the field at the global and national levels, let alone systematic responses by experts, which should expand their empirically verifiable knowledge. This is not the fault of the doctors themselves, but is the result of professional, political and economic incompatibilities.

The resignation of Miha Likar, head of the Institute of Microbiology at the Faculty of Medicine in Ljubljana in 1986, can serve as a good example of the systemic discrepancy related to the response to the new disease. Likar was one of the most prominent experts on AIDS in the SFRY, which is why he was appointed a member of the Commission for Infectious Diseases of Slovenia. In 1986, however, he resigned in protest and out of dissatisfaction with the AIDS Commission's policy, believing that the Commission had underestimated the danger of the disease. Among other things, he said that preventive activities, in 1986, were not carried out sufficiently and that the research did not enjoy sufficient economic support. He noted that of the 30 million dinars agreed, only 2.5 million arrived in Ljubljana, although they controlled all the tests for the SFRY²⁹ (the remaining centres were in Zagreb and Belgrade).

Based on these serious warnings from an expert of the World Health Organisation and a member of the Federal Epidemiological Commission,³⁰ i.e. one of the most prominent local experts on the HIV/AIDS epidemic, representatives of the

²⁷ ŠOŠIĆ (ed.) 1985: 3.

²⁸ -. 1985. Sindrom stečene imunodeficijencije (AIDS). *Epidemiološki vjesnik*, September 1985, 5.

²⁹ Detailed information about doctor Likar's resignation can be found here: ZVIZDIĆ 1986: 7.; MINIĆ & ZAGORAC 1986: 6, BOŠNJAK 1986: 3.

³⁰ KOROŠEC 1985(a): 4.

medical and political authorities did not wait long to respond. The aforementioned Dr Nikola Georgijevski, a member of the Federal Committee for Health and the AIDS Commission, said that the Committee allocated the agreed 2.5 million dinars for the Institute in Ljubljana and that other services can be freely charged according to a price list. He also stated that the Federal Executive Council has not approved any 30 million dinars for the purpose of fighting AIDS.³¹ At the same time, the statement of Dr Aleksandar Đujić was transmitted in his capacity as a defender of the Institute of Genetic Engineering from Belgrade, which Likar accused of having received the promised money. Đujić stated that the request for the funds had been postponed until further notice and that the money had not arrived in Belgrade. He also placed a rumour in the media that Prof. Likar had demanded up to 900 million dinars for the Institute in Ljubljana, but also distanced himself by claiming he wasn't certain of it.³²

Without going into the truth of Professor Likar's claims, by analysing the media correspondence and background causes, we can come to several significant conclusions.

Firstly, there is the Federal AIDS Commission, to which the republican commissions are subordinated. However, not only medical experts sit on this body, but also politically acceptable persons who may also be medical experts. Of course, in such a constellation, the interests of the individual republics prevail over others depending on their representation in the federal bodies.

Secondly, the coordination between the federal and republican levels was questionable in all aspects, from the administrative and legislative levels to the economic and professional levels. Namely, it was conceived that information would reach the top from the lower instances, which could then verify it at its own discretion and communicate it to the public.³³ There were, however, situations where the hierarchy of reporting was broken and information leaked to the media from all sides.³⁴ For example, the political and medical leadership claimed that the first cases of infection (1985 for SFRY and 1986 for SRC) were met with a high level of preparedness and that everything was done in accordance with the law and epidemiological and other regulations in the initial phase of the SFRY epidemic. At lower instances, however, systematic deficiencies in the work of the entire system were pointed out, with constant, indirect and direct criticism of the quality of regulations or laws. For example, in the SFRY, blood samples were tested unsystematically (which had already become mandatory in Europe) because there

³¹ ZVIZDIĆ 1986: 7.

³² ZVIZDIĆ 1986: 7.; MINIĆ & ZAGORAC 1986: 6.

³³ DUDVARSKI 1985: 11.; ŠOŠIĆ (ed.) 1985: 3.

³⁴ DUDVARSKI 1985: 11; GREGORIĆ 1985: 30-31.; KOROŠEČ 1985: 32.

was no legal regulation on the status of the disease, so doctors were not sure how to treat the patient at the time of diagnosis.³⁵ Namely, with the 1984 amendments to the Infectious Diseases Act (*Zakon o zaštiti stanovništva od zaraznih bolesti*),³⁶ AIDS was not classified as a new disease³⁷ because little was yet known about the aetiology of the disease. Consequently, on the epidemiological reporting forms for infected or deceased persons with infectious diseases, doctors could neither enter those infected nor those who died of AIDS, nor could they formally request the declaration of the epidemic.³⁸ It was not until 1986, with the additional Decision on Measures for the Protection of the Population against Acquired Immune Deficiency Syndrome (*Odluka o mjerama za zaštitu stanovništva od sindroma stečenog nedostatka imuniteta*), that the measures determined by the previous Act on the Protection of the Population against Infectious Diseases were legally harmonised and procedures were prescribed in the event of a suspected infection with HIV/AIDS.³⁹

Naturally, pro-government medical practitioners and government officials reacted to such accusations and systematic ambiguities with declarations of inadequate interpretation of the law, emphasizing that the norms of the 1984 law, more precisely the first article,⁴⁰ were applicable to the situation at the time.⁴¹ However, the fact that this debate was being conducted through 1985 and 1986 may rather serve more as confirmation of inconsistencies and communication problems between the republican and federal levels than as a convincing denial.

Another example of a logical failure and conflict between politics and the medical profession is found in an educational brochure intended for the 1987 tourist season.⁴² The profession advocated that the leaflet should be printed and distributed to domestic and foreign tourists, but at the last minute the printing of such materials was stopped because the political leadership concluded that in this way the wrong message would get out to the public. That is, it would have given the impression that the SFRY and especially SR of Croatia is an unsafe and high risk place, instead of conveying an image of safety.⁴³

³⁵ ANDRAŠIĆ (ed.) 1985(b): 4.

³⁶ Službeni list Socijalističke Federativne Republike Jugoslavije, nr. 51. 1984, 1181-1189.

³⁷ ANDRAŠIĆ (ed.) 1986(b): 11.

³⁸ Reporting forms for epidemics and/or patients can be found at: Službeni list Socijalističke Federativne Republike Jugoslavije, nr. 42. 1985, 1281.

³⁹ Službeni list Socijalističke Federativne Republike Jugoslavije, nr. 36. 1986, 1093-1094.

⁴⁰ ŠOŠIĆ (ed.) 1985: 3.

⁴¹ RADMILOVIĆ 1986: 5.

⁴² HR-HDA-2031, VND, DZS 233, box 2447, „Letak o sidi“, nr. 542936.

⁴³ HR-HDA-2031, VND, DZS 231, box 2445, „Zašto još nema letka o sidi?“, nr. 147937; *ibid.*, DZS 233 box 2447, „Zašto je ‘zaustavljen’ plakat o sidi?“, nr. 545226.

Fourthly, it is important to point out that criticism came to a virtual standstill until 1987, when the AIDS Commission was expanded and some journalists and politicians were co-opted.⁴⁴ One could say that this deprived the federal Commission and the republican branches of their autonomy, as their management proved unsuccessful⁴⁵ and there was a need to bring order to the coverage of the pandemic and related issues.

From this we can conclude that there could have been any effective and structured action against the HIV/AIDS epidemic between 1983 and 1987. At first there was a lack of theoretical preconditions for this, and later there were problems of coordination between the agencies charged with combating the epidemic and, we could almost say, the inevitable conflict between profession and politics at the federal and republican levels. This also means that the sudden changes in the number of sexually transmitted diseases cannot have been caused by insufficiently articulated and low-quality health education interventions, which in fact opens up the space for a new interpretation of the cause-effect relationship that led to the tectonic trend changes.

4. Media coverage of the pandemic

The first official report of the possibility of a new disease was issued by the US Centre for Disease Control (CDC) on 5 June 1981,⁴⁶ while the second official report from this institution (4 July 1981) was preceded by Lawrence Altman, a medical chronicler for the *New York Times*.⁴⁷ It should be noted that the second official report was entitled *Kaposi's sarcoma and Pneumocystis pneumonia among homosexual men--New York City and California* and referred to 26 cases of infection.⁴⁸ Almost the same information was published in the *New York Times* under the headline *Rare cancer seen in 41 homosexuals*.⁴⁹ So AIDS had a high media presence from the very beginning, i.e. before the aetiological doubts had been scientifically resolved, which led to a mixture of information and misinformation about the disease, causing greater public fear than warranted. Therefore, the media aspect of the HIV/AIDS epidemic must not be neglected.

As far as Yugoslav society is concerned, interest in the new disease is slow to awaken among the majority of the population. The first years of the epidemic were marked by the so-called 4H group theory, which was propagated in the

⁴⁴ ANDRAŠIĆ (ed.) 1987: 4.

⁴⁵ PUČKO 1987: 7.

⁴⁶ GRMEK 1996: 16.

⁴⁷ Ibid., 20.

⁴⁸ Ibid.

⁴⁹ ALTMAN 1981: 20.

media at the same time as knowledge about the new disease, although there was no medically indisputable evidence for this theory. The 4H group theory implied that AIDS spread exclusively among the marginalized groups of homosexual men, heroin addicts, Haitians and haemophiliacs and posed no imminent threat to the general population.⁵⁰ Therefore, there was initially no excessive willingness in American society, and by the same principle in other societies, including Yugoslavia, to invest more money in high-quality scientific research into the new disease, especially in view of the fact that 958 people in the USA had the disease at the beginning of 1983,⁵¹ which was a small proportion of the total population.

However, the lack of research funding did not appease the curiosity of the media, so that from 1983 onwards the disease became more and more the focus of media attention, especially when patients from the “general population” began to appear. This in turn triggered confusion, a sense of wandering and panic among a growing number of people, which led to a gradual intensification of research efforts, but also to increased media coverage of the epidemic. In addition, the epidemic had already spread to almost all Western European countries by this time, thus creating the conditions for the etymological renaming as a pandemic. In this context, the media of Socialist Federal Republic of Yugoslavia and the Socialist Republic of Croatia, began to write for the first time about AIFS.

The first expert article on HIV/AIDS in SR Croatia was published in the third issue (march) of *Epidemiološki vjesnik* in 1983, under the title *Sindrom stečene imunodeficijencije*.⁵² Apart from the unreliability of the initial information, it is particularly important to note the detached nature of the article itself. It is a text that almost resembles a short note. The disease is presented as a possible problem, but at the same time as a distant and almost unreal, not seriously threatening phenomenon.⁵³ On the other hand, the first informative newspaper articles were published in the newspapers/magazines *Start* and *Nedjeljnoj Borbi* on 16 July and 13 August 1983, and in addition to the significant headlines *AIDS. Gubi li medicina rat* (AIDS. Whether medicine is losing the war)⁵⁴ and the *Ne tako obična bolest* (Not an ordinary disease)⁵⁵, they bring an interesting accompanying interpretation.

⁵⁰ ZVIZDIĆ 1983: 36, KOROŠEC 1985 (b): 9 It should be borne in mind that not only Croatian newspapers propagated such views, but the same opinion prevailed in other federal republics. In Slovenia, for example, during the same period (1984), there was discussion about whether the virus would come to Slovenia at all, due to the specific mode of transmission. See: LUKANC 2021: 20-21.

⁵¹ HENIG 1983: 28.

⁵² BORČIĆ & MARGAN 1996: 243. and GRMEK 1996: 20; -. 1983. Sindrom stečene imunodeficijencije. *Epidemiološki vjesnik*, March 1983, 3-4.

⁵³ -. 1983. Sindrom stečene imunodeficijencije. *Epidemiološki vjesnik*, march 1983, 3-4.

⁵⁴ ZVIZDIĆ 1983: 34-37.

⁵⁵ TODOROVIĆ 1983: 17.

Although the headlines are “more enticing” than the titles in medical journals such as the *Epidemiološki vjesnik* and the *Liječnički vjesnik*, these articles are in fact not apocalyptic. On the contrary, in accordance with the political position of the editorial board, *Nedjeljna Borba* criticises “the theologically minded polemicists and essayists of Western Europe” who advocated the position that “the famous AIDS is not just another new disease, but a measure of the sodomy of every environment and proof of the decay of Western civilisation[...].”⁵⁶ In *Start*’s article, in addition to the large report on European and American patient numbers, which has a disturbing note, we also find a section on Zagreb. Somewhat ambivalently, on the one hand the article conveys the news that there is unrest among “members of the Zagreb homosexual milieu” and describes the causes of the unrest, and on the other hand it conveys the opinion of “most” Zagreb gays that AIDS is only part of homophobic propaganda and that there is no real panic.⁵⁷

The nonchalant attitude towards the new disease perhaps best reflects the mentality of the time, which was later changed by HIV/AIDS. Namely, in the mid-1960s and throughout the 1970s, there was a reversal of mentality and the so-called ‘sexual revolution’ began in the countries of the global North. This was made possible by the widespread use of antibiotics and birth control pills, which eliminated the two greatest fears to date - the fear of disease and of pregnancy.⁵⁸ In the wake of the new social struggle for human and sexual freedoms, however, a sense of false security had emerged in epidemiological terms. The emergence of a new, phantom, yet serious and initially extremely deadly disease shattered the utopia of victory over all infectious diseases and radically changed the mentality and perception of safe sexual practises.⁵⁹

Such a change in mentality confirms Watney’s universal point about the difficulty of overemphasising the impact of media sensationalism, stupidity, and vicious inhumanity in the early years of the AIDS epidemic.⁶⁰ In doing so, Watney, in fact, builds on the previously introduced concept of *moral panic*, which we will use to explain the changes in the trends of sexually transmitted diseases.

In addition to the discourse, we will focus our analysis on the accompanying visual elements, but also on the chronology of the publication, which had great potential for self-reflexive perception, while taking into account Cohen’s phases of moral panic generation.

⁵⁶ Ibid.

⁵⁷ ZVIZDIĆ 1983: 36.

⁵⁸ GRMEK 1996: 180.

⁵⁹ Ibid., 181.

⁶⁰ Watney according to HERZOG 2015: 172.

1) Phase - problem detection and initial solution

As we pointed out earlier, in 1983, with the appearance of the first articles on AIDS, a “problem” was identified in Yugoslav society, but it was still levitating between a distant and a worrying phenomenon, and the newspaper articles were not apocalyptically charged. Therefore, we could assign these first reports to the phase of initial problem and solution,⁶¹ that is, the phase in which the emergence of the problem is related to socially already stereotyped, deviant, groups and their behaviour (4H patient theory).

Homogenising a group according to the principle of typical behaviour (in this case risky sexual behaviour) does lead to long-term discrimination and additional stereotyping of a part of the social minorities, but it also creates the illusion of a natural connection of the whole group with this behaviour.⁶² This creates a polarisation according to the “us-them” principle, which in the case of AIDS also has a mental-self-regulating character, since “their” problem is not “our” concern, and therefore there is no need to panic.

However, social apathy ceases with the transition of the disease to the “general population”. Then the perception of the marginalised, the so-called “risk groups”, changes into groups that suddenly become a “breeding ground” for the spread of the infection. Their behaviour is perceived as wilful and irresponsible, and this is the basis and reason for a reaction and the necessary prevention of further spread of the disease in what is most often constructed, as a morally and hitherto physically healthy population.⁶³ Such considerations gave rise to the interpretation of “innocent” and “guilty” victims of the disease.

2) Phase - the role of medical-media-military discourse in creating moral panic

In the Yugoslav case, the “real” social anxiety began at the turn of 1983/1984, when reports arrived from abroad that the disease was spreading to the general population. Therefore, the second half of the 1980s should be viewed in the light of this nervousness, which was exacerbated by sensationalist names for HIV/AIDS. Also, due to the time lapse of AIDS coverage in the Yugoslav media, as opposed to the American and Western European media, the second and third phases of Cohen’s moral panic were, in fact, merged into one long phase. That is, there was virtually no line between non-concerning, piquant reporting and the media’s encouragement of social anxiety, which became the basis for ever louder calls for caution or response to the threat.

⁶¹ COHEN 2002: 167.

⁶² DIMITROV 2014: 410.

⁶³ Ibid.

Therefore, in the second phase, AIDS suddenly no longer bears the label “no ordinary disease”, but becomes a “new black death”, a “disease of homosexuals and drug addicts” or “a real scourge of humanity”,⁶⁴ as Bora Đorđević wrote in *Arena*. But Đorđević’s labelling was not an isolated case. Almost all Yugoslav publications in the second half of the 1980s allowed themselves from time to time to insert editorially negatively constructed perceptions of diseases that went far beyond objective information. As a result, AIDS also received the names: “hot plague”,⁶⁵ “kiss of death”,⁶⁶ “ladybug of death”,⁶⁷ “vestibule of death”,⁶⁸ “white plague”, “homosexual plague”, “God’s whip for perverted life”,⁶⁹ “virus of the sexual revolution”,⁷⁰ “20th century plague”,⁷¹ “deadly intruder in blood”,⁷² “another name for fear”, “miniature killer”⁷³ and many others.

Such media hooks, usually in titles, had a dual function. They not only reflected the author’s position, but also captured readers’ attention causing scandal and horror.

In the articles, the disease is referred to by two synonymous acronyms, the English AIDS and the French SIDA. Although we did not statistically monitor the occurrence of a particular term, we noticed that in the medical articles in *Epidemiološki vjesnik* and *Liječnički vjesnik* the English acronym AIDS predominates, while in the mass media the French version prevailed⁷⁴. This is understandable, because SIDA corresponds better to Croatian/Slavic linguistic norms, which has facilitated its use by the general public and accelerated its lexicalisation in the standard Croatian language.⁷⁵

⁶⁴ ĐORĐEVIĆ 1984: 91.

⁶⁵ DEČERMIĆ 1986: 5. “Hot plague” is also the calque of the English version of the “gay plague” that circulated in conservative circles who considered “same-sex fornication” unnatural, and on which nature strikes back. See: BEAUCHAMP 1983: 21.

⁶⁶ PAVLOVIĆ 1990: 8.

⁶⁷ MIKULČIĆ 1987: 13.

⁶⁸ MUSTAPIĆ 1989: 24-25.

⁶⁹ NIKOLIĆ 1985(b): 61.

⁷⁰ GRGIĆ 1985: 2.

⁷¹ LETICA 1986: 36.

⁷² JUREŠKO 1987: 13.

⁷³ KALEBIĆ 1990: 10.

⁷⁴ Terminological dualism was also present in Slovenia, while the Serbian media preferred the French acronym, which remained in the discourse for a long time. See: LUKANC 2021: 18.

⁷⁵ This also explains why the proposed Croatian neologisms for the disease “kopnica or” SID “never came to life. The linguistic discussion about the terminology of the disease in the *Liječnički vjesnik* was initiated by Stjepan Babić, who had copied an article from the journal *Jezik*. The discussion was later expanded by the academic Tihomil Beretić, head of the working group for human medical terminology at the Yugoslav Academy of Sciences and Arts. See: BABIĆ 1988: 239 and BERETIĆ 1989: 47.

Apart from the differences in the terminological approach, it is important to emphasise the major differences in the description of the disease itself. While in medical journals there was a professional discourse interwoven with Latin terminology, in the media there was a tendency to simplify the discourse in order to get closer to the average reader. In doing so, the discourse in the print media relied on continuous interactions with other, more specific discourses, thus constructing its own discourse in which information of different provenance was mixed.⁷⁶ Three aspects found themselves in this discourse fissure - media, politico-military and medical, - forming a specific amalgam that the average reader could hardly penetrate.

We should bear in mind that Croatian society at that time, although highly literate (95.4%),⁷⁷ was relatively uneducated and lacked capacity for critical evaluation, which was necessary for interpreting the information served by the media. According to the 1981 census statistics, 9.2% of the population had no schooling at all, 36.9% had incompletely finished their primary education, 19.2% had completed only primary school, while a total of 28.3% of the population had graduated from secondary school (of which only 3.1% had completed grammar school). This means that only 6.4% of the population had graduated from university.⁷⁸ The problem was all the greater because the complicated differentiation of unverified information about the new disease from “objective” scientific facts was already difficult due to the sensationalism that generally surrounded the pandemic.

To appeal to the readership, the newspapers adapted and simplified the scientific discourse and resorted to metaphors that reflected the views on the current epidemiological situation in an approachable way. Thus, the leitmotif of the “fight/war” against the invisible enemy the centre of panic reporting. Edelman justifies this incredible willingness to accept the narratives of “attack” and “defence” with the simple fact that the initial realisation was that “something” was attacking the human defence system. Therefore, it is only natural that we need to “defend” ourselves.⁷⁹ By adopting such a discourse, the virus transformed from a semi-living particle into a real anthropomorphised “enemy”. It is credited with a consciousness wholeheartedly focused on the destruction of humanity, and the bold character with which it strives to achieve this ultimate goal. Hence it is reported that the disease itself “does not retreat”⁸⁰. On the contrary, it “lurks behind the wall”,⁸¹ the virus

⁷⁶ DIMITROV 2014: 413.

⁷⁷ Enciklopedija Jugoslavije, s. v. „Hrvatska“, 389.

⁷⁸ Ibid., 397.

⁷⁹ EDELMAN 1994: 81.

⁸⁰ HR-HDA-2031, VND, DZS 232, box 2446, „Bolest ne uzmiče“, nr. 519735.

⁸¹ MINIĆ 1986: 10.

is “vicious and cunning”,⁸² “sows fear”,⁸³ “spreads its tentacles”,⁸⁴ infests country after country, “even attacks ethics”,⁸⁵ “annuls” medications⁸⁶ and “frightens” doctors⁸⁷ all over the world, „and sex spreads death“.⁸⁸

It should be noted that the “fight” is indeed an appropriate metaphor in terms of moral panic. Namely, a kind of combat or war-conflict implies a broad mobilisation of people and the creation of an acute situation. In a real war, the state leadership is responsible for regulating the acute situation, but against the “invisible enemy”, each person must engage individually because it is his or her moral duty. In practise, this meant accepting responsible sexual behaviour and avoiding any kind of promiscuity.

In order to promote mobilisation against the “invisible enemy”, the disease had to become visible. Much attention was devoted to portraying the “victims”, i.e. the ill. At the same time, care was taken to show patients outside the normative framework of society as physically distorted,⁸⁹ “broken” in the sickbed.⁹⁰ In contrast, “innocent” patients were portrayed as fearful of the future and caring for their loved ones. One of the most popular depictions of “innocent” patients was the Burk family, of which father Patrick (suffering from haemophilia), wife Laureen and son Dwight were diagnosed with HIV/AIDS. This image appeared in several places in the Yugoslav media, reflecting the symbolic need to emphasise that danger existed for everyone, not just marginalised groups.⁹¹

In terms of mental association, HIV/AIDS was linked to undesirable situations or historical periods. Thus, it was regularly associated with unprotected sex, drug use and other diseases such as the plague, cholera and syphilis. At one point, the negative image of HIV/AIDS was reinforced by the link between the disease and domestic violence.⁹²

However, dealing with the threat, which science was powerless to confront and was just gaining the first insights, made any thesis seem convincing, which provided fertile ground for various conspiracy theories and misinformation. Thus,

⁸² NIKOLIĆ 1987(b): 72.

⁸³ VASILJEVIĆ 1985: 4.

⁸⁴ DEČERMIĆ 1986: 5.

⁸⁵ POPOVIĆ B. 1987: 16.

⁸⁶ PLAVŠIĆ 1986: 4.

⁸⁷ JUREŠKO 1989: 5.

⁸⁸ MIHOVILOVIĆ 1987: 14.

⁸⁹ See picture 1.

⁹⁰ See picture 2. i 3.

⁹¹ Among other things, the picture appears in *Start* 1985 and in *Ilustrirana politika* 1988. (see picture 4.).

⁹² Examples of the association of HIV / AIDS with other socially perceived disabilities can be found in the annexes (see pictures 5. – 9).

in the second half of the 1980s, there was widespread debate in the media about whether insects transmitted AIDS,⁹³ whether a kiss could be fatal⁹⁴ and touch or contact deadly.⁹⁵ Much attention was also drawn to the question of the origin of the virus, with assumptions ranging from possible - that it was an artificial virus created in the laboratories of CIA⁹⁶ - to quite fantastic about the extraterrestrial pathogen,⁹⁷ Adding to the confusion was the constant anticipation of the cure that was supposed to save the world from ruin. In this context, in 1985, the media speculated that a cure for AIDS had been found in Yugoslavia,⁹⁸ or that individual drugs such as AZT,⁹⁹ suramin¹⁰⁰ or glycyrrhizin¹⁰¹ helped with the disease. Over time, the paradoxical nature of these theories increased and all kinds of “methods” and “theories” appeared in connection with AIDS. For example, it was relativised that HIV causes the disease¹⁰² or it was claimed that AIDS could be treated with heat,¹⁰³ balm,¹⁰⁴ steroids,¹⁰⁵ sea sponge¹⁰⁶ or simply by quarantining people.¹⁰⁷

In other words, thanks to the pressure of the media, potential sexual pleasure was compromised by the fear of infection, while testing was seen as the announcement of illness. A paradoxical situation thus arose in which, at a time when there was still no effective cure, but there were reliable ways to identify the infected, people were afraid not only of infection but also of preventive testing, fearing that the results would lead to discrimination, rejection or suspicion.

An example of a discriminatory society, which reflects a change in mentality, can be found in the testimony of the first “public” HIV/AIDS patient in SR Croatia. It was Stevan Katalin who experienced discrimination based on his health condi-

⁹³ ANDRAŠIĆ (ed.) 1986(a): 28.

⁹⁴ HR-HDA-2031, VND, DZS 232, box 2446, „Je li poljubac zarazan?“

⁹⁵ Ibid. „Sida se ne prenosi slučajno“, nr. 516582.

⁹⁶ HR-HDA-2031, VND, DZS 232, box 2446, „Pentagon i CIA krivi za sidu“, nr. 508983; ibid. „SAD izvorište side“, nr. 518763, ibid. „SIDA iz Pentagona“, nr. 527986.

⁹⁷ ŠAROVIĆ & BOHUS 1986: 8.

⁹⁸ ANDRAŠIĆ (ed.) 1985(a): 3.

⁹⁹ HR-HDA-2031, VND, DZS 232, box 2446, „Na tragu leka protiv side?“, nr. 525016.

¹⁰⁰ GRUDEN 1985: 5.

¹⁰¹ ANDRAŠIĆ (ed.) 1986(b): 11.

¹⁰² HR-HDA-2031, VND, DZS 233, box 2447, Hiv ne izaziva „Pentagon i CIA krivi za sidu!“, nr. 554774.

¹⁰³ MIHOVILOVIĆ 1990: 14.

¹⁰⁴ STOJILJKOVIĆ 1990: 9.

¹⁰⁵ DROBNJAK 1990(b): 32.

¹⁰⁶ GREGORIĆ 1987: 20-22.

¹⁰⁷ DROBNJAK 1990(a): 24.

tion due to the general moral panic and lack of information in his environment. He was diagnosed with HIV infection (then called HTLV-III / LAV) in 1986.¹⁰⁸ and AIDS was diagnosed in January 1987.¹⁰⁹ Although there were legal regulations and practises to protect the anonymity of patients, the information leaked out in Podravska Slatina, the area where Katalin lived, and he and his wife found themselves under social attacks. Despite the social pressure, Katalin appeared in the media and described the social reaction, which in retrospect is an excellent historical source. Among other things, Katalin stated that the initial perception was that he was “[...] lying in the hospital in a glass room, broken, in scabs [...]”¹¹⁰. In response to his illness and the fact that he was not in hospital, the idea of isolating his wife’s parents with a high fence around their house arose, followed by complete social isolation of that entire family, with whom Katalin had little to no contact. His wife, Karla Senka, also gave her testimony and explained that this was the first case of AIDS not only in Podravska Slatina, but also in Slavonija and Baranja, and that people were “[...] so obsessed with this AIDS, afraid [...], that they were afraid to walk past him, to see him, let alone sit next to him, or even next to me, even though they knew that I was negative.”¹¹¹

Several points are evident from this testimony. Firstly, moral panic and lack of educational measures led to a complete desensitisation of people to the sick, but not only to the already dehumanised members of marginalised groups, but also to a typical heteronormative young couple who did not transgress the conventional framework in any way except through illness (Karla Senka was later also diagnosed with HIV). Secondly, in a place where there were no “suspected” or “confirmed” patients, there was already an image of the disease and a perception of the patients. This is all the more interesting if we take Katalin’s statement about the idea of “hospital treatment”, which fully corresponds to the media’s visualisations of patients.¹¹² Thirdly, the tendency to believe such an image indicates ignorance and an inability to distinguish editorial interpretation from scientific facts, as we pointed out earlier. In other words, the Katalin case perfectly illustrates the social aspect of the pandemic, which has so far been neglected in the study of the HIV/AIDS pandemic, although some contemporaries were aware of it.

¹⁰⁸ In the archives, there are two different statements about the year of infection. The report on the disease mentions 1985 as the year of infection, but since later documentation states 1986 (several times), we have adopted this year. See: HR-HDA-2046: Republički komitet za zdravstvenu i socijalnu zaštitu Socijalističke Republike Hrvatske, box 167. „Proglašenje epidemije. Broj: 01 – 6647/1-87.“, 1. and „Epidemija AIDS. Broj: 963/87“.

¹⁰⁹ Ibid. „Prijava oboljenja – smrti od zarazne bolesti 241/87“.

¹¹⁰ NIKOLIĆ 1987(a): 77.

¹¹¹ Ibid.

¹¹² In addition to our contributions, a visualization of the victims can also be found in: NIKOLIĆ 1985(a): 63-65; POPOVIĆ M. 1987: 13.

3) Phase - Reaction of the State

According to Cohen, the intervention of the state, in this case the adoption of the AIDS strategy in 1987, could be the final phase of the informative moral panic in the country. We have already mentioned that this is the time when the state managed and began to systematically organise the response to the pandemic, so that the media were more or less brought under control and, in addition to all sorts of public discussions, posters and books, newspaper articles became dominant, bringing more and more empirically proven information from various scientific conferences.

However, even after the state intervention, the consequences of the moral panic could not be completely neutralised. Therefore, from 1987 to the end of the 1980s, the so-called AIDS-phobia (formerly called sidofobija or kancerofobija)¹¹³ was increasingly written about in professional and media circles. It was an intense feeling of fear among certain members of heteronormative society who, in fear of a positive result (although sometimes they were not even tested), hurt themselves or others and ended up in hospitals or ended up in a psychiatry ward. This happened to the most unstable people, but there is another element that supports the thesis that the fear of segregation and discrimination, or of falling out of the heteronormative cultural pattern due to an abstract disease, caused autoreflexive changes. That element is of a statistical nature and can be best seen in the development of the number of patients with other sexually transmitted diseases.

5. The effects of moral panic on patterns of sexual behaviour

The moral panic caused by the HIV/AIDS pandemic encompassed almost all previous sources of moral panic - drugs, prostitution, promiscuity, infidelity, homosexuality and the stigmatisation of the disease in general. Although in the first years of the pandemic most patients in Yugoslavia were among the (intravenous) drug users¹¹⁴, there were no major behavioural changes in this population group¹¹⁵. Finally, this is also reflected in the low fluctuation of newly identified drug users, which resisted the decline for a decade. The trend among newly identified drug users was even rising.

¹¹³ HR-HDA-2031, VND, DZS 232, box 2446, „Fobija ubija brže od virusa“, br. 512352.

¹¹⁴ The President of the Federal AIDS, Dr Stevan Litvenjko, said after the blood test of “risk groups” in 1985 that the results of intravenous drug users were the most worrying, noting that antibodies to HIV / AIDS were found in up to 30% of respondents. See: KOROŠEC 1985: 2.

¹¹⁵ KOROŠEC 1987: 4.

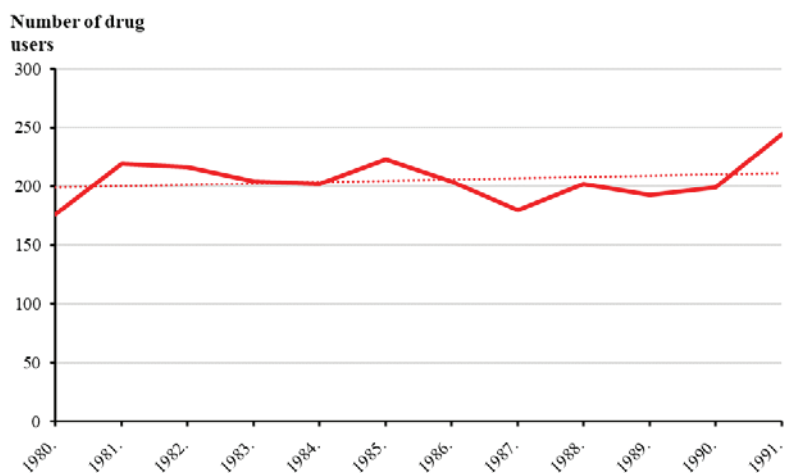


Diagram 1. Number of newly identified drug users in Croatia 1980-1991 (-. 1992. Opojne droge u Hrvatskoj 1991. Epidemiološki vjesnik, september 1992, 5)

The reason for this was partly in the absence of any prevention efforts aimed at this group due to the markedly stereotypical attitudes that existed in medical circles towards drug addicts. For example, Miha Likar, on leaving the Commission in 1986, stated that prevention appeared to be insufficient among the high-risk groups, but the problem was all the greater because “[...] we have a lot of positive addicts: Homosexuals, on the other hand, they love themselves the most and if you point out the danger to them, they will avoid it. A female addict, for example, despite all the warnings, will calmly prostitute herself just to get drugs.”¹¹⁶

The greatest changes in people’s behaviour caused by the pandemic were primarily related to changes in sexual practises and directed towards more responsible sexual behaviour. This is best illustrated by the changes in trends in other sexually transmitted diseases following the outbreak of the HIV/AIDS pandemic, especially gonorrhoea, which is generally considered to be a very sensitive indirect indicator of sexual behaviour.¹¹⁷ A study by the US CDC, which examined the impact of the AIDS pandemic on the incidence of gonorrhoea in New York, found a decline in the trend of anal and pharyngeal gonorrhoea among the male population aged 15 to 44. Between 1980 and 1983, the number of male patients dropped from 129 to 74 cases (per 100,000 inhabitants)¹¹⁸. If

¹¹⁶ Dr Litvenjko shared the same opinion. See: MINIĆ & ZAGORAC 1986: 6.

¹¹⁷ Judson according to ŠPOLJAR & KOŠUTA-ŠPOLJAR 1984: 24.

¹¹⁸ Declining rates of Rectal and Pharyngeal Gonorrhoea 1984, el. publ.

we take into account that in the same area, in the same time period and for the same age group, the number of female patients increased from 587 to 624 cases (per 100,000 inhabitants)¹¹⁹, we can conclude that the downward trend in the first years of the epidemic was mainly related to a change in sexual behaviour in the male population, especially in the part that practised sexual intercourse with other men. Hunter Handsfield came to similar conclusions, noting that in Seattle and the surrounding area there was a 57% decline in gonorrhoea among sexually active gay men between 1982 and 1984, while the decline among heterosexual men and women was 20%¹²⁰. Overall, there was a sharp decline in gonorrhoea patients in the United States in the second half of the 1980s and in the 1990s,¹²¹ which included all major cities.

Of course, the Yugoslav situation is not entirely comparable to the American one for a number of reasons, including the selective testing of sexual minorities in the West, which did not exist in Yugoslavia, and yet the trends in the incidence of sexually transmitted diseases confirm the American findings.

If one follows the trends in the number of syphilis and gonorrhoea patients before the outbreak and during the pandemic, the influence of the acute pandemic condition on the change in trends can be clearly seen.¹²²

The period 1983-1987 is particularly interesting. There is an obvious axiomatic change in the trend that begins with the year when reporting about AIDS begins on the territory of SR Croatia and ends with the year of legal changes and the adoption and beginning of the implementation of a quality Strategy to combat HIV/AIDS. However, since no quality systematic educational measures to combat the epidemic have yet been taken during this period, we can assume with a high degree of certainty that unverified media information has influenced the change in mentality and thus changing sexual behaviour, and ultimately changed the trend.

¹¹⁹ Ibid.

¹²⁰ HANDSFIELD 1985: 469. These findings were later confirmed by the US CDC in 1989, which reported a steady decline in the general population, while the number of gay and bisexual men (who had themselves tested voluntarily or privately) fell from 720 in 1982 to 27,000 per 100,000 inhabitants in 1988. In the latter case, therefore, we are talking about a drop of more than 95%. See: Trend sin gonorrhea in homosexually active men 1989, el. publ.

¹²¹ FOX et al. 2001: 962.

¹²² See diagram 2. i 3.

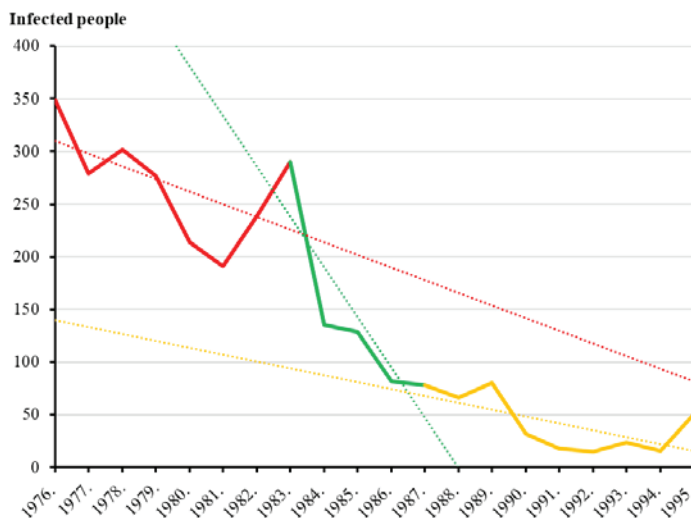


Diagram 2. Number of people suffering from syphilis in Croatia 1976-1995 (Statističke tablice Hrvatskog zavoda za javno zdravstvo, Statistički godišnjak Jugoslavije 1977-1989. te Hrvatski zdravstveno-statistički ljetopis 1991-1995)

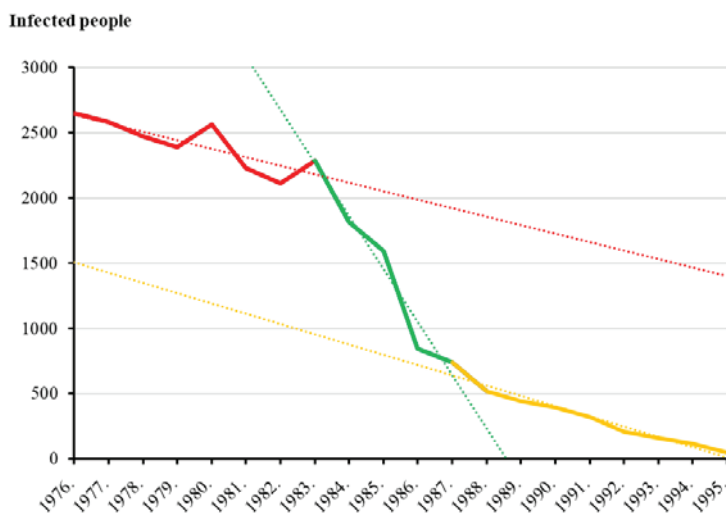


Diagram 3. Number of people suffering from gonorrhoea in Croatia 1976-1995 (Statističke tablice Hrvatskog zavoda za javno zdravstvo, Statistički godišnjak Jugoslavije 1977-1989. te Hrvatski zdravstveno-statistički ljetopis 1991-1995)

If we use the data on the number of gonorrhoea patients as an indicator of the sexual behaviour of the population, we see that from the nominal outbreak of the pandemic to the first cases of AIDS in the SFRY (1985) and then in the SRH

(1986), there was a decrease of 28.3% and 62.1%. However, more precise indicators of the change in sexual behaviour patterns in the population can be obtained by calculating the chain index of the number of gonorrhoea patients for the period 1976-1995.¹²³ According to this calculation, in the first decade of the pandemic, from 1981 to 1991, there were three episodes in which there was a significant decline in the number of gonorrhoea patients - 1984, 1986 and 1988. Assuming that the last decline was caused by the widespread use of the Strategy, the 1984 and 1986 declines were certainly due to a moral panic. It is indicative that the greatest decline occurred in 1984, in the period when sensationalist and extremely negative labelling of the disease and the patients began, and in 1986, when the panic peaked due to the diagnosis of the first cases of HIV/AIDS in Croatia. Of course, with the appearance of the first cases, public interest naturally grew even more, so that an even greater number of sensationalist articles appeared, ceating a perpetuum mobile from which society did not come out for several more years.

This is particularly evident in the apparent alignment of the trend in gonorrhoea patients with the trend in sexually transmitted diseases after 1987, but also in the final alignment of the trends of sexually transmitted diseases and other infectious diseases. (See Diagram 4) It can be seen that a major change in mentality took place in the 1980s, comparable to that of the 1950s and 1960s, prompted by the mega-project of modernising the young socialist state.

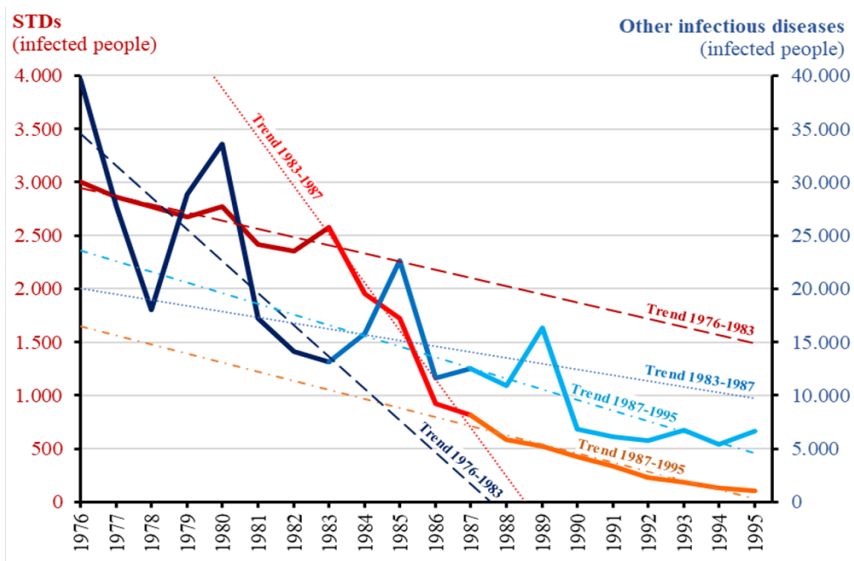


Diagram 4. Number of people suffering from infectious diseases in Croatia 1976-1995 (Statističke tablice Hrvatskog zavoda za javno zdravstvo, Statistički godišnjak Jugoslavije 1977-1989. te Hrvatski zdravstveno-statistički ljetopis 1991-1995)

¹²³ See Table 1. in the annex.

6. Conclusion

As a result of modernisation efforts, morbidity and mortality from infectious diseases began to decline in Croatia in the interwar period (1918-1941), and somewhat more slowly in the wider Yugoslav area, but a drastic decline did not occur until socialist Yugoslavia, when infectious diseases ceased to be the dominant cause of death. Although the decline in morbidity from infectious diseases was steep, especially from the 1960s onwards, the internal dynamics of this decline were not uniform. Thus, until the 1980s, the declining trend in the morbidity of sexually transmitted infectious diseases lagged far behind the general trend of declining morbidity from infectious diseases.

From 1983 onwards, these trends began to level off, due to the sudden and unexpected decline in the morbidity in sexually transmitted diseases, which coincided with and was caused by the emergence of the HIV/AIDS pandemic. The media mediation of the pandemic played a key role in this. In the first newspaper articles accompanying the outbreak of the disease in Yugoslavia in 1983, the disease was associated with marginalised social groups and their sexual practises and was not yet perceived as a general social threat. This changed when the disease entered the general population at the turn of 1983/1984 and when the stigmatisation of social groups with an increased risk of infection began in the media. They began to be perceived as a source of infection and a social threat. The HIV / AIDS pandemic gradually became equated with the Black Death, and media coverage in the second half of the 1980s took on an increasingly sensationalist tone that provoked outrage and social paranoia. The identification of the pandemic with the state of war appeared as the central motive of newspaper articles, and the call for mobilisation became a call for responsible sexuality. Infection thus became evidence of subversive action and was sanctioned by social excommunication.

Graded in such a way, the media coverage of the HIV/AIDS pandemic in Croatia and the wider Yugoslavia fully reflects Cohen's stages of moral panic. As a result of media pressure, sexual promiscuity is suppressed by fear of infection and the social stigma that accompanies it, which has ultimately led to a rapid decline in morbidity for all sexually transmitted infectious diseases that would not otherwise have occurred, at least not as quickly.

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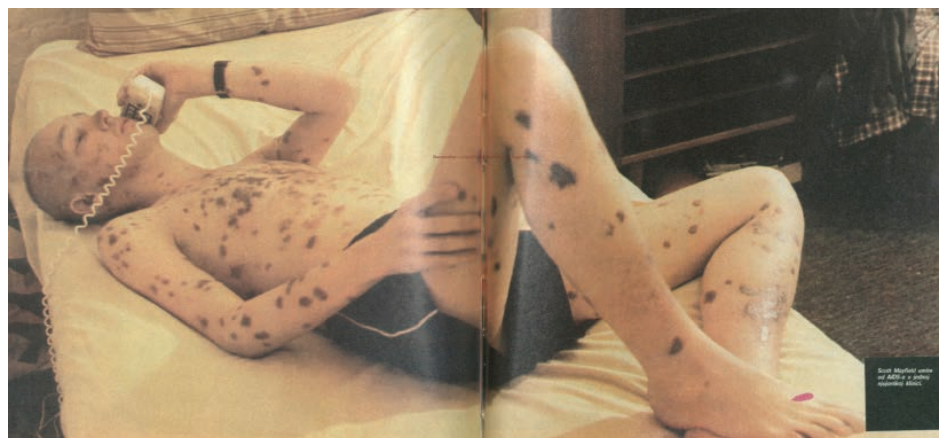
Annexes

Year	Number of infected	Rate of change
1976	2652	-
1977	2585	-2,53%
1978	2473	-4.53%
1979	2393	-3.23%
1980	2562	7.06%
1981	2228	-13.04%
1982	2112	5.21%
1983	2289	8.38%
1984	1816	-20.66%
1985	1597	-12.06%
1986	845	-47.09%
1987	740	-12.43%
1988	519	-29.86%
1989	458	-11.75%
1990	391	-14.63%
1991	320	-18.16%
1992	211	-34.06%
1993	162	-23,22%
1994	119	-26.54%
1995	52	-56.30%

Table 1. Number of people infected with gonorrhoea in Croatia 1976-1995 (Izračun autora prema statističkim tablicama Hrvatskog zavoda za javno zdravstvo, Statistički godišnjak Jugoslavije 1977-1989. te Hrvatski zdravstveno-statistički ljetopis 1991-1995)



Picture 1. A man suffering from AIDS (DRAKULIĆ 1985: 27)



Picture 2. „Scott Mayfield is dying of AIDS in one New York clinic“ (RUBLEK, VRBANIĆ, CVITAN 1986: 66-67)



Picture 3. A man suffering from AIDS (GRUDEN 1987(b): 65)



Picture 4. An AIDS-affected family (IREL 1988: 33)



Picture 5. Associating AIDS with the black plague. „It is enough to say – AIDS“ (NIKOLIĆ 1986: 61)



Picture 6. „AIDS, syphilis, plague, cholera, smallpox. Great plagues“ (COLIĆ 1987: 67)



Picture 7. Associating AIDS with drug use (GRUDEN 1987(a): 66)



Picture 8. Connecting immediate death with AIDS (MATEK 1987: 67)



Picture 9. Associating AIDS with domestic violence (KALEBIĆ 1990: 10)

Utjecaj moralne panike na trendove morbiditeta spolno prenosivih zaraznih bolesti u Socijalističkoj Republici Hrvatskoj početkom pandemije HIV/AIDS-a

Potiskivanje zaraznih bolesti kao dominantnih uzroka smrti bio je važan doseg modernizacijskog procesa u socijalističkoj Jugoslaviji. U zapadnim, razvijenijim dijelovima jugoslavenske države preduvjeti za patoceničnu tranziciju sa zaraznih na tzv. *man made diseases* bili su ostvareni 1960-ih i očitivali su se u rapidnom padu morbiditeta od zaraznih bolesti. Iako je pad morbiditeta bio opći, u dinamici toga pada postojale su stanovite tipološke razlike očite u komparativno sporijem seksualnoj revoluciji 1960-ih godina kojom je slobodna, promiskuitetna seksualnost postala društveno tolerirana.

Do neočekivanog obrata i strmog pada spolno prenosivih bolesti u Socijalističkoj Republici Hrvatskoj dolazi ranih osamdesetih godina istodobno s pojavom medijskih informacija o pandemiji AIDS-a. Ta koincidencija nije slučajna jer je pad morbiditeta od spolno prenosivih bolesti bio uvjetovan pandemijom HIV/AIDS-a. Mehanizme te uvjetovanosti moguće je opisati Cohenovim konceptom moralne panike.

Inicijalno se nova bolest svugdje, pa i u Hrvatskoj, poistovjećivala sa marginalnim skupinama korisnika intravenoznih droga te gej zajednicom. Upravo zbog tog „ekskluzivnog“ statusa, ona se u prvim medijskim natpisima još uvijek ne percipira kao opća društvena prijetnja. To će se promijeniti ulaskom bolesti u opću populaciju čime započinje medijska stigmatizacija društvenih skupina u povećanom riziku od zaraze koje se sada počinju percipirati kao društvena ugroza. U paranoičnim, senzacionalističkim novinskim tekstovima kasnih osamdesetih pandemija se sve više počinje poistovjećivati s ratnim stanjem u kojem se može pobijediti prihvaćanjem odgovorne seksualnosti. Stoga promiskuitetna seksualnost ponovno postaje podložna društvenoj stigmi i biva sankcionirana društvenom ekskomunikacijom. Strah od zaraze i društvene stigme u konačnici je doveo do rapidnog pada morbiditeta od svih spolno prenosivih zaraznih bolesti.

Ključne riječi: moralna panika, HIV/AIDS, Hrvatska, zarazne bolesti

Keywords: moral panic, HIV/AIDS, Croatia, infectious diseases

Влияние моральной паники на тренды заболеваемости венерическими болезнями в Социалистической Республике Хорватии в начале пандемии ВИЧ/СПИДа

Одним из важнейших показателей благополучия модернизационного процесса в СФРЮ явилось снижение патологической пораженности и смертности от инфекционных болезней. В западных, более развитых частях югославянского государства, предпосылки патогенного перехода от контагиозных к так называемым «рукотворным» болезням осуществились в 1960 годы.

Хотя снижение заболеваемости инфекционным болезням было общим, постоянным и устойчивым, структурная динамика этой перемены была неравномерной, так как тенденция снижения венерических заболеваний отставала от тенденций снижения общих инфекционных заболеваний. Причиной такой обстановки является так называемая «сексуальная революция» 1960-х годов, из-за которой свободная, промискуитетная сексуальность стала общественно терпимой.

Неожиданный переворот, то есть резкое снижение заболеваемости венерическими заболеваниями, случился в начале 1980 годов, что совпадает с воплощением пандемии СПИДа на Западе. Конечно, это совпадение не случайно, поскольку именно пандемия ВИЧ/СПИДа стала причиной снижения заболеваемости. Поэтому в данной статье мы объясняем механизмы этой обусловленности, опираясь на теоретические предпосылки понятия *моральной паники* Стэнлиа Коэна.

Сначала на СПИД смотрели как на болезнь маргинализованных групп наркоманов и гей-сообщества. Именно поэтому, болезнь в первых статьях СМИ не воспринимается как общественная угроза. Ситуация изменилась с проникновением болезни в общую популяцию, что привело к большой стигматизации социальных групп с «повышенным риском заражения» в СМИ, из-за чего они начинают восприниматься как угроза обществу. Впоследствии, в сенсационных газетных статьях пандемию все чаще связывают со состоянием войны, которую можно победить только приняв нормы ответственной сексуальности. Таким образом, промискуитетное сексуальное поведение снова подвергается социальной стигматизации и наказывается социальным отчуждением. Именно этот страх от инфекции и социальной стигматизации в итоге привели к быстрому снижению заболеваемости инфекционными заболеваниями, передающимся половым путем.

Ключевые слова: моральная паника, ВИЧ/СПИД, Социалистическая Республика Хорватия, инфекционные заболевания человека

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